

## COVID-19 FEAR: FACTORS IMPACTING ITS REDUCTION AND NEGATIVE COPING STRATEGIES

*The article is dedicated to the topics of COVID-19 fear factors on the one side and the influence of this fear on using negative coping strategies on the other. The factors that we supposed that influence on COVID-19 fear is passing the COVID-19 test and experiencing COVID-19 symptoms personally or someone's close symptoms.*

*There was not found any statistical difference in fear of COVID-19 in groups, where closest (friends or relatives) had COVID-19 symptoms or participants tested for the COVID-19. Only in groups of participants that had or had not COVID-19 symptoms we found a statistically significant difference. Half of the group who had the COVID-19 symptoms noted a decrease in COVID-19 fear while participants from another group mostly did not change their degree of COVID-19 fear. Thus, the experience of COVID-19 disease tends to decrease the level of fear. At the same time, there is no significant difference between these groups in general level of COVID-19 fear because this variable does not show changes during time, but only current level of fear.*

*The other side of the article is researching of connection between negative coping strategies and the low resilience level. According to other researches, we chose smoking and cannabis use as negative coping strategies. Participants who used to smoke more than usual because of anxiety about COVID-19 had higher fear of COVID-19 and lower resilience than participants who did not do that. We got the same results for cannabis using, but we need to pay attention to small group volume: only 10 participants, because for students of universities with average high intellect, good education and cultural background this kind of risky behavior is not typical.*

*As a result, in the groups that did not smoke or did not use cannabis as type of coping with COVID-19 anxiety (or even did not do it at all) the resilience level was higher and level of COVID-19 fear was lower, than in groups with such a negative copings. Also, we found statistically significant differences between more frequent smoking or non-smoking male groups in resilience and COVID-19 fear level, when in women groups there was not such a difference.*

**Keywords:** COVID-19, coping strategies, COVID-19 fear, resilience.

**Problem Statement.** The contemporary COVID-19 pandemic is an unprecedented and unexpected event that has affected the lives of people all around the world. Its unpredictability and the uncertainty the pandemic entailed have made COVID-19 a major source of fear and anxiety for the various populations. In such novel stressful conditions, coping strategies serve as an immediate response to the changed setting and newly-emerged challenges. However, as the circumstances and types of coping methods vary, negative coping strategies have also gained prevalence at the time of the outbreak of the disease. The current literature on the COVID-19's aftermath suggests that such factors as fear, anxiety, stress and depression have stipulated the rise in psychoactive substances' consumption as an example of a negative coping strategy that is alternative to the traditional coping approaches.

**Literature Review.** The factors of fear and anxiety caused by COVID-19 can be assessed as an example of how people tend to react in emergency situations. The current fear of COVID-19 represents a widespread reaction to the perceived dangerous stimulus that is present during many epidemiological crises [14]. In the contemporary case, fear of COVID-19 refers to the dread of the pandemic's aspects such as immunity, virus' evolution and spread, immunity to it, the worries regarding the presence of vaccination which are all aggravated by the feeling of uncertainty. According to the findings of Coelho et al., defensive actions are activated when the functioning in survival circuits predicts impending hazards. In this context, the immediate conscious emotion that occurs is fear [2]. However, the danger of COVID-19 is relevant and perplexing, eliciting not only fear but also anxiety in people.

Due to this combination of both fear and anxiety, long-lasting coping strategies are adopted in contrast to the instant defense reactions. The research results of Coelho et al. are supported by the findings of Rodríguez-Hidalgo et al., who also report on the interconnection between anxiety and fear caused by COVID-19 and outline depression as a less common output of the reaction to turmoil.

In such crisis occasions as the COVID-19 pandemic, coping flexibility is needed to regulate people's condition. The process of coping, according to the transactional theoretic approach, is a continuing activity that varies in reaction to circumstances in order to manage various demands that occur both internally and externally [6]. The crucial coping measurement is coping flexibility, which reflects the possibility to change coping endeavours in accordance with the underpinning of every encountered stressful occurrence. The findings of Cheng, Wang, & Ebrahimi identify that coping flexibility has been essential means for accepting the "new norm" of the pandemic during the international COVID-19 outbreak. The research group has proven the hypothesis by introducing a Coping Flexibility Interview Schedule that observed how the respondents had enacted both emotion-focused and problem-focused techniques in their daily life during the COVID-19 pandemic [1]. As the results of Cheng, Wang, & Ebrahimi reveal, the ability to enact coping flexibility was associated with the mitigation of COVID-19 anxiety and even relieving depression at the time of the COVID-19 crisis. Therefore, the hypothesized correlation between coping flexibility approaches as a means of reducing fear or anxiety, stress, and depression has been observed in practice during the current virus outbreaks.

In its turn, coping flexibility is enacted through the various coping strategies. Coping strategies are deliberate and intentional attempts to manage emotional reactions, behavioural, psychophysiological, cognitive, and environmental aspects in regard to daily stressors [12]. These capabilities have two categories of personal dimensions. They include an internal component tied to dispositional variables such as genetics, gender, and age, as well as external components linked to behaviours taken in reaction to the demands of a certain sociocultural setting or an event. The widespread coping strategies that are utilized during the COVID-19 pandemic include self-distraction, cognitive appraisal, social connection, and preventive measures as a means to reduce anxiety and stress [9]. Thus, a variety of stances can be adopted to address disease-related concerns.

Nonetheless, the difficulties with the implementation of the coping strategies occur due to the negative effects of fear and anxiety on the process of coping. The research results of Kim et al. based on the South Korean sample point at the impact of increasing disease anxiety and fear on the well-being outcomes after coping. Their study indicates that using some coping techniques can be harmful and result in drastic losses in well-being [9]. For instance, Kim et al. examined that, although cognitive appraisal is considered an effective method for managing the well-being depletion within an extended period, it turns out to be much less effective when the high level of dread due to the pandemic is present. The ineffectiveness of the cognitive appraisal is liaised to the elevated fear of infection due to which people suffer during the pandemic. Furthermore, the overt attachment to the coping strategy of applying preventive measures can entail negative outcomes for well-being as well. Consequently, as the research shows, the generally accepted coping strategies as preventive stances and cognitive appraisal pose a danger to the well-being if utilized during the pandemic.

Considering the shortcomings of the traditional coping measures that are not efficient in the current case of emergency, the demand for alternative coping strategies emerges. In this case, negative or maladaptive coping strategies can be utilized as the set of less efficient methods for managing stress-inducing conditions [7]. The maladaptive strategies provide the substitute for the positive or adaptive strategies which were mentioned above, such as cognitive appraisal and preparation. Holubova et al. list such common negative coping strategies as perseveration, self-accusation, escapism, and resignation. However, the research of Koob, Powell, & White accentuates substance abuse as a major negative coping strategy that has gained prevalence due to pandemic-caused social isolation [10]. The cases of unhealthy coping during the COVID-19 pandemic were studied by Shen & Slater, who established that if a person suffers due to a high level of occupational stress, such as in the case of academic work, the tendency of choosing negative coping strategies became prevalent during the pandemic. For instance, by the conducted self-reporting survey, such negative coping strategies as alcohol and drugs were increasingly prevalent among academics as a means of addressing the severe disease-caused stress due to uncertainty [15]. Therefore, it was observed by Shen & Slater that the increased utilization of the negative coping strategies had been a tendency within at least the stress-vulnerable realms if to consider the pieces of evidence from the academic domain. Slovak researchers Veselska Z. & Geckova A. M. and coauthors

proved that negative self-esteem and some resilience aspects might provoke such risky behavior as smoking and cannabis use among adolescents, mostly boys [16]. In addition, authors prove positive statistically significant link between self-esteem and resilience. Thus, negative self-esteem and low resilience connected with negative coping strategies, when positive self-esteem make a basis for save coping strategies.

The general trend of the higher psychoactive substances' consumption has been adopted as a characteristic of the stress reduction during the pandemic. The research of Horigian, Schmidt, & Feaster points at the increase in loneliness, anxiety, and depressive symptoms alongside a rise in alcohol and drug abuse among young people during the period of the COVID-19 pandemic [8]. Di Trana et al. report that due to the overall level of distress induced by the COVID-19 outbreak and related constraints, there was a rise in the demand for cannabis products as well as benzodiazepines, while there also occurred a simultaneous drop in the request for stimulants. Such a trend occurred due to the need for stress relief and the unavailability of normal recreational options [3]. Hence, some sorts of drugs, such as cannabis, have become a popular means of stress reduction during the COVID-19 outbreak as an example of a negative coping strategy.

Alcohol consumption has also been severely affected by the factor of the COVID-19 pandemic that motivated the consumption rates to rise. The study of Grossman, Benjamin-Neelon, & Sonnenschein on the alcohol consumption rates among the US adults during the pandemic indicates that, out of 832 respondents, 60 percent indicated that they had increased their alcohol consumption after the COVID-19 outbreak. At the same time, only 13 percent of the respondents identified that their alcohol intake has decreased during the pandemic [5]. Grossman, Benjamin-Neelon, & Sonnenschein also listed that the main causes for the prevalent alcohol abuse comprised stress, the higher level of the substances' availability, and pandemic-stipulated boredom. Furthermore, Mallet, Dubertret, & Le Strat added that the widespread use of alcohol-based hand sanitizer to prevent the transmission of the COVID-19 might have led to the fallacy that drinking alcohol protects from the virus [11].

The alternative results of the psychoactive substances' consumption have been observed only in the case of nicotine. The study of Yang & Ma suggests that the abuse of tobacco production has dropped during the pandemic especially in China as a state with the vastest smoker population. After the countrywide epidemic was managed, smokers decreased their daily cigarette consumption on average in contrast to the rates before the COVID-19 crisis [17]. Rather controversial findings were made by Fidanci et al. as the evidence on both increase in nicotine consumption as well as its' drop has been collected. The research group indicates that there may be observed a rise in smoking addiction in the period of the COVID-19 outbreak due to behavioural alterations and anxieties [4]. At the same time, Fidanci et al. suppose that there may also be a reduction in addiction rates due to "COVID-19's more progressive course" in smoking populations. Consequently, the findings regarding the nicotine consumption patterns have been controversial in contrast to the other psychoactive substances such as alcohol and drugs.

Therefore, the literature review proves that such factors as anxiety and fear, depression and stress that became prevalent due to the COVID-19 pandemic have motivated people to utilize negative coping strategies. As traditional

coping methods such as prevention and cognitive appraisal cease to be highly beneficial in the conditions of the unexpected turmoil, the maladaptive coping approaches become appealing alternatives. Considering these new demands and circumstances, the researchers observe the rise in the abuse of such psychoactive substances as cannabis products as well as alcohol. The demand dropped or the stimulants as they cease to fulfil the function of the stress-reduction. The studies on the consumption of nicotine are more perplexing as they indicate the tendencies for both more active and less active consumption of the substances during the pandemic. Consequently, the literature review has demonstrated how, due to the prevalence of factors caused by the drastic change of the normal conditions, negative coping strategies become more widespread in the form of substance abuse.

**Methods.** The present study, conducted in cooperation with the Ben Gurion University of the Negev – Regional Alcohol and Drug Abuse Research Center, used the 'Fear of COVID-19 Scale' (FCV-19S) developed by Ahorsu et al. (2020), to assess the levels of fear of COVID-19 amongst a non-probability convenience sample of students from the Universities of Ukraine [13]. Ethical approval was obtained from the Faculty of psychology at the Taras Shevchenko National University of Kyiv. Data was collected through an online Qualtrics survey tool, which was distributed by the Taras Shevchenko National University of Kyiv. Fear of COVID-19 was assessed by asking participants to indicate their level of agreement with seven statements, using a 5-point Likert scale, where 1 indicates strong disagreement and 5 indicates strong agreement. The scores of all seven statements produce a total score, with higher scores indicating a greater level of COVID-19 fear. Fear of COVID-19 scores were only calculated for those participants who answered all seven items on the scale (n = 431). Also, research sheet had questions about COVID-19 tests and symptoms in participants and their closers. There also were questions about using such

negative coping as smoking and cannabis use frequently than usual because of COVID-19 consequences.

The study focused on testing several hypotheses that concern fear of COVID-19 and corresponding coping strategies:

H1: people who passed the COVID-19 test had a greater decrease in fear of getting sick.

H2: fear of getting sick decreased for those people who had COVID-19 symptoms.

H3: people who experienced close person's COVID-19 had a greater decrease in fear of getting sick.

H4: negative coping strategy as smoking and cannabis use after COVID-19 pandemic connected with the low resilience level.

**Results.** The sample: 431 participants, between 17 and 26 years old with the average age of 20 years old, 124 men and 303 women (4 missed), all students from different universities of Ukraine.

Answers to each COVID-19 connected question divide our sample into two groups, for example, those participants that passed the COVID-19 test and people who did not (212 and 204 participants respectively). In two other cases, the sample was divided unequally, 183 participants had COVID-19 symptoms when 233 did not. The same situation we see with symptoms of someone who was close to respondents, 288 participants noted that someone close to them had COVID-19 and 129 did not have that experience. In both cases, we additionally need to equalize the number in each group by random selection. After that procedure we have two groups with 183 and 186 participants and another two groups with 135 in each of them (because of missing some variables in the analysis only 129 results were taken into account).

Now we can statistically compare each pair of groups in COVID-19 fear changes. We use the nonparametric U Mann-Whitney test because the variable that shows changes in the degree of COVID-19 fear is represented in the rank scale (Table 1).

Table 1

U Mann-Whitney test results in different groups in COVID-19 fear changing	
Variable for group selecting	Significance of U-test
Do you have been tested for the COVID-19? ('Yes' N=212, 'No' N=204)	0,462
Have you had COVID-19 symptoms? ('Yes' N=183, 'No' N=186)	0,008
Has anyone close to you had COVID-19? ('Yes' N=129, 'No' N=129)	0,373

Only in groups of participants that had COVID-19 symptoms or had not we found a statistically significant difference. In the other two cases, there are no statistical differences. That is why we make the following conclusions. Hypothesis 1 and hypothesis 3 were not confirmed, when hypothesis 2 was successfully confirmed. Nevertheless, it is necessary to define differences between COVID-19 symptom-groups (Table 2). Half of the group who had the COVID-19 noted a decrease in COVID-19 fear when participants from another group mostly did not change their degree of COVID-19 fear. Thus, the experience of COVID-19 disease tends to decrease the level of fear.

In addition, we used the t-test to identify the differences between these groups in general fear of COVID-19 level (Table 3). There is no significant difference between all pairs

of selected groups in COVID-19 general fear because this variable does not show how this fear level changed by time.

Another point of our research is coping strategies, especially negative coping like smoking and cannabis use. Firstly, we need to make a point that the group of people who smoked more frequently than usual because of COVID-19 consists of 54 participants and the same for cannabis, only 10 participants. The second group is so small because for students of universities with average high intellect, good education and cultural background this kind of risky behavior is not typical.

Firstly, we chose randomly 54 participants who did not smoke more frequently than usual (or did not smoke at all) to equalize our groups and then compared these groups with the t-test (Table 4).

**Table 2**  
The differences in COVID-19 fear changing between the group that had COVID-19 symptoms and the group that had not

		Have you had COVID-19 symptoms? (Showed per cent of all sample)		Total	
		Yes	No		
How has your fear of the COVID-19 changed in recent months?	Decreased	92	65	157	
		<b>24,9 %</b>	17,6 %	42,5 %	
	Did not changed	76	105	181	
		20,6 %	<b>28,5 %</b>	49,1 %	
	Increased	15	16	31	
		4,1 %	4,3 %	8,4 %	
Total		183	186	369	
		49,6 %	50,4 %	100,0 %	

**Table 3**

The differences between all groups in COVID-19 fear's level

Variable for group selecting	Significance of t-test for general fear of COVID-19 level
Do you have been tested for the COVID-19? ('Yes' N = 212, 'No' N = 204)	0,957
Have you had COVID-19 symptoms? ('Yes' N = 183, 'No' N = 186)	0,669
Has anyone close to you had COVID-19? ('Yes' N = 129, 'No' N = 129)	0,726

**Table 4**

The differences between often smoking and rarely/ no smoking groups in resilience and COVID-19 fear's level

Because of COVID-19, during the last month, have you smoked more than usual? ('Yes' N = 54, 'No' N = 54), n = 108		Resilience (BRS)	General fear of COVID-19 level
<b>Significance of t-test</b>		0,020	0,018
Mean	'Yes' N = 54	2,9	21,6
	'No' N = 54	3,2	18,4

The result of t-test for two groups shows  $\text{Sig.} = 0,02$  for resilience and  $\text{Sig.} = 0,018$  for COVID-19 fear. Mean show us that participants who used to smoke more than usual because of COVID-19 had higher fear of COVID-19 and lower resilience than participants who did not do that. Looking at these results we need to note that 2,9 points are low level of resilience when 3,2 is normal resilience according to the Brief Resilience Scale. Nevertheless, the

level of COVID-19 fear is quite normal for both groups, according to the 45-points scale, but for the first group, this point is higher than for the second one.

Slovak researchers Veselska Z. & Geckova A. M. state that such risky behavior as smoking and cannabis use is more typical for boys than for girls [16]. That is why we decided to compare results in different gender groups (Table 5).

**Table 5**

The differences of genders groups that use smoking as a coping strategy in resilience and COVID-19 fear's level

Because of COVID-19, during the last month, have you smoked more than usual?	Significance of U-test	
	Resilience (BRS)	General fear of COVID-19 level
Men ('Yes' N = 19, 'No' N = 17), n = 36	0,035	0,035
Women ('Yes' N = 35, 'No' N = 37), n = 72	0,263	0,07

We had a men group with 36 participants that consists of two subgroups with 19 participants who used to smoke often than usual and 17 participants who did not and a women group with 72 participants divided into 35 and 37 participants' subgroups respectively. We used the U-test because of small groups' volume. As a result, we found statistically significant differences only between men groups that confirmed the results of the abovementioned Slovak researchers. If we go further and compare means in men and women groups (Table 6) we see the bigger difference among men who use smoking as coping and

men who do not, than among women with or without the same coping. The points of Resilience Scale in different genders groups are the same as in general group in Table 4, where we see low and normal resilience levels for the first and the second group respectively. Definitely, negative coping strategies are connected with low resilience and probably low self-esteem through men.

The next negative coping strategy is cannabis use. After equalizing two groups with 10 participants who used or did not use cannabis more than usual because of COVID-19 we use U-test to compare them (Table 7).

**Table 6**

The means of genders groups that use smoking as a coping strategy in resilience and COVID-19 fear's level

Because of COVID-19, during the last month, have you smoked more than usual?	Mean	
	Resilience	General fear of COVID-19 level
Men	'Yes' N = 19	2,98
	'No' N = 17	3,47
Women	'Yes' N = 35	2,89
	'No' N = 37	3,2

**Table 7**  
**U-test results and the means of genders groups that use or do not use cannabis as a coping strategy in resilience and COVID-19 fear's level**

Because of COVID-19, during the last month, have you used cannabis more than usual? 'Yes' N = 10, 'No' N = 10), n = 20		Resilience (BRS)	General fear of COVID-19 level
<b>Significance of t-test, n = 20</b>		0,165	0,481
<b>Mean</b>	'Yes' N = 10	2,5	21,5
	'No' N = 10	3	17,9
<b>Mean for men only</b>	'Yes' N = 5	2,4	20,4
	'No' N = 2	3,6	13
<b>Mean for women only</b>	'Yes' N = 5	2,4	22,6
	'No' N = 8	2,8	19,1

As for cannabis using, we have only 10 participants in each group, so U-test is more appropriate for this comparison. Nevertheless, the result of this comparison is not significant, probably because of the small number of participants, so we look through the means of both groups and then the means for gender groups as we did above. We see the strong difference in resilience levels for general and men groups, which is low for participants that use cannabis coping and normal for those who did not. On the other hand, for women, this tendency is not actual. However, COVID-19 fear level is always smaller in participants that do not use negative coping strategies, in both genders. As a result, participants, who used cannabis more often than usual because of COVID-19 influence have the difference in resilience comparing to people who did not use cannabis as coping to COVID-19 fear. Nevertheless, this difference is shown only in means because of too small groups, but we may say that our last hypothesis was confirmed.

**Discussion.** As a result, we confirmed that tests on COVID-19 or someone's close COVID-19 do not change the level of COVID-19 fear, but only personal symptoms decrease its level. In addition, tests on COVID-19 or symptoms of it (both personal or significant other) have not any significant statistic connection with resilience or general fear of COVID-19. We need to define that general fear of COVID-19 and changing of its level are different variables because first show us only one point of fear in the actual moment when the second show the vector of changes that happens in some time. Moreover, this temporary aspect gives us an opportunity to form causal connections between researched variables. That is why personal symptoms decrease the degree of COVID-19 fear, but on the other, they have no significant connection with the general fear of COVID-19.

The absence of differences in general COVID-19 fear level or changes in this level between groups that made or did not make COVID-19 tests show that desire to make test do not depend on fear level, so there is no hypochondria among students. The same situations we see with someone's close COVID-19 symptoms: no changes in COVID-19 fear level or higher points of general COVID-19 degree.

We confirmed our last hypothesis about connecting negative coping like smoking and cannabis use with the low resilience level. In addition to resilience, we confirmed that students who used negative coping strategies have a higher degree of general COVID-19 fear in both genders. Nevertheless, the level of COVID-19 fear is quite normal for all groups because our participants are young and have fewer fears than older people have.

Lower resilience as a possible reason for negative coping is the characteristic of men, but no women. Women tend to use another coping connected to emotional release (often is communication) when risky behavior is more typical for men. We suppose that this kind of behavior as

smoking and cannabis use is connected not only with low resilience but also with low self-esteem and a number of socialization problems.

Self-esteem plays an important role in choosing a coping mechanism because it straight connects to resilience level. That is why work on self-esteem, self-improvement and self-regulation may help to raise self-confidence and stress resistance or resilience level, which is an important part of students' psychological health and well-being. Especially this self-improvement is important for men-students because they are easily starting to use negative coping strategies and show risky behavior than women-students.

We see several limitations of our research: too small groups that use or do not use cannabis as coping and as a result the absence of statistically significant difference between them. Nevertheless, this kind of behavior is untypical for students and even in anonymous research, not all people are ready to ask truly, so we just used another method to show differences among those groups.

**Conclusion.** Two of our hypotheses were confirmed and the others two refuted. Firstly, personal COVID-19 symptoms really decrease the level of COVID-19 fear in half situations when test on COVID-19 or someone's close symptoms do not. Negative coping strategy as smoking and cannabis use because of COVID-19 pandemic influence connected with the low resilience level, especially among men. The students of universities, especially men, need more attention from organization staff, tutors and curators in the socialization process. Psychological training is an effective way to raise self-confidence, self-esteem and stress resistance that make a basis for forming positive coping strategies.

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## СТРАХ ЧЕРЕЗ COVID-19: ЧИННИКИ ЙОГО ЗНИЖЕННЯ І НЕГАТИВНІ КОПІНГ-СТРАТЕГІЇ

Присвячено темі чинників страху перед COVID-19, з одного боку, та впливу цього страху на використання негативних копінг-стратегій, з іншого. Чинниками, які, на нашу думку, впливають на страх перед COVID-19, є проходження тесту і переживання симптомів COVID-19 особисто або у когось із близьких.

У підсумку не було виявлено жодної статистичної різниці в рівні страху перед COVID-19 у групах, де найближчі (друзі чи родичі) мали симптоми COVID-19 або учасників тестували на COVID-19. Лише у групах учасників, що мали або не мали симптомів COVID-19, ми виявили статистично значущу різницю. Половина групи, що мала симптоми COVID-19, відзначила зменшення страху перед хворобою, тоді як учасники іншої групи переважно не змінили рівень свого страху. Отже, досвід захворювання на COVID-19 має тенденцію до зниження рівня страху. Водночас між цими групами немає істотної різниці в загальному рівні страху від COVID-19, оскільки ця змінна не показує зміни в часі, а лише поточний рівень страху.

Друга частина статті – дослідження зв'язку між негативними копінг-стратегіями та низьким рівнем стійкості. Спираючись на інші дослідження, ми виділили куріння та вживання марихуани як негативні стратегії подолання страху. Учасники, що курили більше ніж зазвичай через занепокоєння щодо ситуації із COVID-19, мали як більший страх перед хворобою, так і меншу стійкість, ніж учасники, що не користувалися подібним копінгом. Такі ж результати ми отримали і щодо вживання канабісу, але слід звернути увагу на невеликий обсяг групи – лише 10 учасників, оскільки для студентів університетів, які мають досить високий інтелект, хорошу освіту та рівень культури цей вид ризикованої поведінки не характерний.

Як наслідок, у групах, які не курили або не вживали канабіс для подолання тривоги від COVID-19 частіше ніж зазвичай (або не курили/не вживали канабіс взагалі), рівень стійкості був вищим, а рівень страху перед COVID-19 – нижчим, ніж у групах, що користувалися цими негативними копінгами. Також ми виявили статистично значущі відмінності між групами чоловіків, які частіше курять, у стійкості та рівні страху перед COVID-19, тоді як у групах жінок такої різниці не було.

Ключові слова: COVID-19, копінг-стратегії, страх COVID-19, стійкість.