CONTEXTUAL INFLUENCES ON ITALIAN UNIVERSITY STUDENTS DURING THE COVID-19 LOCKDOWN: EMOTIONAL RESPONSES, COPING STRATEGIES AND RESILIENCE

Laura Migliorini[*], Norma De Piccoli[**], Paola Cardinali[*], Chiara Rollero[**], Daniela Marzana[***], Caterina Arcidiacono[†], Elisa Guidi[††], Ciro Esposito[†], Cinzia Novara[†††], Angela Fedi[**], Elena Marta[***], Andrea Guazzini[††], Patrizia Meringolo[††], Maria Grazia Monaci[‡], Barbara Agueli[†], Fortuna Procentese[†], and Immacolata Di Napoli[†]

Based on an ecological perspective on the COVID-19 lockdown experience, this study describes psychological responses among Italian university students. Our study considers three zones of the country that have differed in the intensity of the COVID-19 pandemic. Specifically, this research explores whether differences in pandemic conditions can account for their divergent psychological outcomes. The participants were 792 university students from seven different Italian universities. Students were asked to express their emotions and describe meaningful events during the lockdown in writing. Based on the grounded theory approach, this study conducted qualitative data analysis using ATLAS.ti 8.0. The core emerged categories are emotions, emotional moods and states of mind, coping strategies, and resilience. The results describing these emergent factors in relation to environmental variables highlight differences in the feeling of anxiety among individuals: anxiety was more self-focused in zones that were more affected by the lockdown, while such anxiety was more related to family and friends in less-affected zones. In addition to identifying the negative repercussions that this emergency has had, this study describes some positive outcomes, such as the elaboration of new personal perspectives that help foster individual growth and allow individuals to gain new awareness of themselves and others. The confinement due to the COVID-19 emergency measures has been a very unique experience for people, and further research is needed to understand the long-term effects of the different coping responses activated by participants during and after the lockdown.

Keywords: *COVID-19, emotional responses, coping strategies, resilience, ecological perspective*

1. Introduction

In March 2020, the World Health Organization declared SARS-CoV-2 infection a global pandemic. Italy became the first country after China in which the COVID-19 infection caused severe problems. Italian law (L. 225/92) defines an emergency situation as one in which there is the need to activate extraordinary resources (art.5); the same law, in article 2, categorizes these

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[*] University of Genoa, Italy; [**]University of Turin, Italy; [***]Catholic University, Milan, Italy; [†]Federico II University, Naples, Italy; [††]University of Florence, Italy; [†††]University of Palermo, Italy; [‡]University of Val d'Aosta, Italy.

situations as simple accidents, complex accidents, or other disasters or events that have to be confronted with extraordinary means because of their intensity and extent.

Italy's severe COVID-19 outbreak was met with lockdown measures that differed in time and intensity across the different areas of the country (Vinceti et al., 2020). Because of the severity of the contagion, the Italian government defined Lombardy, a northern region of Italy, as a "red zone" at the beginning of March. Initially, several preventive "social distancing" measures were undertaken at the local level, and then on March 11th, urgent measures to contain the spread of the infection were enacted throughout the entire national territory; the Italian government imposed more restrictive lockdown conditions and effective controls in central and southern Italy.

The first zone to be highly impacted by the epidemic consisted of 37 northern provinces plus Pesaro and Urbino, and deaths in this area from all causes were more than double that of the 2015–2019 average for the month of March (Prezioso et al., 2020). Then, the authors have identified a second zone with a medium speed for the spread of the epidemic (35 provinces mainly located in the central northern regions) where the increase in the number of deaths from all causes in the period from February 20 to March 31 was much lower. Finally, the authors define a third zone with a low spread of the epidemic (34 provinces mostly located in the central and southern regions), where deaths during the month of March 2020 were 1.8% lower than during that month in the last 5 years.

In complex situations, such as that caused by the COVID-19 outbreak, many people are involved and there are strong emotional consequences. In examining these human experiences, the ecological perspective (Prilleltensky & Prilleltensky, 2006; Kelly, 2006) is a useful approach to consider contextual influences and identify how ecological processes create, shape, and sustain people's feelings and reactions in their everyday environments. Subjective spontaneous reactions to such events may be described in terms of emotions and moods.

Emotions are centered on subjective experiences that people represent with language (Barrett et al., 2007); in fact, people represent their experiences within a semantic space that includes many terms that refer to a rich variety of emotional states (Russell, 1991), most of which influenced by the situations in which they occur (Clore & Ortony, 2013; LeDoux & Brown, 2017).

When we speak about emotions, we often include both emotions and moods: emotions are intense feelings that are directed at someone or something (Frijda, 1993), while moods are feelings that tend to be less intense than emotions and to lack a contextual stimulus (Weiss & Cropanzano, 1996).

Emotions are reactions to a person or event, whereas moods are not usually directed at a specific person or event. Frequently, emotions can turn into moods when the focus on the event or object that started the feeling is lost. In addition, by the same token, good or bad moods can cause more emotional responses to an event (Hume, 2012).

Although affect, emotions, and moods are separable in theory, in practice, the distinction is not always clear. In some areas, researchers have studied mostly moods, and in other areas, the focus is mainly emotions.

Another way to study subjective reactions considers coping strategies and resilience. In the literature, the classification developed by Lazarus and Folkman (1985) is widespread. They distinguished between "problem-focused coping strategies" oriented towards modifying or resolving the situation and "emotion-focused strategies" that regulate emotional responses to the problem. Other studies (Folkman & Lazarus, 1988; Prati et al., 2009) have also identified avoidant coping, in which the subject protects himself through activities that divert attention from the problem. This is a coping style used by those who dive into work or other activities in order to

avoid dealing with the stressful situation. In our work, we refer to this model, and we speak about problem-oriented, emotion-oriented and avoidance-oriented coping strategies.

In analyzing the coping strategies used by the research participants, some extraordinary characteristics of the COVID-19 emergency must be taken into consideration. Generally, a stress-causing event has a traumatizing "potential" that is most likely to be realized when it implies annihilation, total impotence or the total inability to control the events that are being experienced (AISTED, 2020).

Two elements aggravated the alarm in response to the pandemic: the extended duration of the event, which is not delimited, but simultaneously occurring across the globe, and the intensity of the event, which is not exactly measurable, but about which we can say that the emergency has not yet completely dissipated, and we do not know when it will be overcome.

Moreover, in emergency scenarios, empirical data show that an effective intervention can activate pro-social behaviors based on social relations and norms (Gantt & Gantt, 2012); however, for this emergency, the principal norm was, paradoxically, social distancing. Social support is a variable that involved in the response to stress in cases of disaster (Kaniasty, 2012), helping people rehabilitate their psychological wellness more rapidly. On the other hand, the literature shows that individuals with reduced personal networks use passive coping strategies (Patterson, 2003) for avoidance and emotional coping.

Some authors underline that isolation, a prevention measure of the COVID-19 epidemic, challenges individuals' ability stay resilient, which differs from other natural disasters in which community members act and move together (Polizzi et al., 2020).

Resilience has been defined by Masten and colleagues (1990, p.425; Masten, 1994) as a "successful adaptation despite challenging or threatening circumstances". Sonn and Fisher (1998) observed that the positive ways in which people respond to adversity and stressful life events may be applied in building community resilience as an extension of the same focus. Around the same time, Brown and Kulig (1996-97) underlined the importance of community resilience in public health policies and programs.

Bonanno (2004) reviewed evidence "that resilience represents a distinct trajectory from the process of recovery, that resilience in the face of loss or potential trauma is more common than is often believed, and that there are multiple and sometimes unexpected pathways to resilience" (p.20). Norris et al. (2008) further detailed the theory, providing a set of suitable capacities, a list of appropriate strategies for achieving individual and community resilience and a *roadmap* (p. 143) for enhancing such resilience.

More recently, some authors (Brodsky et al., 2011; Brodsky & Cattaneo, 2013) have suggested the trans-conceptual model of empowerment and resilience (*TMER*), which is able to bridge the two concepts using the extent of the risk and the gap between the experienced situation and the desired change. The model encompasses five components: *awareness* (conscious awareness), *intention* (set, strive for, and maintain goals), *action* (active problem solving, location and utilization of resources, action motivated by consciousness, awareness, ideology, and/or values), *reflection* (appreciate/recognize resources and successes, reframe stressors for contentment and for motivation), and *maintenance* (protect/maintain) (Brodsky et al., 2011).

The COVID-19 pandemic and the related restrictions have had a tragic impact on the lives of people and societies; for this reason, it is important to understand emotional responses, coping strategies and resilience in the face of this devastating event. Analyzing these aspects will be a central element in understanding the impact that COVID-19 may have on people and in guiding interventions (Kleinberg et al., 2020).

In this situation, the ecological perspective (Prilleltensky & Prilleltensky, 2006; Christens & Perkins, 2008) suggests that particular attention be paid to the heterogeneity of the contexts and interconnections between different levels.

The main goal of this study was to describe individual feelings and thoughts about the COVID-19 lockdown experience among Italian university students, who are in emerging adulthood, a period in which young adults make important life decisions (Arnett, 2004; 2015). A critical event such as the COVID-19 outbreak could have a great impact on the feelings and thoughts of young individuals about their future possibilities and opportunities.

Therefore, our study aims to describe the emotional responses, coping strategies and resilience in contexts with different levels of contagion. To describe the relations existing between environment and individual dimension, we assumed the three zones according to COVID-19 spread. In our study, for the "red zone", we selected the provinces of Aosta, Milan and Turin, located in northern regions where the highest level of contagion was reported. Florence and Genoa were in the "orange zone", with a medium level of contagion. Finally, in our study, the "green zone" includes the provinces of Naples and Palermo, where contagion was very low.

2.   Methods

2.1   Participants

Participants were 792 university students in psychology programs in seven different Italian universities located throughout the country; 280 of the participants lived in the red zone, 170 in the orange zone and 342 in the green zone.

Most of the participants were females (84% females), which is in line with the proportion of women studying psychology in Italian universities (78%; Censis, 2019). The age of the participants varied from 18 to 33 years, with an average age of 21.51 (SD = 2.167). Being that this was predominantly a group of young people, the majority (84%) lived with one or both parents. For all the demographic features of the participants, see Table 1.

Table 1 – Participants characteristics

Age	Range	Mean (SD)
	[18;33]	21.51 (2.167)
Gender	N	%
Female	668	84.3
Male	124	15.7
COVID-19 contagion zone	N	%
Red zone (Aosta, Milan, Turin)	280	35.4
Orange zone (Florence, Genoa)	170	21.5
Green zone (Naples, Palermo)	342	43.1
Housing situation	N	%
With one or both parents	668	84.3
Alone	19	2.4
With a partner	34	4.3
With one or more roommates	33	4.2
With other family members	38	4.8

3.2   Procedure

Participants were recruited by convenience sampling facilitated by the presentation of the project during the course of Community Psychology. Students were asked to express their emotions and describe meaningful events during the second week of total lockdown in Italy by writing their response into a specific textbox on the Survey Monkey platform; responses could range from a few words to a total of no more than 10,000 characters.

The objectives and the voluntary nature of the study were explained to the students, and informed consent was obtained by having them fill out a form on the above platform.

The project was reviewed by the Members of the Ethical Committee of Psychological Research of the Department of Humanities of the University of Naples Federico II and has been confirmed to conform to ethical norms (prot. 10/2020). The data collection procedure fully complied with the Research Ethical Code of the Italian Association of Psychology and the ethical recommendations of the Declaration of Helsinki, as well as the American Psychological Association (APA) standards for the treatment of human volunteers.

3.3   Data analysis

Standard qualitative data analysis was used with the assistance of the ATLAS.ti 8.0 Qualitative Database Manager. A grounded theory approach (Glaser & Strauss, 1967; Corbin & Strauss, 1990; Charmaz & Belgrave, 2018) was selected for the present study.

Researchers analyzed the textual material, coding significant words and sentences, according to a bottom-up approach. Each local team started a coding procedure, and in parallel, a joint categorization procedure was undertaken to discuss the categorization of words and sentences with the aim of reaching shared meanings. Therefore, several online meetings generally involving 10 to 17 researchers were held to share with the national research team the meanings attributed to the written materials.

The software was used to organize the coded statements into common categories using a reflexivity-based iterative process. Core characteristics of the response data were captured as a taxonomy of codes (codebook) that was used by researchers who privately and independently coded narratives. All disagreements were discussed during the online meeting, and a code was agreed upon. This coding manual was updated throughout the coding process. Reflexivity, as a basic ingredient for conducting research within co-constructed social realities, helped orient the research team, and after the analysis process, some of the students were asked to share and discuss the selected codes.

Selected quotes were also chosen from narratives and inserted into the results to best represent the core emerging categories in the different zones.

4.   Results

4.1   Emotions

As the respondents revealed, many emotions were experienced during the lockdown, but *'mood swings*, a mix of alternate emotions, frequently characterized these days, and they found themselves in a state of high vulnerability.

Participants in the green zone described the virus as an "invisible enemy" that hurts people, and precisely because of this invisibility, the virus is impossible to manage and control, which therefore contributes to increasing the state of uncertainty and anxiety about what is being experienced and, above all, about the pandemic's future implications: One student noted that the virus was "an enemy that seemed distant and abstract, but gradually took possession of everyone's daily life" (F, 20, green zone).

The emotions category included codes related to fear, anxiety, depression and anger. Each of these areas could relate to the students themselves or to others, particularly family and friends.

The fear category included codes referring to fear and terror. Fear was one of the emotions most commonly reported by the participants. Precisely because of the lack of knowledge and information about the virus and the uniqueness of the situation, we found ourselves living in fear, which pervades different spheres of life, both personal and collective.

Fearful emotions obviously refer to individuals themselves, such as the 'fear of getting sick', 'fear of contagion' and 'fear of dying', in the red zone. Fear gradually expands to include aspects of social life, and therefore, there are codes such as 'fear of not being able to leave the house', 'fear of not seeing loved ones' and 'fear for the family'.

Fear can also be felt in reference to the community, and therefore, we had codes such as 'fear of a global epidemic' or 'fear of things not returning to normal'. In fact, in the orange and green zones, the fear was directed less towards individuals themselves and more towards their family and community: One student had "fear that my relatives, especially my grandparents and uncles who live in Lombardy (high-risk zone), may be infected with the virus" (F, 21, orange zone).

The category of anxiousness included all codes describing situations of anxiety, distress, concern, and tension, and these were found in all three zones: red, orange and green. This category of emotion pervaded all aspects of daily life and was related to difficulties falling asleep, studying and, more generally, in the course of normal life: "In particular, the first week I lived in a state of perennial anxiety that also involved my family because the week in which the announcement took place, I started to not feel good" (F, 21, green zone); "Honestly, I have some anxiety, because we don't know how to react to and deal with this virus" (F, 21, orange zone); "You feel anxious because you have lost control of your life" (F, 20, red zone).

In particular, with regard to anxiety, the concerns took several forms: 'concern for others', 'concern for one's future', 'concern for those who break the rules' and 'concern that causes you to respect the rules'.

Certainly, among the main sources of concern, there was concern about infection, which may happen to a family member or to a person one is close to—a concern that is especially high for the most vulnerable people such as grandparents or family members with preexisting pathologies:

"There is currently a great deal of concern, both for those who have been infected and are struggling in hospitals, and for all those people who are not yet aware of the seriousness of the situation and almost rebel against the state of emergency" (F, 20, green zone).

From the respondents' answers, it can be seen that the concern actually took on a positive function in some ways, making many people comply with the rules imposed during the lockdown. However, this was obviously not true for everyone, as the respondents reported that many people did not respect the rules and this consequently increased this concern. Specifically, this concern related to the effects that the transgressions of many people could have on the community and the common good.

"Many people responded to these provisions superficially, underestimating the fact that the choices and actions of the individual have repercussions for the community. Going out to play sports, walking with your pets for a time that goes well beyond what is necessary to satisfy basic needs, just going to find a friend, are harmless actions in themselves, but if carried out by a large number of subjects, these have serious repercussions on the health of the entire population" (F, 20, green zone).

Peculiarly, while what was said before about fear, anxiety and concern in the red and orange zones refers to the individuals themselves, while in the green zone, references to loved ones or other people remained most salient.

Depressive emotions included sadness, despondency, loneliness and helplessness. 'Nostalgia' was certainly the emotion most reported by the participants in all zones—a nostalgia for people, places and moments of everyday life, and nostalgia for the normality that has been absence since the outbreak of the pandemic.

Nostalgia was present in the red zone and in the green zone above all: "I am a person who needs to be among people always because I suffer from some loneliness and I have nostalgia for the possibilities I had before" (F, 19, red zone). In the face of such an unpredictable and unmanageable situation, the respondents also reported having experienced a sense of helplessness and discomfort but also of resignation: "[I had] that sense of helplessness that, I believe, even the most competent people in the field have" (F, 21, orange zone).

Loneliness and sadness were also among the most common depressive emotions. Based on the survey responses, it can be seen that loneliness is a thought that causes worries and further sadness. The respondents thought of lonely elderly people, people fighting the virus in the hospital without being able to be surrounded by their loved ones, and the loneliness of those who are far from their loved ones. Impotence and sadness were present equally in all three zones.

Anger included emotions such as insecurity, tension, nervousness, and aggression. In particular, the anger that the respondents reported feeling was directed towards those who have engaged in imprudent behavior, such as travel out of the most infected cities in northern Italy to return to home cities, which prolonged the pandemic.

In the green zone, anger was felt towards people's 'ignorance', and the respondents indicated with this specific term all the behaviors they identified as irresponsible, selfish, or underestimating the situation and the danger to which they were exposed, indicating disinterest in what was happening.

"I am angry with people who do not respect the rules, this matter has become very serious, yet, there are still individuals, who can hardly name people, who have no civic sense and allow themselves the luxury of jogging, not to wear masks, not to respect distances and to do everything as if nothing had happened. I do not pretend that these people understand the reason for my anger, but I expect them to stay at home, because it is not only these people themselves who will pay the consequences but also their family members, friends and innocent people who may be doing everything correctly" (M, 20, green zone).

In the red and orange zone, anger was directed towards institutions: One respondent noted feeling "anger towards a government which, despite being organized in time on certain aspects, is not close to the citizens, neither giving sufficient psychological and practical strength nor

economic support to the citizens" (M, 21, orange zone). The anger was also addressed towards people who did not show an adequate sense of responsibility and minimized the situation, implementing irresponsible behaviors that could frustrate the efforts and sacrifices made by others.

4.2   *Emotional moods and states of mind*

In addition to emotions, we also assessed moods and feelings, which are affective experiences that are less intense than emotions (Weiss & Cropanzano, 1996). Given the characteristics of the responses provided by the respondents, it was not possible to establish the emotional intensity they experienced. The students' narratives allow us to identify the type of emotion or feeling but not its intensity. In this sense, we categorized moods and feelings as affective aspects that do not include common emotions, such as fear, anxiety, and joy. In our analysis, the first main distinction was between positive and negative feelings; negative feelings were more frequent than positive feelings, as expected.

The moods and feelings described concerned only the individuals themselves but also their family, friends, community, and society as a whole.

Specifically, individuals living in the red zones describe feelings concerning themselves in terms of oppression: "I lack air. I miss my life" (F, 22, red zone).

Above all, the respondents expressed bewilderment, disorientation, and uncertainty. Uncertainty was present because "anything could happen between today and tomorrow" (F, 20, red zone) and because "we don't know when this situation will be resolved and…we are given inconsistent and sometimes contradictory news" (F, 23, red zone).

On the other hand, the respondents' concerns were about the health of themselves, their family and society in general. Specifically, the participants noted the impossibility of predicting the future: "We fell discomfort because although we respect norms, we cannot see the end of the tunnel we are in" (F, 21, red zone).

The respondents were living a new and unknown situation that they did not choose and where reference points were hard to find. Their moods and feelings related to the external world and caused uncertainty as well as a sense of precarity and lack of knowledge about how pandemic will end. Furthermore, the students voiced some reflections on the consequences of the lockdown.

Another notable mood shared by many participants and across the different zones was boredom. Boredom relates to the impossibility of managing time without restraints and living with social relationships as before. Often, boredom is linked to a sensation of "emptiness", perhaps due to difficulties in planning one's life, even in the short term: "Boredom is a shared sensation. I miss my relationships, my friends. I miss spending time with them" (M, 19, red zone).
The pandemic has been a time suspended between the past and the future, where the chance to be the central driver of one's daily life is denied.

Participants living in orange and green zones expressed similar feelings: "However, I realized how boring it is to do nothing at home, staying in the same room all day not talking to anyone rather than going out with a group of friends" (F, 21, orange zone).

The concerns about uncertainty were related to the impossibility of exercising control over the situation and making predictions about the future: "There is no right way to live this moment; everyone reacts in his own way and it is entirely legitimate to be disoriented in such a moment, where life is turned upside down" (F, 21, orange zone); "Everything could change in a moment" (F, 22, orange zone). However, individuals living in the green zones seemed more focused on themselves and less on society.

As for positive moods, the respondents generally felt a sense of personal serenity related to the activation of individual resources and coping strategies (see below) that were helpful in addressing the situation and expressed admiration for the volunteers, health professionals, and community, probably as a result of the sentiments of confidence and reassurance: "The courage of all those who are on the front lines to help those who are suffering at this moment is extraordinary, and I am referring to the help provided by doctors, nurses and other health professionals who, despite the difficulties and fears they have to face, do not abandon to their task, even risking getting infected in order to help their country emerge victorious from this terrible war" (F, 20, green zone).

In general, the description of positive feelings was more homogeneous and uniform than that of negative feelings, without any particular distinction across different zones.

4.3 Coping strategies

The coping strategy most utilized among the group in this study in all three zones was avoidance coping, although the strategy had different shades of meaning. The most common forms of this strategy included the "trivialization of the problem", referring both to oneself and to the community; the "underestimation of the problem"; and the "illusion of being omnipotent" with respect to the virus, thinking oneself immune for no specific reason. "Initially, I took this emergency lightly, seeing it as something distant, something that would not have touched our lives" (F, 20, green zone).

It should be specified that while trivialization was used as a strategy of avoidance in the red zone with respect to a "certain" danger, as warranted by the highest number of deaths occurring there, in the green zone, underestimation and trivialization were linked to the perception of the risk (rather than danger) as something distant.

This also meant that in the green zone, there was little direct experience with infected people (e.g., family members). This could explain why some respondents distanced themselves from the problem and "look[ed] for a culprit at all costs"; one respondent noted that "I think it is important to focus on the ease with which different people accuse someone of having acted as irresponsibly" (F, 28, green zone).

Even the response of " initial disbelief" may be linked to the fact that, for a long time, people in the green zone did not feel "touched" by the pandemic. These reflections are consistent with what was said above with respect to anxiety and anguish about an "invisible" enemy in the green zone.

However, in the orange zone, more adaptive strategies appeared alongside the avoidance strategies (or the inability to develop coping strategies), including those focused on emotions and those focused on the problem.

Most likely, this difference is due to the heterogenous epidemic map in the orange zone, where peaks of concern and general alarm have alternated with moments of greater containment of recorded cases for the entire period of the lockdown. The problem-focused coping strategies found in both this area and the green zone may mostly be due to the knowledge and adoption of prevention strategies focusing on the rules of restriction and distancing between people with the aim of protecting one's own health and that of others. The participants thus resorted to emotional coping, avoiding pessimistic thoughts and containing panicked reactions: One respondent noted "the clarity of mind with which my family is dealing with the situation without panicking" (F, 21, orange zone), and another noted that "one of the emotions that I am feeling in these days of quarantine is patience" (F, 20, green zone).

Added to the above reactions is the active search for creative solutions aimed at consciously taking advantage of this "rediscovered" time to devote oneself to activities and passions that help one recover a sense of security, well-being, positivity and optimism. These include reading, drawing, gardening and the like: "In a moment like this, I use creativity to do new and different things than usual" (F, 21, orange zone); "I try to fill my days in the most varied ways: I study, read, watch movies or TV series, listen to music... but most of all, this time is useful for me to finally be able to give space to what, due to the haste of my days, I had never been able to do : draw, learn to play the ukulele" (F, 20, green zone). This strategy was underlined in particular by the participants living in orange and green zones.

Last, the inability to cope emerged more in the red zone than anywhere else due to the difficulty of changing or giving up one's daily habits, especially social rituals, and the difficulty of attributing logical meaning to the situation: "There is a great feeling of surrealism in the air. It all seems so far away even if you are experiencing it firsthand. One does not have full clarity on what is happening" (F, 23, red zone); "It was difficult to get used to the idea of not being able to go to the gym or to university, which had been part of my routine" (F, 21, red zone).

In terms of the impossibility of finding logical meaning in the situation, it was difficult for our respondents to rationalize while brooding in a maladaptive way and while intrusive thoughts about the stressful event prevailed, often causing them to "even think…too much" and experience a state of confusion. Associated with this type of strategy is the perception of feeling overwhelmed by the pandemic too quickly, leaving no time to develop and implement innovative or extraordinary strategies to match the situation: One respondent had "friends who complained that 'if I continue to stay indoors, I will go crazy'"(F, 21, red zone).

4.4   *Resilience*

The resilience macro-category includes categories and codes related to three domains: self-awareness and reflection, flexibility (in terms of intention and action) and experimenting and maintaining positive changes.

Participants coming from each of the different zones wrote about their self-awareness, including deep aspects of their personality that emerged during such a critical situation, highlighting the need for introspection – for defining their emotions and changes in such emotions in times of crisis and understanding their meaning – and critical reflection about individual and collective experiences in daily lifestyles: "I have been obliged to reflect on myself even more… it was a bother but also a possible enrichment" (F, 21, orange zone).

Being more conscious of what was happening also resulted in caring for themselves to increase their courage and inner strength.

An important topic that arose was the sense of limitation, which was particularly underlined by the participants living in the orange zone. This sense grew as the pandemic spread around the globe, destroying previous certainties and guarantees: Respondents frequently noted that "we are not all-powerful" and "we have to be aware that all of us are fragile if we are alone" (F, 21, orange zone).

In the green zone, adaptation to the new situation occurred. The lowering of pressure due to the pandemic and the increase in many shared activities, even if virtually, made successful adjustments to the new rules and precautions easier, inspiring positive attitudes: "The 'negative' emotions experienced in this period […] are dampened when I dedicate myself to pleasant activities such as physical activity, cooking, studying, hobbies" (F, 23, green zone).

In all the zones, "valuing everyday life" and its significant relationships became important: "Everyone, in their own small way, is trying to be creative and keep busy during the quarantine (F, 23, red zone)"; "I will try to not take for granted even a handshake!" (F, 21, orange zone); and "I hope this serves in some way to dwell on things, to live intensely, not to be in a hurry, [...], everything deserves to be fully experienced" (F, 21, green zone).

In the red zone, "previous habits are being questioned", resulting in the setting of "new priorities" – loved ones and their emotions and feelings commonly came up – and the relativization of other issues. One respondent noted that "it made me understand even more that the world is unpredictable, we have to live day by day, and we have to develop the ability to adapt, which makes us survive in all circumstances" (F, 19, red zone). In the orange zone, surely "old habits (such as meetings and hugging each other) have been given up, but with some difficulties and a lot of attention" (F, 30, orange zone).

In the green zone, reflective attitudes about the "new" situation appeared. All of the participants wrote about their willingness to "undertake and maintain positive behaviors, discover new lifestyles", and "acquire new competences". In the red and orange zones, the need to maintain a routine was underlined because keeping the rhythm of everyday activities is part of developing resilience: "I have established a daily routine, with some activities I have to carry out at home… I maintain it and it is very good for me" (F, 21, orange zone).

In the green zone, the possibility of discovering "positive aspects even in the lockdown [and] transforming the confined time in something positive and productive" (F, 22, green zone) emerged as ways of coping, such as "rediscovering an old book" (F, 21, green zone).

5. Discussion

The alarming situation caused by COVID-19 has particularly affected Italy and influenced the vulnerability of its citizens. This has made understanding people's emotions, worries, and concerns and their possible coping and resilience strategies important. Since a majority of online communication is recorded in the form of text data, text can represent people's emotional states (Kleinberg, et al., 2020).

Kleinberg et al. (2020) report initial findings from a study using the Real World Worry Dataset (RWWD), which captured the emotional responses of UK residents to COVID-19. Specifically, the participants rated how worried they were about the COVID-19 situation and how much anger, anxiety, desire, disgust, fear, happiness, relaxation, and sadness they felt about their situation. The results of the British study revealed that the more worried the British were, the more they spoke about family and friends. The results of the present work showed that as people's level of concern increased in the areas most affected by the pandemic (the red and orange zones), the reference to the individuals themselves increased. In contrast, in the least affected areas (the green zone), concern and anxiety were expressed in relation to family and friends.

This may be because the orange and green zones were not as affected by the pandemic during the data collection, and the mass media was almost exclusively concentrated on the areas of most critical concern (i.e., the red zones). Furthermore, in the red zones, the daily environment was clearly and visibly affected by the emergency, with sirens sounding and stories from family, friends, and neighbors being shared but also with collective actions such as flash mobs from balconies aimed at allaying collective fears and fostering emotional sharing. This may have

fostered the development of a global perspective on people's concerns about the ongoing pandemic.

The perception of how other zones experienced the emergency may also be the outcome of a mechanism of projective identification. One's internal world affects the external world, and in turn, the external world can elicit certain moods and feelings within individuals. The most prevalent emotions in our responses were related to worry and anxiety concerning to individuals themselves and their relatives, unlike what was found by Kleinberg and colleagues (2020) in the British sample, where prevalent worries related to jobs and the economy, as well as to friends and family.

As other authors (Kleinberg et al., 2020) have suggested, future research may focus on manually analyzing topics to more precisely map out what people have been worried about with regard to COVID-19, as we tried to do in our work.

According to Lazarus and Folkman (1985), when a person believes that the situation cannot be changed, he or she is most likely to use emotion-focused coping; emotion-focused strategies were used by our respondents, regulating their emotional responses to the problem. Furthermore, physical activities to divert attention from the problem (Krohne, 1993) were widely used, and we know that avoidance responses, in the long term, reduce the likelihood of employing useful and adaptive resources (Prati et al., 2009).

These types of coping practices can, in fact, feed into each other over time, first putting in place the resources to change the situation and then internalizing the problem and trying to attribute other useful meanings in the daily reality of the person (Beehr & Mcgrath, 1996).

In support of this reflection, it should be noted that in addition to this emergency having negative repercussions, some coping strategies have played a facilitating role in all of these changes, which the professional literature calls posttraumatic growth (PTG). These strategies include the elaboration of new personal perspectives that help individual growth (Kleim & Ehlers, 2009) and allow the individual to assume a different awareness about him or herself and others. A new perspective of time sometimes occurs, opening different paths for navigating time management (Procentese et al. 2020). Furthermore, searching for information did not appear to be a significant coping strategy for our participants; however, a recent study suggests that seeking information might be a maladaptive behavior because this can increase anxiety by causing information overload or multiple sources sometimes yielding conflicting information (Savitsky et al., 2020).

Resilience appears to be improved by a greater self-awareness (Brodsky et al., 2011; Brodsky & Cattaneo, 2013) and by the ability to undertake positive actions, such as maintaining a routine for one's everyday activities (Migliorini et al., 2015) and being flexible in the new situation despite the difficulties due to the lockdown. This is particularly observed in zones with higher risk (according to Bonanno, 2004, and Norris et al., 2008). In low-risk contexts, in contrast, the ability to perceive positive emotions and moods appears more clearly, as individuals can discover new lifestyles and appreciate both their inner richness and the important support they receive from social networks.

6. Conclusion

The experience of confinement due to the COVID-19 emergency represents a very unique experience for people, highlighting the important relationship between the personal dimension of

emotional feeling and the social context. Community psychology has historically focused on understanding individual behavior and emotions in sociocultural background (Trickett, 2009). The experience of the pandemic has deeply affected the affective dimension among individuals, even when they were not directly infected by the virus or filled with grief over someone's death. Indeed, every citizen was involved in the emergency, not only because of the significant restrictions imposed on daily life but also because of a shared perception of losing control and feeling uncertain about one's health and the future.

Our work aimed to describe the experience and the ability of young adults to react to the emergency situation by developing coping strategies and resilience processes in relation to environmental variables (e.g., living in a red, orange or green zone), integrating the literature on psychiatric complications to COVID-19 infection and that on how pandemics affect general mental health (Vindegaard & Benros, 2020). The results do not reveal significant differences between the zones; however, it is essential to understand that there may be long-term effects from the different psychological responses activated by participants during and after the lockdown. The variety of emotions, forms of resilience and coping strategies found as well as their prevalence at different times could give us important indications of how to manage similar emergency events.

Coping strategies centered on emotions allows the individual to imbue events with a different meaning, making a change in one's own internal world. This means that it is a coping strategy that can involve considerable effort. This aspect can be better analyzed in future research by comparing the coping responses activated by participants during and after the lockdown. As Stone (2020) notes, during an epidemic, people feel unsafe and insecure, and coping strategies can mitigate the effects of trauma and improve resilience even if they cannot completely eliminate the risk.

An important way to feel a sense of control is to participate in social and community actions; this can have a direct effect in preventing stress related to environmental threats, also it can facilitate the sharing of problems and the development of new shared meanings (Levine et al., 2005).

The data highlight the fear of loneliness, and in combatting this emotion, it may be important to restore local health and social services, as the existing centralized services cannot respond to the emotional difficulties experienced by young people. In the ecological perspective, human behavior is seen in terms of the person's adaptation to resources and circumstances. From this perspective, it is possible to change an unsuccessful adaptation by increasing the availability of resources, for example through the creation of new services or the strengthening of existing social networks. This could have an impact on individual wellbeing through the possibility to use Community resources (Levine et al., 2005)

Moreover, there is the need to improve emergency services and projects using reference points that are closer to people to make them more easily reachable at the community level. Meanwhile, resilience and coping strategies at the individual level should be considered based on their interaction with the collective dimension referred to as social connectedness, as well as based on individuals' proactive orientation, respect for social rules and civic mindedness. Last but not least, the need for new communication strategies and tools directed at young people is evident (Novara et al., 2020).

The present research presents some limitations due to the use of convenience sampling and the homogeneity of the participants in terms of being students. In addition, the fact that students attended the psychology course could introduce a further bias in the results. The introspective and reflective capacity of this particular group could be higher than in other groups of students. People with more reflective ability could be more aware of the impact of their thoughts, feelings, and

emotions on their life (Chen et al., 2020). Furthermore, our work did not distinguish between participants with health problems that make them more at risk and could therefore affect their levels of anxiety and worry. Future research could further deepen the contextual analysis by taking into consideration some elements that were not explored in the present work, such as the impact of subjective proximity to the disease in the different zones.

Despite these limitations, the study has the advantage of representing a positive experience among young adults, including the stimulation of communication and self-exploration during the social distancing experience. Reflexivity and better self-awareness, moreover, are crucial dimensions of resilience, so the storytelling process is simultaneously a means for collecting data about the respondents' experiences and a map for developing more adequate coping strategies and improving resilience capabilities.

The ability to recognize emotions as a way to orient oneself towards action widens both the possibilities for cognitive evaluation and self-awareness (Brodsky et al., 2011).
In the face of emotions that evade personal control, such as anguish and a sense of powerlessness, ad hoc training programs are necessary in the long term. This training can encourage self-efficacy and provide healthy distractions that, according to Stone (2020), can help remind individuals that there is more to life than trauma.

This article can contribute to the growth of literature in Italy and provide interesting suggestions at the international level since the pandemic is involving the global context, but political and social choices can differ locally. Future work could compare the results of this work with those obtained in other countries to help have a global view of the phenomenon.

We believe that psychological work should focus on this emotional competence, and during the pandemic, such work has involved rediscovering the value of affection and emotional contact that potentially overcomes the usual limitations of space and time.
From a broader perspective our work suggests the importance of creating interventions that develop the relationship between the individual and his or her context, increasing place identity, the sense of community and weak bonds that hold the members of society together because these represent protective elements even in situations of normality.

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