# Coping with the COVID-19 Pandemic and Quality of Life in the Context of Psychological (In)Flexibility Processes

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## Valued living accounts for a majority of the effect between coping with the COVID-19 pandemic and quality of life in a non-clinical sample of undergraduates.
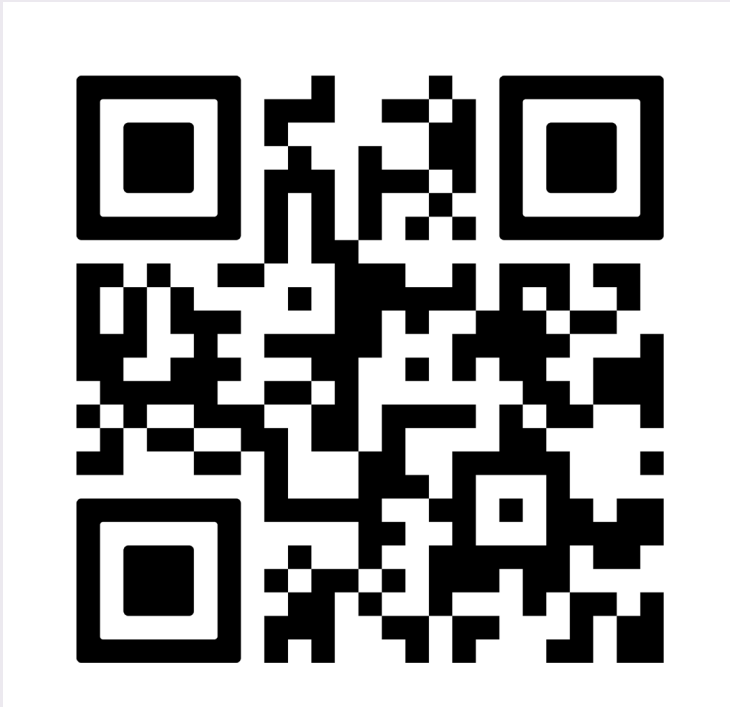
## Background

- As COVID-19 spread across the globe, educational institutions had to respond rapidly to ensure the safety of their communities. Many universities closed dormitories and shifted all courses, meetings, and activities to online learning modalities (Crawford et al., 2020).

- College students, a population with significantly elevated mental health concerns (ACHA, 2019), were forced to quickly adapt to the changes in their educational pursuits leading to exacerbated depression and anxiety compared to before the pandemic (Zimmerman et al., 2020).

- As college students returned home, university counseling centers and other clinicians were faced with new challenges such as continuing care for current clients remotely and increasing availability and accessibility of mental health services to other distressed students (Chirikov et al., 2020).

- Given the unique stressors introduced by the COVID-19 pandemic, clinicians may experience greater difficulties responding to the concerns of clients and targeting interventions to address the specific their needs.

- Initial data suggests that psychological distress during the pandemic was significantly predicted by problematic internet use and cognitive and behavioral avoidance (Zimmerman et al., 2020), suggesting that clinicians should focus on acceptance of thoughts and emotions and engagement in more adaptive behaviors.

- The psychological flexibility model may also provide useful insights as to how clinicians can effectively target interventions to address the mental health concerns in college students.

- The current study sought to elucidate relevant psychological (in)flexibility processes that mediate the relation between coping with the COVID-19 pandemic and quality of life in an undergraduate population.
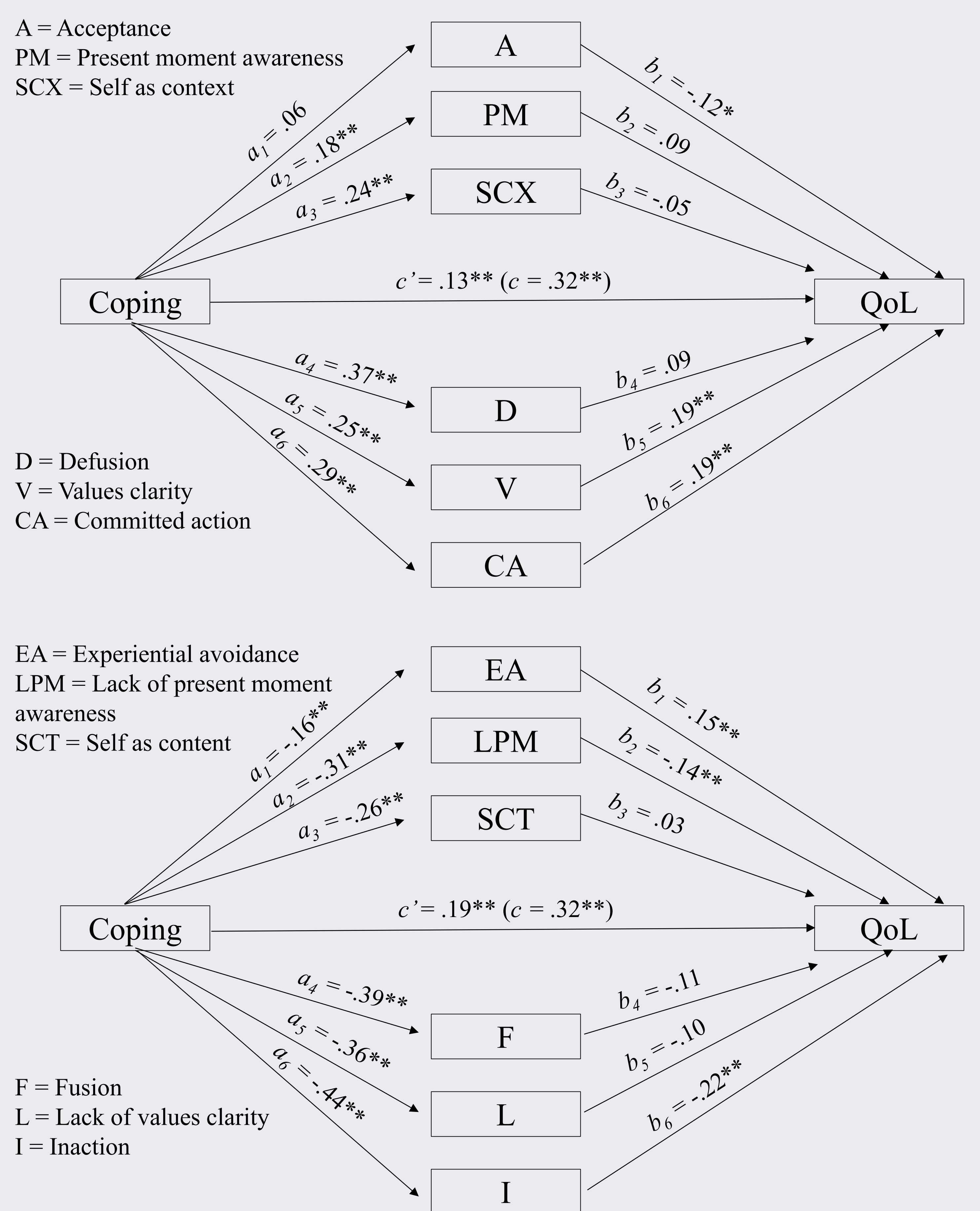
## Methods

- Participants (N= 549, $M_{age}$ = 18.84, $SD_{age}$ = 1.26; 63% female) were a diverse sample of undergraduates recruited at the University at Albany, SUNY who completed a battery of psychological measures as part of a larger study on the mental health impact of COVID-19.

- Participants completed the Multidimensional Psychological Flexibility Inventory (MPFI; Rolffs et al., 2018), Quality of Life Inventory (QOLI; Frisch et al., 1992), and an idiographic item asking participants to rate how well they are coping with stress and anxiety related to the pandemic from 1 (*Not well at all*) to 5 (*Extremely well*) with higher scores indicating better coping.

- Two parallel meditation models were tested using Model 4 of the PROCESS Macro for SPSS v3.5 (Hayes, 2017) with 10,000 bootstrap resampling. The first model included six processes of psychological flexibility mediating the effect of coping with COVID on QoL. The second model included the six processes of psychological inflexibility.

References available by scanning the QR code or going to:
qrco.de/bc8dHa

## Results



A = Acceptance
PM = Present moment awareness
SCX = Self as context

$a_1 = .06$
$a_2 = .18**$
$a_3 = .24**$
$b_1 = -.12*$
$b_2 = .09$
$b_3 = -.05$
$c' = .13** (c = .32**)$
$a_4 = .37**$
$a_5 = .25**$
$a_6 = .29**$
$b_4 = .09$
$b_5 = .19**$
$b_6 = .19**$

D = Defusion
V = Values clarity
CA = Committed action

EA = Experiential avoidance
LPM = Lack of present moment awareness
SCT = Self as content

$a_1 = -.16**$
$a_2 = -.31**$
$a_3 = -.26**$
$b_1 = .15**$
$b_2 = -.14**$
$b_3 = .03$
$c' = .19** (c = .32**)$
$a_4 = -.39**$
$a_5 = -.36**$
$a_6 = -.44**$
$b_4 = -.11$
$b_5 = -.10$
$b_6 = -.22**$

F = Fusion
L = Lack of values clarity
I = Inaction

*Note*: * $p < .05$, ** $p < .01$. All reported effects are standardized coefficients.

| Sig. Indirect Effects | Effect (*SE*) | 95% CI |
|---|---|---|
| V | .05 (.02) | (.01, .09) |
| CA | .05 (.03) | (.02, .10) |
| EA | -.03 (.01) | (-.05, -.01) |
| LPM | .04 (.02) | (.01, .08) |
| I | .10 (.03) | (.04, .16) |

## Discussion

- Individuals who reported coping better with anxiety and stress related to COVID-19 reported greater quality of life, and this relation was partially mediated by values clarity, committed action, lack of present moment awareness, and inaction.

- These data suggest that clients struggling with anxiety and stress related to COVID-19 may benefit from therapeutic interventions focused on values clarity, engagement in valued behaviors, and increasing present moment awareness skills.

- Consistent with ACT principles, clients may improve their quality of life through identifying what is important to them and expanding behavioral repertoires to incase valued living.

- Limitations: the cross-sectional mediation design cannot draw causal inferences. Findings may be specific for undergraduates and not generalizable to other populations.