Coping Styles adapted during COVID-19 in the Indian Context

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ABSTRACT

COVID-19, the contagious virus which started in Wuhan, Republic of China in 2019 has created immense stress and anxiety among people. When stress levels increase people tend to use the available resources to mitigate the stress. A review of literature showed that the research studies carried out during the course of the pandemic in the year 2020 mostly examined the coping styles among health care professionals and the working population and were carried out in countries like China, Germany, Romania, and USA. There was a dearth of studies conducted in the Indian context to examine the coping styles of the general population. Hence this study aims to address this gap by examining the coping styles adapted by people in India to mitigate the unusual situation created by COVID-19. The sample for the study consisted of 209 respondents from Tamilnadu, who were from across various walks of life. The study used the Brief COPE Inventory to measure the coping styles of the respondents. The study found that the "Acceptance" coping style was mostly used by the respondents. Apart from acceptance, respondents had also moderately adapted self-distraction, active coping, planning, and positive reframing styles. The predominant usage of positive coping styles like acceptance, active coping, positive reframing etc., by the respondents of this study shows that they were in a positive emotional state, despite the pandemic. The study also explored the associations between the different coping styles and demographics. The study has important implications with respect to how individuals are coping with stressors in their life. The study can be done in different contexts to understand the coping strategies. The study also calls for further research and investigation to analyze the coping styles across the different socio-demographic factors. It can be replicated on a larger sample across the country and across continents to gain an in depth understanding of the coping strategies.

Keywords

Coping Styles, Pandemic, Mental Health, COVID-19, Stress

Introduction

COVID-19, the contagious virus which started in Wuhan, Republic of China in 2019 has ravaged the world and as this article was being written, was very much alive and active in its trail of destruction. As the disease was spreading like wildfire, it created immense stress and anxiety among people. According to statistics from Canada (Statistics Canada, 2020), one third of the families reported high anxiety levels related to the confined lifestyle induced by COVID-19. Fullana and Colleagues, (2020) studied the impact of COVID-19 on the general population in Spain and reported that 65 percent of the population were stressed. Dong and Bouey, (2020) reported that apart from altering the routine life of people, the pandemic had significant psychological effects on them. Johns Hopkins Aramco Healthcare, (2020) reported that as people are confined within the walls of their homes, it is likely that anxiety and depression would increase. Owing to all this, people were dealing with two contagions - first the Corona virus itself and second the negative emotions and psychological effects created amongst individuals due to the relentless spread of the virus. These two contagions had created enormous stress on people and they had to devise strategies to cope with that pressure.

When stress levels increase, people tend to spend the resources available with them to mitigate the stress (Hobfoll, 1998, 2001). While encountering stress, individuals appraise the situation and the resources they have, to arrive at the appropriate strategies for coping with stress (Lazarus & Folkman, 1984). A commonly acknowledged definition of coping is "the constantly changing cognitive and behavioral efforts a person makes to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus, 1999. p.110). A review of literature showed that the research studies carried out during the course of the pandemic in the year 2020 mostly examined the coping styles among health care professionals (Man, Toma, Motoc, Necrelescu et al, 2020; Shechter, Diaz, Moise, Anstey et al, 2020; Huang, Lei, Xu, Liu, & Yu 2020), and the working population (Zacher & Rudolph, 2020). The studies were carried in countries like China, Germany, Romania, and USA. The review showed a dearth of studies conducted in the Indian context to examine the coping styles of the general population. Hence this study aims to address this gap by examining the coping styles adapted by people in India to mitigate the unusual situation created by COVID-19.

Review of Literature

Coping is the response of individuals to stressful events in their life (Folkman, Lazarus, & Pimley, 1987). Individuals use different coping mechanisms to deal with stressful events. The conservation of resources theory states that when individuals experience stress, they arrive at strategies to mitigate the same, based on the availability of resources that they can expend and their patterns of behavior (Hobfoll, 1998; 2001). In the same lines, the appraisal theory coined by Lazarus states that individuals appraise an event in two

stages, before arriving at a response. In the first stage, the question "Is this significant to me?" is answered. If the answer to this question is "yes", then, in the second stage, the question "Can I cope with this event?" is answered. If individuals perceive that they can cope with the event/situation, they arrive at a particular response and if they perceive that they cannot cope with the situation they devise a different response for the event or situation (Lazarus & Folkman, 1984).

Determinants of Coping Styles

Researchers opine that emotions experienced by individuals motivate their behavioral responses and thereby drive them towards certain coping styles (Frijda, 1994; Levenson, 1994). According to Charles and colleagues (Charles, Reynolds, & Gatz, 2001), the experience of anger might lead to active coping styles such as questioning and sadness might lead to avoidance type of styles. However, there is no evidence for a directional relationship or a constant relationship between emotions and coping styles. A study conducted during the period of SARS found that the relationship between emotional experience and coping style was moderated by age (Yeung & Fung, 2007).

It has been widely accepted that culture has an impact on how people cope with stress (Lazarus & Folkman, 1984). There have been significant number of studies which had brought out the association between cultural influences and the process of coping with stress (Kuo, 2011; Utsey, Adams, & Bolden, 2000). Studies have shown that the African Americans adapt an Africentric coping style (Utsey, Adams, & Bolden, 2000) and the Asians adapt a forbearance coping style (Yeh, Arora, & Wu, 2006). It was found that a collectivistic coping style adopted by Europeans (Kuo, Arnold, & Rodriguez-Rubio, 2014), was highly prevalent among Asian Americans, Asian Canadians (Kuo, Roysircar, & Newby-Clark, 2006; Wei, Heppner, Ku, & Liao, 2010), and African Americans (Utsey et al, 2000).

According to a few studies (Wilkinson, 2014; Weisz, McCabe, & Dennig, 1994), women often use coping styles focused on regulation of emotions while men converge on problem focused styles. Some studies (Gholamzadeh, Shariff, & Rad, 2011; Abasimi, Atidanbila, Gai, & Mahamah, 2015) did not report significant differences in the coping styles across gender. A study conducted on nurses and nursing students in China during the COVID outbreak found that women used problem-focused coping styles, whereas men were found to use emotion-focused styles (Huang, Lei, Xu et al, 2020). In a sample of 2816 people across different social and demographic factors, Matud (2004) found that women tend to incline towards emotion and avoidance focused coping styles. Rice and Liu, (2016) reported that female respondents belonging to the US Military forces, used positive reframing style more than males. Brougham and colleagues (Brougham, Zail, Mendoza et al., 2009) conducted a study on college students and found that women used emotion-focused styles to a larger extent compared to men. Another study on nurses in Greece (Zyga, Mitrousi, Alikari et al., 2016) also found that women largely converge on emotion-focused coping styles. Tran

and Chantagul, (2018) found that among Vietnamese students, females used emotion-focused styles and that there was no significant difference in the adoption of avoidance-focused styles across gender. A study among undergraduate students showed that men scored high on positive reframing and acceptance styles and low on self-blame, venting, and behavior disengagement styles (Devonport & Lane, 2006).

In a study among US Military Personnel, which had used the Brief COPE instrument, a significant difference was found in the coping styles across gender, age, ethnicity and marital status. Young respondents used emotion focused styles to a larger extent compared to old respondents (Rice & Liu, 2016). However, there was no variation across education levels. On the contrary, Zyga and Colleagues (Zyga, Mitrousi, Alikare et al., 2016) found that education level and job position are associated with coping styles. They also found that age and marital status are not associated with coping styles. In a study among nurses, it was found that respondents who graduated from Universities used problem-focused coping styles compared to respondents with lower academic status. The authors opined that an exposure to the university environment might have imparted more knowledge to the respondents due to which they adapt rational styles of coping (Karadimas, 1998)

From the review it is evident that there is no particular pattern in the outcomes of the various studies. In some studies women were found to use emotion-focused styles and in some other studies they were found to use problem-focused styles. The variation of coping styles across age, education, economic status etc was also least explored. Given the varying contexts in which these studies were carried out, and the dearth of studies that explore the interplay between coping styles and demographics, it would be very useful to explore the association between demographics and coping styles.

Coping Styles and their Outcomes

A review of literature shows a few classifications of coping styles. Most commonly, coping styles are classified into problem-focused, emotion-focused, social-support focused and avoidance-focused styles (Zacher & Rudolph, 2020). In a problem-focused style, individuals take steps to mitigate the problem or change the status-quo. The emotion-focused style involves modifying or regulating one's emotional response to the event. For example, venting the emotions or reframing the event in positive terms. In social support focused style, empathy or advice is sought from others and while adopting an avoidance-focused style people turn towards alcohol or drugs (Litman, 2006) or engage in activities that allow them to withdraw from the stress causing event (Tamres, Janicki & Helgeson, 2002).

The effectiveness of a coping style is largely dependent on the physiological and psychological outcomes produced. Smith and Renk, (2007) consider problem-focused style and an adaptive style and opine that this style leads to better emotional states and overall well-being. A study in Australia found that employees who adopted positive coping styles had better well-being (Zheng, Kashi, Fan et al., 2016). Utsey and colleagues (Utsey, Ponterotto, Reynolds, & Cancelli,

2000) report that respondents who adopt avoidance styles have low self-esteem and are unsatisfied with life. Liu and colleagues, (Liu, Li, Ling, & Cai, 2016) found that respondents who used positive coping styles reported greater life satisfaction and a positive emotional state. They also found that individuals with social support are more likely to converge towards positive coping styles. Coping style was found to be an important determinant of respondent well-being. In particular, respondents who used problem-focused styles had a positive emotional state (Ben-zur, 2009). A few other studies (Dunkley, Blankstein, Halsall, et al., 2001; Sasaki & Yamasaki, 2007) have also shown that a problem-focused style is likely to result in a positive emotional state and better health. Zacher and Rudolph, (2020) in their recent study, which was done during the outbreak of COVID, found that respondents who used active coping, emotional support and religion focused styles had a positive emotional state. They also found that styles like denial, substance use, and self-blame resulted in a negative emotional state. A study on university students in Malaysia found that the emotion-focused and avoidant focused styles were associated with depression (Abdollahi, Hosseinian, & Asmundson, 2018). Folkman and Lazarus (1988) opined that the problem-focused coping strategy is more appropriate compared to others as it focuses on alleviating the situation itself. A couple of studies (Bhagat, Allie, & Ford, 1995; Rotondo & Perrewe, 2002) have also found that problem-focused coping strategies yield better personal and professional outcomes. Suls and Fletcher, (1985) found that the avoidance-focused coping can help people temporarily. However, it cannot resolve the problem or mitigate the stressor and hence is not an appropriate strategy.

Though individuals have a preferable and predominant coping mechanism, they tend to use the other forms of coping also from time to time. A study conducted among the US military forces found that the most used coping strategies were acceptance, positive reframing, religion, active coping, and planning. The least used coping strategies were denial, substance abuse, and behavioral disengagement (Rice & Liu, 2016). Man and colleagues (Man, Toma,

Motoc et al, 2020) analyzed the coping strategies of the health care workers of a hospital in Romania, during the pandemic and found that planning and positive reappraisal were used more by the respondents. A study on resident doctors in South India revealed that as the level of stress increases, people tend to adapt maladaptive coping styles (Sreelatha, Premlal, & Ryali, 2019).

The literature review showed that a detailed appraisal is done before choosing a coping style and that there are different coping styles. Gender differences in coping styles were not reported in a consistent manner and there was a dearth of studies that evaluated the effectiveness of coping strategies. However, there was substantial evidence to show that adoption of appropriate coping styles can result in a positive emotional state, better health and well-being. With this background the study aims to explore the coping styles adapted by the respondents during the active lifetime of COVID-19 and examine the association between socio-demographic factors and coping styles.

Methodology

The study was conducted in South India, in the state of Tamilnadu during the period May to July 2020, when the pandemic was active across the state.

Sample

The sample for the study consisted of 227 respondents from Tamilnadu, who were from across various walks of life. They were chosen by a two-stage sampling. In the first stage, the authors circulated the questionnaires among their close contacts. In the second stage, a request was sent to the close contacts to circulate among their respective contacts. There were 217 responses out of which 209 qualified for the study. The demographics of the sample is shown in Table 1.

Table 1. Demographics of the sample

1	**Gender**	**N**	**%**	2	**Relationship status**	**N**	**%**
	Male	122	58		Single	108	52
	Female	87	42		Married	99	47
	Total	**209**	**100**		Divorced	3	2
					Total	**209**	**100**
3	**Received Salary during Lock down**	**N**	**%**	4	**Connect with family**	**N**	**%**

	Yes	137	66		Away From Family	37	18
	No	72	34		With Family	172	82
	Total	**209**	**100**		**Total**	**209**	**100**
5	**Economic status**	**N**	**%**	**6**	**Corona Zone**	**N**	**%**
	Lower Middle Class	6	3		Green	23	11
	Middle Class	108	52		Orange	40	19
	Upper Middle Class	88	42		Red	146	70
	Upper Class	7	3		**Total**	**209**	**100**
	Total	**209**	**100**				
7	**Lockdown job status**	**N**	**%**	**8**	**Age**	**N**	**%**
	Not Working	76	36		18-25	81	39
	Work from Home	109	52		26-35	87	41
	Going to Office	24	12		36-45	18	9
	Total	**209**	**100**		46-55	16	8
					Above 55	7	3
					Total	**209**	**100**
13	**Education**	**N**	**%**	**14**	**Employment Status**	**N**	**%**
	Diploma	3	2		Unemployed	38	18
	UG	43	20		Home Maker	12	6
	PG	150	72		Employed	127	61
	PhD	13	6		Self-employed	32	15
	Total	**209**	**100**		**Total**	**209**	**100**

Measure Used

The study used the Brief COPE Inventory to measure the coping styles of the respondents. Brief COPE is a shorter version of the COPE scale developed by Carver, Scheier and Weintraub (1989). The measure was used by Yeung and Fung, (2007), to measure the coping styles during the SARS outbreak and was found to demonstrate good reliability. The scale has 28 items classified into 14 coping styles namely self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame. These 14 styles can be grouped into problem-focused (active coping and planning), emotion-focused (positive reframing, acceptance, humor, religion), social-support focused (using emotional support, use of instrumental support, and venting), and

avoidant coping (self-distraction, denial, substance use, behavioral disengagement, and self-blame). The coping styles are measured using statements with a four-point scale (1 = I haven't been doing this at all, 2 = I have been doing this a little bit, 3 = I have been doing this moderately, and 4 = I have been doing this a lot). The 14 styles are calculated as shown in Table 2

Table 2. Calculation of Coping Styles

S: No	Coping Style	Calculation
1	Self-Distraction	Cope1 + Cope19
2	Active Coping	Cope2 + Cope7
3	Denial	Cope3 + Cope8
4	Substance Use	Cope4 + Cope11
5	Use of Emotional Support	Cope5 + Cope15
6	Use of Instrumental Support	Cope10 + Cope23
7	Behavioral Disengagement	Cope6 + Cope16
8	Venting	Cope9 + Cope21
9	Positive Reframing	Cope12 + Cope17
10	Planning	Cope14 + Cope25
11	Humor	Cope18 + Cope28
12	Acceptance	Cope20 + Cope24
13	Religion	Cope22 + Cope27
14	Self-Blame	Cope13 + Cope26

Data Collection

The Brief COPE and the required socio-demographic factors like age, gender, economic status, lockdown job status, education level, corona zone etc were put consolidated in a google form for easy distribution. The responses were consolidated and analyzed using the SPSS tool.

Analysis

The main objective of the study is to understand the coping styles of the respondents, while COVID-19 was active and prevalent in the society. The study also aimed to study the adaptation of coping styles across socio-economic and

demographic factors. The analysis and discussions pertaining to these objectives follow.

Coping Styles Adapted by the Respondents

The respondents had used all the coping styles to some extent. The mean values of the different coping styles is shown in Table 3

Table 3. Coping Styles of Respondents

Coping Style	N	Mean	SD
Self-Distraction	209	2.57	0.79
Active Coping	209	2.74	0.76
Denial	209	2.03	0.85
Substance Use	209	1.33	0.63
Use of Emotional Support	209	2.34	0.78
Use of Instrumental Support	209	2.2	0.82
Behavioral Disengagement	209	1.96	0.85
Venting	209	2.07	0.77
Positive Reframing	209	2.77	0.82
Planning	209	2.68	0.82
Humor	209	2.02	0.85
Acceptance	209	2.94	0.83
Religion	209	2.28	0.89
Self-Blame	209	1.9	0.84

The "Acceptance" style had the highest mean showing that the respondents had resorted to this style. Apart from acceptance, respondents had also moderately adapted self-distraction, active coping, planning, and positive reframing styles. Zacher and Rudolph (2020), in their study conducted during the pandemic reported that respondents who used active coping, emotional support and religion focused styles had a positive emotional state. The predominant usage of positive coping styles like acceptance, active coping, positive reframing etc., by the respondents of this study shows that they were in a positive emotional state, despite the pandemic. The "substance use" style was least used and is a good indicator of the adaptive coping styles of respondents. The respondents had also used a little bit of humor, venting, emotional support, instrumental support. behavioral disengagement, denial and self-blame styles. The US Military Personnel were found to use acceptance, positive reframing, religion, active coping and planning. The styles least used by the military personnel were substance abuse, denial, and behavioral disengagement (Rice & Liu, 2016). The results of this study also replicate the findings of Rice and Liu (2016) closely. In this study also, substance use, behavioral disengagement and denial were among the least used styles and acceptance, active coping and positive reframing were mostly used. The humor style was also least used. With the pandemic of such a magnitude lurking around, it is justifiable that people could not resort to using humor to mitigate the stress induced by the pandemic.

Types of Coping

The fourteen styles can be clubbed into four types of coping namely problem focused, emotion focused, social support focused and avoidance focused styles. The mean scores of the 4 types of coping are shown in Table 4

Table 4. Mean Scores of Types of Coping

Type of Style	N	Mean	Std Dev
Problem Focused	209	2.71	0.68
Emotion Focused	209	2.5	0.60
Social Support Focused	209	2.2	0.65
Avoidance Focused	209	1.96	0.54

It is evident from Table 4 that the problem focused style was mostly used followed by the emotion focused style. Folkman and Lazarus (1980) reported that most stressors elicit both problem focused and emotion focused styles. They also found that people resort to problem focused styles when they feel that something constructive can be done to mitigate the problem. They resort to emotion focused style when they feel that the stimulus or event is something that is to be borne by them. This study was conducted when the pandemic was active in its trail of destruction. The pandemic was indeed a significant stressor and as Folkman and Lazarus reported in 1980, it had indeed evoked both the problem and emotion focused styles. In a problem focused style, individuals focus on taking steps to mitigate the problem or they strive to change the status-quo. Given the prevailing pandemic, this is exactly what the respondents were doing. Their attention was focused on all the safety measures to mitigate the pandemic and they were also striving to adapt to the new way of life induced by the pandemic. The next most used style was the emotion focused style in which individuals try to modify or regulate their emotional response to the event. This style also includes reframing the event in positive terms. It can be seen from Table 1 that 52 percent of the respondents were working from home and that 82 percent of them were with their families. Liu and colleagues (Liu et al., 2016) reported that individuals with social support are more likely to converge towards positive coping styles. This could be one of the factors that had driven respondents towards positive coping styles like problem and emotion focused styles. As most of them were connected with families, they sought emotional support from the families and followed the social support focused style. It is encouraging to note that the avoidance style which includes turning towards alcohol, drugs (Litman, 2006) or withdrawal was least used by the respondents.

Smith and Rent (2007) opine that problem focused styles lead to better emotional states and overall well-being. This study found that the problem focused style was significantly used by the respondents and hence they might have experienced better emotional states and would have had better well-being. This is indeed an encouraging finding. Respondents who resort to avoidance focused styles tend to have low self-esteem and are unsatisfied with life (Utsey et al, 2000). This study found that the avoidance style was the least used and hence is another encouraging finding from the study.

Association between the different coping styles

There are fourteen different coping styles adapted by the respondents. Some interesting insights were obtained by examining the associations between these 14 styles of coping followed by the respondents. The correlation between the 14 coping styles were examined and the results are shown in Table 5.

Table 5. Correlation between the 14 Coping Styles

	SD	AC	DE	SU	ES	IS	BD	VE	PR	PL	HU	ACC	RE	SB
SD	1	0.53	0.19	-0.02	0.31	0.35	0.23	0.33	0.45	0.42	0.19	0.45	0.25	0.15
		0.000	0.006	0.783	0.000	0.000	0.001	0.001	0.000	0.000	0.007	0.000	0.000	0.026
AC		1	0.22	-0.07	0.36	0.24	0.22	0.22	0.51	0.47	0.08	0.41	0.31	0.13
			0.001	0.324	0.000	0.001	0.001	0.000	0.000	0.000	0.256	0.000	0.000	0.062
DE			1	0.34	0.33	0.31	0.61	0.45	0.07	0.14	0.34	-0.07	0.18	0.42
				0.000	0.000	0.000	0.000	0.000	0.281	0.040	0.000	0.300	0.011	0.000

SU				1	0.07 0.32	0.12 0.09	**0.35** **0.000**	**0.21** **0.003**	-0.10 0.154	0.01 0.918	**0.33** **0.000**	-0.14 0.040	0.08 0.270	**0.39** **0.000**
ES					1	**0.58** **0.000**	**0.41** **0.000**	**0.42** **0.000**	**0.45** **0.000**	**0.49** **0.000**	**0.23** **0.001**	**0.34** **0.000**	**0.34** **0.000**	**0.23** **0.001**
IS						1	**0.49** **0.000**	**0.55** **0.000**	**0.28** **0.000**	**0.47** **0.000**	**0.36** **0.000**	**0.25** **0.000**	**0.42** **0.000**	**0.40** **0.000**
BD							1	**0.55** **0.000**	**0.18** **0.008**	**0.29** **0.000**	**0.33** **0.000**	-0.03 0.715	**0.28** **0.000**	**0.48** **0.000**
VE								1	**0.31** **0.000**	**0.46** **0.000**	**0.33** **0.000**	0.14 0.049	**0.34** **0.000**	**0.50** **0.000**
PR									1	**0.60** **0.000**	0.11 0.108	**0.55** **0.000**	**0.44** **0.000**	0.15 0.034
PL										1	**0.28** **0.000**	**0.56** **0.000**	**0.47** **0.000**	**0.25** **0.000**
HU											1	0.10 0.149	**0.30** **0.000**	**0.48** **0.000**
ACC												1	**0.48** **0.000**	-0.10 0.148
RE													1	0.21 0.012
SB														1

Two Tailed Correlations at p,0.01 are in Bold. SD = Self Distraction; AC = Active Coping; DE = Denial; SU = Substance Use; ES = Emotional Support; IS = Instrumental Support; BD = Behavioral Disengagement; VE = Venting; PR = Positive Reframing; PL = Planning; HU = Humor; ACC = Acceptance; RE = Religion; SB = Self Blame

The results of correlation yielded some interesting findings. Carver et al (1989) had analyzed the correlations between the coping styles of the respondents in their study and had found that active coping correlated negatively with denial, behavioral disengagement and substance use. Active coping was found to positively correlate with planning, use of instrumental support, use of emotional support and positive reframing. They also reported that use of instrumental support and emotional support correlated with active coping and planning.

From Table 5, it is evident that active coping correlates strongly with positive reframing (r = 0.5), planning (r = 0.47), and acceptance (r = 0.41). Active coping was also found to correlate positively with use of emotional support, use of instrumental support and negatively with substance abuse. These results show a significant level of agreement with the findings of Carver et al, (1980). The denial style of coping was found to correlate with behavioral disengagement (r = 0.61), venting (r = 0.45) and self-blame (r = 0.42). Denial was also found to correlate with substance use (r = 0.34), which indicates that the denial style also leads individuals towards substance use. Thus, the grouping of denial, self-blame, behavioral disengagement, substance use

and self-distraction as avoidance focused styles stands justified. Substance use has a significant association with behavior disengagement and venting and has a negative association with positive reframing (not statistically significant) and acceptance (significant at p<0.04). It is evident that substance use moves people away from adaptive coping styles like positive reframing and acceptance.

The correlation results also show that use of emotional support and use of instrumental support correlate positively and significantly with all the other styles of coping, except substance use. This outcome differs from that of Carver et al's (1980) findings where instrument support had a negative association with behavior disengagement. The positive

association between emotional support and other styles is in line with the findings of Carver et al (1980). In the present study, a positive association was found between the humor coping style and denial, substance use, and venting. There is a dearth of previous research findings to explain this particular positive association and some of the other associations between the different coping styles. This warrants further research and investigation into the

relationships between the different coping styles assessed by the Brief COPE.

Coping Styles across Socio-Demographic Factors

The study had participants who were spread across different socio demographic factors. The coping styles were analyzed statistically across these socio demographic factors using independent samples 't' test and ANOVA. The factors across which there was a significant difference are outlined below.

Men were found to use more problem focused styles compared to women. This is in line with the findings of a few studies (Wilkinson, 2014; Weisz, McCabe, & Dennig, 1994) which reported that men converge on problem focused styles. However, this finding contradicts a recent study done in China during the pandemic (Huang, Lei, Xu et al, 2020) which states that women used problem focused styles and men used emotion focused style. As these two studies differ in their context, this contradiction can be attributed to the cultural differences across the contexts.

The respondents who did not receive their salaries due to the lock down announced during the pandemic used more avoidance coping styles compared to respondents who had received their salaries. The unemployed respondents focused more on avoidance focused styles. The respondents who were not working due to the impending lock down also resorted to avoidance focused styles. There is a dearth of previous research to substantiate or contradict this finding. So the coping styles of people with different employment statuses are to be examined further.

The respondents who were single used avoidance coping styles to a greater extent compared to married and divorced respondents. Zyga and Colleagues (Zyga, Mitrousi, Alikare et al., 2016) found that age and marital status are not associated with coping styles. In this study, a difference in coping styles was observed. This also calls for further research.

In families where there were more than 6 members, people tend to use more social support focused coping styles. Respondents in families with 3-4 or 5-6 members also used social support focused styles compared to respondents from smaller families of size 2-3 people. India is a collectivistic country and family and family support are of paramount importance in this culture. Hence the prevalence of social support coping styles among large families is justifiable.

There was no significant difference in the coping styles across age, education, economic status, corona zone, connect with family and nativity. Further investigation is needed to explore the coping styles in detail across the different socio demographic factors.

Conclusion

The pandemic had a significant impact on the lives of people and this study aimed to examine the coping styles of respondents during the pandemic. It was encouraging to note that positive coping styles were followed by the respondents, leading to better emotional states and well-being. The study also found that respondents were also using avoidance focused coping styles to an extent. The study has important implications with respect to how individuals are coping with stressors in their life. The study can be done in different contexts to understand the coping strategies. The study also calls for further research and investigation to analyze the coping styles across the different socio-demographic factors. The study can be replicated on a larger sample across the country and across continents to gain an in depth understanding of the coping strategies.

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