

Article

The Relationship between Coping Strategies and State Anxiety during COVID-19 Lockdown: The Role of Perceived Emotional Intelligence

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Abstract: Background: The outbreak of the COVID-19 pandemic has caused an unprecedented and unexpected change all around the globe. The long-term effects are still ongoing, especially those related to the confinement measures. The study took place during the first COVID-19 lockdown in Italy, where everyone was forced to stay home in order to reduce the spread of the virus. The aim was to investigate the role of perceived emotional intelligence abilities (PEI) in coping with COVID-19-related anxiety. Methods: A cross-sectional study design was employed, and this study used an online survey launched through social networks, inviting adults to participate. The participants anonymously completed a three-scale online measurement of self-reported emotional abilities, coping strategies (approach and avoidance), and state anxiety towards COVID-19. Results: perceived emotional intelligence and approach coping significantly predicted state anxiety. In addition, perceived emotional intelligence mediated the relationship between approach coping and state anxiety. Conclusions: the study highlights the positive role of perceived emotional abilities in dealing with the unprecedented event represented by the COVID-19 pandemic, and in particular, in coping with anxiety related to lockdown and confinement. Their results highlight the importance of fostering emotional intelligence for navigating critical life events.

Keywords: approach coping; avoidance coping; COVID-19; emotional intelligence; PEI; state anxiety



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1. Introduction

By the end of 2019, the outbreak of coronavirus disease (COVID-19), caused by SARS-CoV-2 infection, generated a socio-economic crisis and psychological distress around the globe. In most countries, governments imposed different forms of restriction, including quarantine, social distancing, and isolation. Although such regulations were crucial to preserving collective health, a widespread strategy aimed at managing the psychosocial issues related to the COVID-19 crisis was lacking [1–3]. This unprecedented event in modern history has clearly demonstrated that individuals and society at large are emotionally unprepared to face the negative effects of biological disasters [3]. This was evidenced by the considerable number of detrimental effects on the mental health of the general population, which progressively emerged during the COVID-19 crisis. Common psychological symptoms include depression, stress, emotional exhaustion, mood alterations, frustration, anxiety, and sleeping disorders [4–8]. Research showed a wide range of psychological reactions to the COVID-19 pandemic, which, in some cases, might be pervasive with long-term behavioral changes and negative outcomes [8]. Most of them presented panic behaviors [9], general feelings of hopelessness and desperation [10], avoidance of social interactions even after quarantine [11], fear for the future [12], pervasive and uncontrolled fear about being infected or infecting others [3,13]. In addition, these reactions were magnified by

ongoing information about infection provided by distinct types of media (i.e., official media, commercial media, social media, and overseas media) [14].

1.1. State Anxiety during Pandemic

Scientific studies have shown that many people have predominantly experienced state anxiety during the COVID-19 lockdown as a reaction to the ongoing sense of fear and worry [15], and an increased prevalence of anxiety disorders was observed both in the adult population [16] and in the youth population [17]. Studies around the world have shown that during the lockdown, people reported higher levels of state anxiety [7,8,18–22]. Sometimes described as «the fear of the unknown» [23,24], anxiety serves a crucial mental function, although distressing since it boosts cognitive processing by keeping elevated levels of vigilance for feasible environmental perils [25]. However, if such worry becomes persistent and pervasive, it often leads to physical, cognitive, and functional impairments, as in the case of anxiety disorders [26,27]. Anxiety has been defined as the subjective feeling of alarm, worry, and tension caused by the perception of situations as threatening [28]. It is a multifaceted construct composed of two empirically distinct dimensions: state and trait anxiety [29–32]. State anxiety is situation-related since it is a transitory emotional state and response that consists of acute feelings of arousal, apprehension, and worry in response to the perception of threats in the environment. On the contrary, trait anxiety is a dispositional tendency to constantly perceive threats and experience state anxiety [29,30].

1.2. Coping Strategies

Differences in anxiety responses during the pandemic are likely influenced by differences in individuals' use of different coping strategies. In fact, different studies showed that avoidance coping, such as mental disengagement, was associated with moderate to severe anxiety [33–35], contrary to humor or seeking information strategies that were associated with lower anxiety [33,34]. Moreover, acceptance and positive reframing predicted lower levels of anxiety compared to active attempts to control the source of stress [36]. Overall, results show that during the COVID-19 lockdown, approach coping strategies predicted lower levels of state anxiety, whereas avoidance coping strategies predicted higher levels of anxiety [7,8,37–39]. Coping is generally defined as an individual's effort to confront negative events or situations that are appraised as stressful [39]. In the transactional model of stress, coping is conceived as a process that occurs after the cognitive appraisals of potential stressors, affecting the psychological and physical consequences of the stressors [40,41]. In addition, coping is a process that may change over time, and it may vary depending on the specific context or situation [42]. The term coping also refers to coping style (i.e., active coping, passive coping), coping method (i.e., problem-solving coping, emotion-focused coping), and coping strategies (i.e., cognitive, emotional, behavioral) [43]. Over the past years, scholars have proposed different hierarchical models that use higher-order categories to organize multiple lower-order categories of coping [44]. One of the most widely used higher-order categories of coping refers to problem-focused coping and emotion-focused coping [40,45,46]. Problem-focused coping processes include «all the active efforts to manage stressful situations and [...] to modify or eliminate the sources of stress via individual behavior», whereas emotion-focused coping processes include «all the regulative efforts to diminish the emotional consequences of stressful events» [42] (p. 154). Problem-focused coping is highly effective for those situations in which the individual's responses can produce positive outcomes, ultimately improving self-efficacy over the problem [47]. On the contrary, emotion-focused coping is more effective when the source of the stressors is beyond the person's control since it aims at managing the situation-related emotions rather than altering the source itself [48,49]. Consequently, coping effectiveness is context-dependent such that a strategy is not always successful per se; rather, it depends on the situation [48,50]. A second higher-order category of coping strategies introduced in the literature refers to approach and avoidance strategies [51–53]. Approach coping involves actively moving towards a stressor in order to attempt to solve the problems [54,55]. On the

contrary, avoidance coping involves both a «passive coping strategy in which an individual disengages from a stressor or an active coping strategy in which an individual turns away from or seeks to escape from a stressor» [54] (p. 2). In general, research shows the maladaptive nature of the use of avoidance coping strategies (i.e., denial, mental disengagement, and behavioral disengagement) in terms of psychological dysfunction, depression, and anxiety [56–60]. On the contrary, approach coping (i.e., social support, problem-solving, and cognitive restructuring) is generally related to psychological well-being, particularly less depression and anxiety [61–64]. Although research consistently supports the detrimental effect of long-term avoidance coping strategies, studies also highlight the beneficial effect of avoidance coping in reducing anxiety in the short-term period, especially for unexpected uncontrollable events [65,66].

1.3. Emotional Intelligence

From a functional perspective, because of the informational component, emotions can function as an important source of information in many situations; for example, they can point out which aspect of the physical and social environment requires immediate attention. Ignoring emotions or not processing them properly could result in not managing the situation appropriately [67]. Over the past decades, emotional intelligence (EI) has emerged as a key construct in individuals' psychological well-being and functioning [68]. EI is defined as a set of cognitive abilities (i.e., ability EI: perceiving, using, understanding, regulating) [69,70] objectively measurable using performance tests such as the MSCEIT (Mayer–Salovey–Caruso Emotional Intelligence Test) [71], whereas other theoretical proposals considered EI as a lower-order personality dimension measurable using self-report methodologies (trait EI) [72,73]. Moreover, within the area of self-report, there is a further distinction based on the underlying theoretical framework between trait EI self-report and ability EI self-report [74,75]. Ability EI self-report scales are designed on Mayer and Salovey's ability model [69] and exclude personality traits or competencies related to emotions [74]. Consequently, ability EI self-report scales assess individuals' perceptions about their own emotional abilities, namely self-reported EI or perceived EI (PEI) [75]. Research has shown that EI is associated with mental health and well-being, both measured via performance tests or self-report [75–78]. Since EI facilitates «successful and efficient self-regulation toward desired ends» [79] (p. 511), high EI individuals, when facing stressful situations, tend to avoid ruminating and set future goals effectively [80]. Within this perspective, high EI people should use emotional stimuli for the directing of attention and emotional processing [81]; consequently, EI could be linked with the use of approach coping strategies instead of avoidance coping strategies. Therefore, high EI individuals «may, therefore, have greater abilities and resources to adaptively navigate the emotional challenges posed by this pandemic» [82] (p. 1019). Trait EI people experienced anxiety less intensely during lockdown [83], and this tendency increased over time [84]. In addition, PEI was linked to effective coping strategies in dealing with government confinement measures [85].

1.4. State Anxiety, Coping Strategies, and Emotional Intelligence

There is a deep connection between coping and emotion literature as well as coping and emotional intelligence [44,49,50]. Emotion has a key role in the coping process due to its readiness to act to deal with an object or event [86,87]. Emotions are «integral to all phases of the coping process, from vigilance, detection, and appraisals of threat to action readiness and coordinating responses during stressful encounters» [44] (p. 122). More specifically, high EI people should be equipped with better coping skills to effectively face demanding events [49,88] since they «accurately perceive and appraise their emotional states, know how and when to express their feelings, and can effectively regulate their mood states» [89] (p. 161). EI can be considered a coping mechanism that helps to deal with stressful situations and achieve desired goals through effective and useful self-regulation [88–90]. Some authors [88] proposed several ways that might account for the relationship between

EI, coping, and stress by suggesting that high EI people: (a) experience less stress since they promptly identify and avoid possible dangers in the social world; (b) appraise stressful situations in a beneficial way due to adaptive and constructive thinking; (c) are better equipped with regulation skills as well as social and emotional coping resources (e.g., social support); (d) use more active coping and problem-focus coping strategies. In this regard, research shows that individuals with high EI tend to use more problem-solving coping strategies and social support than those with low EI who tend to use more avoidance strategies [90–92]. Additionally, some studies highlighted the mediation role of EI between both state and trait anxiety levels and coping mechanisms, encouraging the adoption of active coping strategies that facilitate problem-solving during stressful situations [93,94].

However, as extensive as the EI and coping literature is, results are yet fragmented since the relationship between coping and EI heavily depends on the way EI is measured and which coping process is taken into account [88]. Trait EI shows a consistent positive association with problem-focused coping and approach coping and a negative association with avoidance coping [73,92,95]. The same results for PEI also show a consistent positive relationship to approach coping and negative to avoidance coping [90,91,96–99]. As for ability EI, findings are few and less consistent, showing a small association mostly between management branch scores of MSCEIT approach coping (positive) and avoidance coping (negative) [49,100].

Given this background, this work aimed to investigate the role of self-reported emotional intelligence (PEI) and coping strategies in facing state anxiety in the general population during the national lockdown to reduce the spread of COVID-19. In particular, based on the research literature, we formulated the following hypotheses: (a) a positive relationship between PEI and state anxiety, (b) a negative relationship between approach coping and state anxiety, and a positive relationship between avoidance coping and state anxiety, (c) a positive relationship between PEI and approach coping and a negative one between PEI and avoidance coping, (d) a mediation effect of PEI on the relationship between approach/avoidance coping and state anxiety.

2. Materials and Methods

2.1. Study Design and Procedure

The study took place in April 2020, a time when Italy was going through a national lockdown due to the outbreak of COVID-19. The study is based on a cross-sectional research design, and it took the form of an online survey: the research protocol was launched online and disseminated through social networks such as Facebook, Instagram, and WhatsApp. Research protocols included two forms distributed at separate times: the first one included informed consent and a general questionnaire about demographics and COVID-19-related information; the second one included the scales presented in the previous subsection.

2.2. Participants and Sampling

Participants were recruited online, inviting them to participate through social networks. The initial sample was composed of 359 participants (303 females; 56 males) with an average age of 35.20 (SD = 31.78). However, the number of participants decreased from first to second administration, and the final sample was composed of 85 participants (69 females; 16 males) with an average age of 31.48 (SD = 11.28) ranging from 18 to 66 years. The age of the female group ranged from 18 to 65 years (Mage = 30.20, SD = 10.28), whereas the age of the male group ranged from 20 to 62 years (Mage = 37, SD = 13.55). The education levels of the participants were as follows: 29.4% with high school, 65.9% with university, and 4.7% with Ph.D. education. As for the region of residence, participants were predominantly from Sicily (89.4%). No participants claimed to have contracted or been exposed to COVID-19 at the time they took part in the research.

2.3. Instruments

Perceived Emotional Intelligence. The Wong and Law Emotional Intelligence Scale (WLEIS) [101], a self-report measure made out of 16 items scored on a 7-point Likert-type scale (e.g., 1 = totally disagree; 7 = totally agree), was used with the aim of assessing people's perceptions about their own emotional abilities. The scale is based on the ability model of EI, and it includes four subscales: Self-Emotion Appraisal (SEA), Others' Emotion Appraisal (OEA), Use of Emotion (UOE), and Regulation of Emotion (ROE). The scale has good psychometric properties, internal consistency and validity [102], showing low correlations with personality measures. In fact, ability self-report and mixed self-report measures of EI show significant differences [76]. For the study, we used the Italian version of the scale, which showed good psychometric properties [103]. In the current study, the internal consistency was excellent for the total score (Cronbach's $\alpha = 0.92$) as well as the subscale scores: SEA (Cronbach's $\alpha = 0.89$), OEA (Cronbach's $\alpha = 0.87$), UOE (Cronbach's $\alpha = 0.85$), and ROE (Cronbach's $\alpha = 0.91$).

Coping Strategies. The Brief Coping Orientations to Problem Experienced inventory (Brief-COPE) [104], a self-report questionnaire designed to measure how effectively people cope with stressful situations, was used. The instructions for each scale were modified such that it asked individuals to respond, thinking about the lockdown situation. The inventory is the brief version of the COPE [46], a 60-item inventory which was shortened to facilitate the administration process. It is composed of 28 items scored on a 4-point Likert scale (e.g., 1 = I haven't been doing this at all; 4 = I've been doing this a lot), and it assesses 14 different coping strategies derived from the combination of two items per scale: Self-Distraction, Active Coping, Denial, Substance Use, Use of Emotional Support, Use of Instrumental Support, Behavioral Disengagement, Venting, Positive Reframing, Planning, Humor, Acceptance, Religion, Self-Blame. In turn, different coping strategies can be grouped into more comprehensive categories, such as avoidance and non-avoidance coping [105]. In this regard, we grouped the items in approach and avoidance coping strategies as they emerged from recent factorial analyses [57,106]. The Italian version was adopted, which presented good psychometric properties [107]. For the study, it was the approach coping score (Cronbach's $\alpha = 0.76$) and the avoidance coping score (Cronbach's $\alpha = 0.65$).

State Anxiety. The State-Trait Anxiety Inventory for Adults (STAI-AD) [32] was used, a self-report questionnaire consisting of 40 items providing two distinct measures: state and trait anxiety. Even in this case, the instructions for each scale were modified such that it asked individuals to respond, thinking about the lockdown situation. For the purpose of the study, only the state anxiety scale (S-Anxiety), which is composed of 20 items and refers to a transitory emotional response to an adverse event, was used to assess how people felt at the moment. The inventory presents a 4-point Likert response scale (1 = not at all/almost never; 4 = very much so/almost always), and the overall score for both scales ranges from 20 to 80, so the higher the score, the more severe anxiety levels are. For the study, it was employed the Italian version [108], and the S-Anxiety scale showed excellent internal consistency (Cronbach's $\alpha = 0.91$).

2.4. Data Analysis

First, we derived descriptive statistics (e.g., mean, standard deviations) for age, level of education, region of residency, COVID-19-related information, PEI, coping strategies, and state anxiety. Variables were examined to assess for violations of normality prior to conducting analyses. Second, Pearson correlation coefficients for study variables were computed. Third, one hierarchical regression analysis was performed to investigate the influence of PEI and approach coping on state anxiety. Lastly, mediation analyses were performed using PROCESS v3.5 for SPSS [109], in which we investigated the impact of approach coping on state anxiety through PEI. All statistical analyses were performed using SPSS v25 [110]. Before conducting mediation analyses, we checked for multicollinearity and assessed normality assumptions.

3. Results

To investigate relationships among the study variables, a correlation analysis using the Pearson product-moment coefficient among the variables was conducted (Table 1). Results showed only a significant correlation between approach coping and PEI ($r = 0.26, p < 0.05$) and UOE ($r = 0.27, p < 0.05$), whereas avoidance coping did not show any significant correlation with PEI. As regards state anxiety, a significant negative association was found with PEI ($r = -0.42, p < 0.01$), SEA ($r = -0.26, p < 0.05$), UOE ($r = -0.47, p < 0.01$), ROE ($r = -0.41, p < 0.01$), and Approach Coping ($r = -0.23, p < 0.05$). On the contrary, a positive association was found between Avoidance Coping and S-Anxiety ($r = 0.31, p < 0.01$).

Table 1. Correlation analyses results and descriptive statistics.

| Scale | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | M | SD | Skewness | Kurtosis |
|---------------------|---|---------|---------|---------|---------|-------|--------|----------|-------|-------|----------|----------|
| 1. SEA | - | 0.39 ** | 0.44 ** | 0.50 ** | 0.75 ** | -0.14 | 0.11 | -0.26 * | 5.01 | 1.11 | -1.05 | 0.94 |
| 2. OEA | | - | 0.42 ** | 0.34 ** | 0.67 ** | 0.11 | 0.21 | -0.14 | 5.39 | 1.02 | -1.16 | 1.95 |
| 3. UOE | | | - | 0.68 ** | 0.83 ** | -0.07 | 0.27 * | -0.47 ** | 5.19 | 1.17 | -0.86 | 0.26 |
| 4. ROE | | | | - | 0.84 ** | -0.18 | 0.21 | -0.41 ** | 4.38 | 1.25 | -0.43 | -0.61 |
| 5. PEI | | | | | - | -0.10 | 0.26 * | -0.42 ** | 4.99 | 0.88 | -0.68 | 0.15 |
| 6. Avoidance Coping | | | | | | - | 0.20 | 0.31 ** | 16.60 | 2.47 | 0.23 | 0.80 |
| 7. Approach Coping | | | | | | | - | -0.23 * | 34.91 | 4.78 | 0.09 | -0.09 |
| 8. S-Anxiety | | | | | | | | - | 48.92 | 10.17 | 0.32 | -0.67 |

** $p < 0.01$; * $p < 0.05$.

In addition, hierarchical regression analyses were conducted to test if approach and avoidance coping and PEI predicted participants' S-Anxiety (Table 2). In the analysis, avoidance and approach coping were entered as predictors in the first step; then, PEI was entered in the second step. S-Anxiety was entered as a criterion variable. Results demonstrated that S-Anxiety ($\Delta F = 11.66, p < 0.001$) was significantly predicted by avoidance coping ($\beta = 0.32, t = 3.28, p < 0.01$), approach coping ($\beta = -0.21, t = -2.09, p < 0.05$), and PEI ($\beta = -0.34, t = -3.42, p < 0.01$). In particular, approach and avoidance coping accounted for 17% of the variance in S-Anxiety (Adj. $R^2 = 0.17, F(2,82) = 9.33, p < 0.001$). However, when PEI was entered, the explained variance of S-Anxiety increased to 26% (Adj. $R^2 = 0.26, F(3,81) = 11.66, p < 0.001$).

Table 2. Hierarchical regression analysis results with S-Anxiety as a criterion variable.

| Predictor | β | t | p | R^2 | Adj. R^2 | ΔR^2 | $F_{(df)}$ | ΔF | Tolerance | VIF |
|------------------|---------|-------|------|-------|------------|--------------|------------------------------|------------|-----------|------|
| Model 1 | | | | 0.19 | 0.17 | | 9.33 _(2, 82) *** | | | |
| Avoidance Coping | 0.37 | 3.65 | 0.00 | | | | | | 0.96 | 1.04 |
| Approach Coping | -0.31 | -3.01 | 0.00 | | | | | | 0.96 | 1.04 |
| Model 2 | | | | 0.29 | 0.26 | 0.10 | 10.92 _(3, 81) *** | 11.66 *** | | |
| Avoidance Coping | 0.32 | 3.28 | 0.00 | | | | | | 0.93 | 1.07 |
| Approach Coping | -0.21 | -2.09 | 0.04 | | | | | | 0.88 | 1.13 |
| PEI | -0.34 | -3.42 | 0.00 | | | | | | 0.91 | 1.10 |

*** $p < 0.001$.

Mediation analyses were performed using Model 4 of PROCESS to examine whether the relation between approach coping and S-Anxiety was mediated by PEI. Since avoidance coping did not correlate with PEI, it was excluded from the analysis. Results from the mediation analysis (Figure 1) showed that approach coping significantly predicted PEI ($b = 0.05, t = 2.42, p < 0.05$), and PEI significantly predicted S-Anxiety ($b = -4.45, t = -3.78, p < 0.001$). The direct relationship between approach coping and S-Anxiety was not significant ($b = -0.28, t = -1.28, p = 0.204$). However, a significant indirect relationship between approach coping to S-Anxiety through PEI was found ($b = -0.21, 95\% CI [-0.46, -0.04]$).

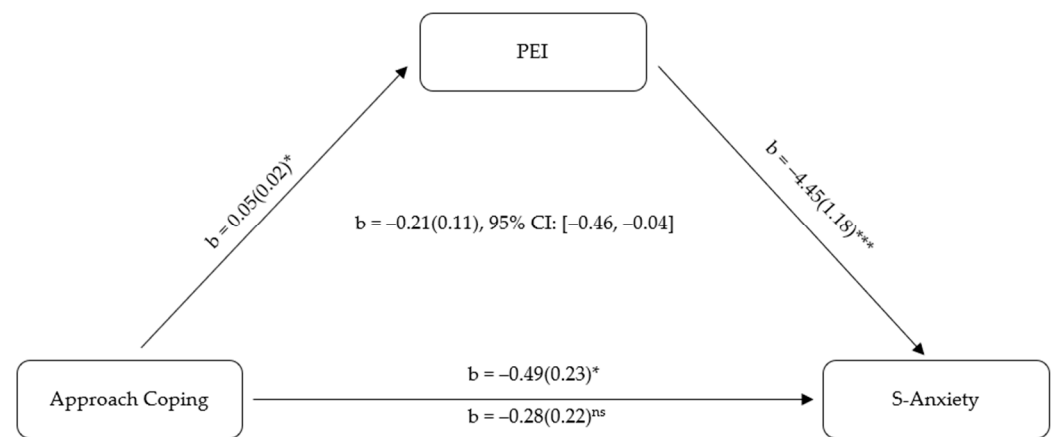


Figure 1. ^{ns} not significant, ^{***} $p < 0.001$, ^{*} $p < 0.05$. Regression coefficients are shown with standard error in bracket $b(SE)$. The overall R^2 for the model was 0.19.

4. Discussion

This study was designed to provide information about the role of self-reported emotional abilities in dealing with anxiety related to the first lockdown confinement during the COVID-19 pandemic. Results demonstrated the associations between PEI, coping strategies, and state anxiety during the period of the COVID-19 lockdown. We found that anxiety was negatively predicted by PEI and approach coping and positively predicted by avoidance coping. Results are consistent with the literature that shows, in general, the contribution of emotional intelligence abilities in fostering individuals' psychological well-being and health [75–78]. At the same time, our results are in line with research about coping that shows the reducing effect of approach coping on state anxiety [36–39,61–64] and the enhancing effect of avoidance coping on state anxiety [33–35,37–39,56–60]. These results contrast with studies demonstrating the beneficial effects of avoidance coping in reducing anxiety, particularly in short-term periods and for unexpected uncontrollable events [65,66]. However, the COVID-19 lockdown presented an unforeseen and uncontrollable situation that profoundly impacted every aspect of individual life. Coping mechanisms inherently depend on the context [42], and the lockdown represented a circumstance that could not be evaded. If, on the one hand, emotional and cognitive processing of the stressful situation may help face the adversities, ultimately reducing state anxiety; on the other hand, avoidance behaviors prevent the cognitive system from processing the emotions related to the feared situation [58].

Another result highlighted the different patterns that characterized the relationship between PEI and coping strategies. PEI positively correlates with approach coping and negatively with avoidance coping, which is consistent with past research [85,90,91,96–99]. In addition, consistent with previous studies [93,94], mediation results showed that the relationship between approaching coping and state anxiety depends on an individual's level of PEI. Given that EI enables effective self-regulation toward desired outcomes, individuals with high EI typically refrain from excessive rumination and are adept at setting future goals during stressful situations. In this regard, individuals with high EI are expected to utilize emotional cues to direct attention and process emotions effectively. Consequently, these findings align with previous studies indicating that individuals with high EI may possess enhanced abilities and resources to effectively manage the emotional challenges presented by the pandemic [82–85].

Therefore, individuals with high EI possess a range of emotional and cognitive skills that allow them to accurately perceive and assess possible adverse situations and manage their behaviors in order to successfully face or cope with them [79]. Of course, coping with an event does not exclusively involve using approach-based strategies, but sometimes it requires avoiding a dangerous situation. However, considering the situation that needed to be faced, avoidance strategies might not have been functional. Overall, EI aids in enhancing

self-confidence during stressful encounters by enabling individuals to perceive them more as challenges rather than threats. Consequently, EI can be regarded as a personal asset potentially associated with managing anxiety in stressful circumstances and employing effective coping mechanisms.

Limitations and Future Directions

The results showed the positive role of emotional abilities in managing the unprecedented event represented by the COVID-19 pandemic, particularly in coping with anxiety related to lockdown measures. However, it is important to note that the study has several limitations. First, the sample size is relatively small, which limits the scope of the results. Conducting the study with a larger sample size could improve the generalizability and reliability of the findings, enabling more robust statistical analyses and better representing the population. Furthermore, it is crucial to include diverse populations and contexts to enhance the generalizability of the findings. Different demographic groups may experience and cope with stress differently, so studying a more diverse sample would provide a more comprehensive understanding of the role of emotional abilities in coping with stress and uncertainty.

Second, the results highlight the positive role of self-reported emotional abilities, but they do not provide information about the role of actual emotional abilities. Since individuals' perceptions may not always be accurate, future studies should incorporate performance measures alongside self-reports to investigate the contribution of actual EI abilities.

Third, all data were collected at the beginning of the lockdown. Since coping is a context-related process that changes over time, the coping strategies needed to deal with anxiety and uncertainty during the early stages of the lockdown may not have been the same later on. Conducting longitudinal studies by collecting data at multiple time points would have enabled the observation of changes in coping strategies and emotional responses over time and their adaptation to changes in circumstance. This approach would have provided deeper insights into the long-term effects of emotional abilities on coping with pervasive stressors such as the COVID-19 pandemic.

5. Conclusions

The COVID-19 pandemic has presented unprecedented challenges and has brought attention to new issues regarding the mental health of the general population, highlighting the need for effective interventions. This research emphasizes the significance of self-reported emotional abilities in coping with state anxiety during COVID-19 lockdowns. There are some implications for mitigating distress during challenging and unexpected life events, such as a pandemic. However, it is important to note that while the global COVID-19 pandemic presents unique challenges, EI and coping strategies also have broad applications beyond large-scale crises. Research consistently shows that EI correlates with various positive outcomes. Therefore, enhancing EI through intervention and educational programs is crucial for promoting well-being by equipping individuals with the ability to confront adverse life events. Providing individuals with personal tools to respond effectively to negative events and minimize distress is particularly important in regions where access to mental health services is limited due to social and economic disparities. Thus, the implementation of programs focused on enhancing EI skills could be beneficial since by equipping individuals with tools to perceive, understand, and regulate emotions effectively, healthcare and educational agencies can empower them to better cope with stressors during crises.

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