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Adapting to a Global Health Crisis: What Factors give us an Advantage?

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ABSTRACT

The current outbreak of Coronavirus Disease, otherwise known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was contained globally by widespread quarantine measures. The outbreak of this disease was so unexpected that some people did not expect a pandemic to spread rapidly. Also, being in the quarantine may cause a slew of psychological and emotional issues. Other research has not yet recommended what measures must take to deal with global crises of this nature. Therefore, this research aims to investigate the mediating role of autism traits in the relationship between stress and coping with a health crisis. In this survey, took part, 93 participants. There were 27 males, 63 females, and three others. The participants completed three standardized questionnaires, the Perceived Stress Scale (PSS-10; Cohen et al., 1983), the brief version of the COPE Inventory (COPE, Carver, 1997), and the Autism Quotient (AQ, Baron-Cohen, et al., 2001). The results indicate a significant correlation between autism traits and stress (r= .633, p>5). And from 28 cope items, 16 items correlated at least .3 with at least one other component. Also, the results confirm that scoring lower on coping strategies are more likely to express intention to stress. This research emphasized the importance of further investigation into this thematic. The study's implications and limitations also were highlighted.

Keywords: *Stress, Autism Traits, Coping Strategies, Global Health, Covid-19.*

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CHAPTER ONE
INTRODUCTION

A. World Health Crisis

These last two years, the world has been reeling under the crisis caused by coronavirus disease (2019-CoV) (Singhal, 2020). Health crises always prompt a heightened public mental health crisis. Covid 19 causes respiratory disease that is often severe. Respiratory implications are not the only ones because other health complications also are attached. The most important aspect is the virus's impact on mental health. This disease was causing a significant negative impact on peoples' mental health (Kumar & Somani, 2020). Quarantine made anxiety and stress present in almost every person. Angst among the people who were subject to quarantine was disturbing.

Perhaps the most detrimental effect was how they should cope with this situation (Rubin & Wessely, 2020). According to Dong & Bouey (2020), large-scale quarantine, which essentially restricts residents to the homes of their occupants, is likely to have a negative psychosocial effect on residents. And not knowing how to deal with quarantine and all the consequences that the pandemic brings poses a great danger to the public mindset health during this health crisis. The outbreak of Coronavirus disease left many psychological aftermaths, and recent studies have described some of the consequences that this disease has left (Rubin & Wessely, 2020; Dong and Bouey, 2020; Shigemura et al., 2020). Generalized fear and overly active fear-induced behavior were common among people. Both caused stress, and psychiatric disorders, such as depression. Anxiety, and posttraumatic stress disorder, were developed in high-risk persons, and the most affected were healthcare workers. The unsafe incubation period of the virus and its possible asymptomatic transmission cause additional fear and anxiety (Dong & Bouey, 2020). Rapid infection, the untimely demise of loved ones, and fear of the unknown have raised anxiety levels in healthy individuals, especially those with pre-existing mental health conditions (Shigemura et al., 2020). However, adapting to this pandemic was long and defiant. Most people did not have the needed information or knowledge to manage it as effectively as possible without harming their mental health. Lockdowns and quarantines, as mentioned above, also not excluding the return of all things online, have evolved to include a broad range of public mental health concerns, including distress reactions, health risk behaviors, and mental health disorders (Shigemura et al., 2020). Eventually, after inhabiting a different world, the most important thing is how to face it quickly and decisively so that next occasion, individuals will be prepared and will experience it easily (Harrari, 2020).

B. Cope Strategies – Adaptive & Maladaptive

When a person experiences a stressful situation, critical importance to physical and psychological health and well-being plays coping strategies (Miller, Brody & Summerton, 1988; Skinner, Edge, Altman, & Sherwood, 2003). The construct of coping strategies has received significant attention in the psychological literature of the past several years concerning mental and physical health (Kapsou & et al., 2010). Lazarus first mentioned it in his 1966 book Psychological "Stress and Coping Process" (Folkman & Moskowitz, 2004). Self-regulation theory also plays a remarkable role in coping strategies (Carver & Scheier, 1988). The sense of self-determination is still ambiguous to some people, and they retain skepticism frequently over whether that sense is illusory (Carver & Scheier, 2000). Scheier & Carver (1988) gave a very beneficial explanation of the model of behavioral self-regulation. They outline that ensuring the existence of goals and standards of behavior and activating them in a given situation is the first step in a model of self-regulation. They also mention two significant approaches to self- regulation phenomena: self-efficacy theory and attributional variants of helplessness theory.

Self-regulatory processes do not have a beginning or end. If self-regulation occurs, they have only a few constituent functions that must continue to occur repeatedly. However, Carver criticized the initial binary distinction of problem/emotion-focused coping by Lazarus (Carver, Scheier, and Weintraub 1989) & proposed further dimensions (Schwarzer & Schwarzer, 1996) like avoidance-focused coping. Coping appears to be a multidimensional construct, which has critical importance to physical, psychological health, and well-being when a person experiences a stressful situation (Kapsou & et al., 2010). Coping strategies reduce the negative effects of emotion (Brown et al., 2005). Coping researchers maintain that the way people cope with stress can reduce or amplify the effects of adverse life events and conditions, not only on emotional distress and short-term functioning but also on long-term ones and the physical and mental health disorders (Skinner et al., 2003). Using COPE in similar situations, previous researchers found and categorized otherwise adaptive and maladaptive coping strategies (Brown & et al., 2005; Seifige-Krenke, 2004). The effects of coping are of practical and theoretical interest. If individuals are to perform successfully, they must be able to overcome the effects of negative events that threaten their goals and ability to self-regulate effectively (Brown et al., 2005). According to Frydenberg & Lewis (2000), coping strategies have been grouped into broad-band categories to understand how people need to deal with stress. These broad-band categories are mentioned clearly in many studies (Folkman & Lazarus, 1988; Compas et al., 1988; Lazarus & Folkman, 1984). Numerous theoretical frameworks pointed out that rather than watch some coping strategies as superior to others in different contexts, individuals must adjust their use of coping strategies with requirements and the particular context encountered. This concept introduced by Bonanno et al. (2011) presents coping flexibility to highlight the importance of adopting coping strategies to the demands of the situation. Coping strategies are available resources to address requirements that help individuals feel better physically and emotionally (Britt et al., 2016). The literature has extensively discussed the measurement of adaptive (positive) and maladaptive (negative) cope strategies. Following Lazarus (1991) and Folkman & Moskowitz's (2004) strategy, a coping strategy can be defined as adaptive when it leads to achieving desired goals, higher levels of subjective well-being, or dealing

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with emotional distress (Kapsou et al., 2010). The maladaptive strategy is when instead of having higher levels of internal well-being, there is an increase in self-harm in every aspect of life, especially when it comes to stressful situations. Individuals must achieve a better understanding of effective and ineffective coping tactics. Perhaps, this could be better for them to resolve their problems and advance their knowledge in their self-regulation. Also, the emotion-focused and problem-focused are two broad other classes of coping identified (Brown et al., 2020). There is much debate about which coping strategies are adaptive and maladaptive, and this debate has lasted for more than 25 years (Compas et al., 2001; Lazarus, 1998). But in recent years, this concept has begun to change, and appears to be more consensus on this issue (Seiffge-Krenge, 2004). Brown et al. (2020) suggest that it is possible to provide both adaptive and maladaptive coping techniques at the same time when faced with a stressful situation. When coping strategies are maladaptive, a critical negative work event can set motion a chain of events capable of producing a downward spiral in performance and job satisfaction. But adaptive coping counteracts the negative effects of negative emotions, enabling individuals to stay on track to achieve their goals. According to Seiffge-Krenge (2004), the lack of the ability to discriminate adequately between types of stressors and characteristics of stressful events could lead to maladaptive functioning. And the capacity to adopt a flexible coping style according to the requirements of different stressful situations is, therefore, a prerequisite for adaptive coping. Cramer, 2000 claimed that defenses such as avoidance could be seen as alternative adaptive strategies when people have to deal with major stressors. In summary, maladaptive coping techniques are when people avoid confronting their difficulties by finding easy methods to ignore them without realizing that their concerns will persist. Thus, what matters is the way they cope with stressors.

C. Cope Strategies Assessments Tools

Several methods for assessing Cope Strategies have been developed thus far. Before, a widely used measure of coping processes was The Ways of Coping Questionnaire (WCQ). Despite its use in a range of populations, it has been a concern for the stability and structure of WCQ in diverse populations (Van Liew & et al., 2016). Another scale to measure coping strategies is the Styles Questionnaire (CSQ). But Elklit (1996) proved that the CSQ should be used only with some modifications. Romanian version of the 60-item COPE Questionnaire (Carver, Scheier, & Weintraub, 1989) is another scale that includes 15 coping strategies (Crasovan & Sava, 2013). The most usual measure to identify the nature of coping strategies implemented by individuals is the Brief Cope Inventory which will be applied in this research (Baumstarck et al., 2017).

According to Baumstarck et al. (2017), the scores may be hard to synthesize into specific findings for quantitative studies because the inventory assesses 14 different coping strategies. However, this study aims to see what kind of coping strategies are used within the context of a global health crisis and which coping strategies will be related to lower/higher perceived stress.

D. Stress

If we know how to manage stress, it's completely harmless, even if it occurs every day of our lives (Selye, 1957). Stress is regarded as a predicted threat to well-being (Ulrich-Lai & Herman, 2009). Improved stress coping ability is directly linked to better mental and psychological health outcomes (Hoge et al., 2018), and this ability is very beneficial when a world health crisis occurs. The majority of the stress we experience stems from our thoughts. We perceive a threat and begin to worry (Selye, 1950). The way people experience or manage stress is vital to health, especially in coping with an illness (e.g., Covid-19). Worrying about psychological difficulties and dealing with challenges is likely to produce and result in stress. (De Vibe, Bjørndal, Tipton, Hammerstrøm, & Kowalski, 2012). Stress is determined in many ways by many different people.

The physiological stress response is a phenomenon that is our body's response to any change, threat, or pressure exerted on it by external or within forces. Our body then tries to regain its normal state and protect itself from possible damage. The purpose of stress, then, is to keep us alive and healthy! Although unexpected stress can be harmful, there are various strategies to avoid or alleviate the pressures without becoming stressed.

E. Autism Traits

Autism spectrum disorders (ASDs) include Asperger's syndrome (AS) and autism (Rossbruk & Whittingham, 2010) and can make it very difficult for a person to communicate and interact with others (Speaks, 2011). Also, these individuals perform repetitive activities and movements, abnormal communication, and unusual responses to different situations (Speaks,2011). There is very little research showing whether stress and coping strategies play a role in autism traits in the general population. Pisula et al. (2015) conclude that autism traits mediate with coping strategies. In addition, individuals in the general population may exhibit autistic features at a subclinical level (Rosbrook & Whittingham, 2010). Instead of treating autism as a distinct disorder, recent studies have used a dimensional approach to study autistic traits (Constatino & Todd, 2003; Hoekestra et al., 2007). These studies suggest that ASDs represent the upper extremity of a constellation of features that can continuously divide the population. The main controversies are how autism traits in the general population play a differential role in stress perception and coping. Higher levels of autism traits in the general population are associated with decreased depression, anxiety, and improved emotion regulation (Keng & et al., 2011). Autistic characteristics are prevalent in the population. (Hoekestra et al., 2007). While it is common for individuals with an autism spectrum disorder to experience palpitations, sweating, sleep disturbances, and a feeling of tension and usually show an increase, the same psychological and physical traits are associated with anxiety in the general population (Rosbrook & Whitingham, 2010). So, there is an overlap of autism traits in the general population. The aggregated evidence places autistic traits in a continuum in the general population, with clinical ASD representing the end of this persistent distribution (Whitehouse et al., 2011).

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F. Autism Traits Assessments Tools

Autism features can be assessed in the general population using several standardized questionnaires. The Autism-Spectrum Quotient is the most extensively used scale in assessing autistic features. Many studies and therapeutic practitioners have utilized the same questionnaire to assess autistic traits in the general population. This self-administered questionnaire was designed to determine the number of autistic traits in individuals with average or higher IQ accounting for at least 50% of the autism spectrum (Ruzich & et al., 2015). In the original version of AQ (Baron-Cohen et al. 2001), the 50 items were divided into five theoretically derived subscales with 10-items each: Social Skills; Communication; Imagination; Attention to detail; and shifting attention (Hoekstra et al., 2008). This survey applies 10-items because it used the online version. By using the sum, a higher score indicates higher autistic traits. There are also other standardized assessments available, such as the Broad Autism Phenotype Questionnaire (BAPQ; Hurley et al., 2007), Asperger Syndrome Diagnostic Scale (ASDS) (Miles et al., 2001), Autism Behavior Checklist (ABC) (Krug et al., 1978), etc. However, the questionnaire applied in this survey is the Autism-Spectrum Quotient, covered in greater depth below.

G. The Present Study

Although so far, there are many studies (Dong & Bouey, 2020; Robin & Wessely, 2020; Singhal, 2020) on the world's biggest health crises, including the recent COVID-19 disease. There is very little information on what helps us cope with stress, anxiety, depression, and all other causes that these crises bring. Hitherto, is relatively little information about the relationship between attention, emotional sensitivity, and stress experienced during Covid-19. This research attempts to determine the mediating role of autism traits in the relationship between stress and coping with a health crisis. But, the main aim of this study is to evaluate the psychological dimension of the policy measures taken to mitigate the COVID-19 impact. Thus, further research is needed to explain how individuals should cope in these situations. Also, the survey intends to explore whether autism traits have a moderating role in the association between perceived stress and perceived threat and risk perception.

H. Research Questions and Research Hypothesis

- RQ1: What kind of coping strategies are used within the context of a global health crisis?
- RQ2: Do the autism traits play a differential role in stress perception and coping?
- RQ3: Do these factors moderate the relationship between stress and coping and act as risk/protective factors?
- H1: Adapting coping strategies will be related to lower perceived stress, and maladaptive coping strategies will be associated with higher perceived stress.
- H2: Autism traits esteem will be mediator variables of the relation between perceived stress and positive or negative coping strategies.

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CHAPTER TWO
METHODOLOGY

A. Participants

Participation was voluntary. Exclusion criteria were applied at the beginning of the survey, ensuring that those under 18 years old or diagnosed with autism were excluded automatically from the research. Participants who left a blank answer also were excluded. After reviewing the information sheet at the beginning of the project, participants gave their consent individually. The information sheet and the consent form explain in detail the research procedure, which allowed the participants to make an informed decision. For other questions, the participants had visible the "email of the researcher" where they could contact or direct in person. The age, gender, ethnicity, relationship status, and the level of education of the participants were all gathered. Participants also were asked to state their current location (Country and Town), household size, hours spent at home, and whether they ever tested positive for COVID-19. Participants were all fluent in English. The sample had not only English ethnicity members but also from other ethnicities. A tremendous number of the members was from the Balkan nations: Greece (29 members), Albania (13 members), Kosovo (8 members), Caucasians (6 members), Serbia (6 members), and North Macedonia (3 members). The remainder were from Turkey (17 participants) and Italy, Bulgaria, Sweden, etc., with just 1 participant (Figure 1). The participants varied in age from 19 to 63 years old. The total sample had 107 participants. So, 93 people remained out of a total of 107. Therefore, the overall survey had 93 participants, 27 males and 63 females, and three others. The survey was conducted entirely in the English language.

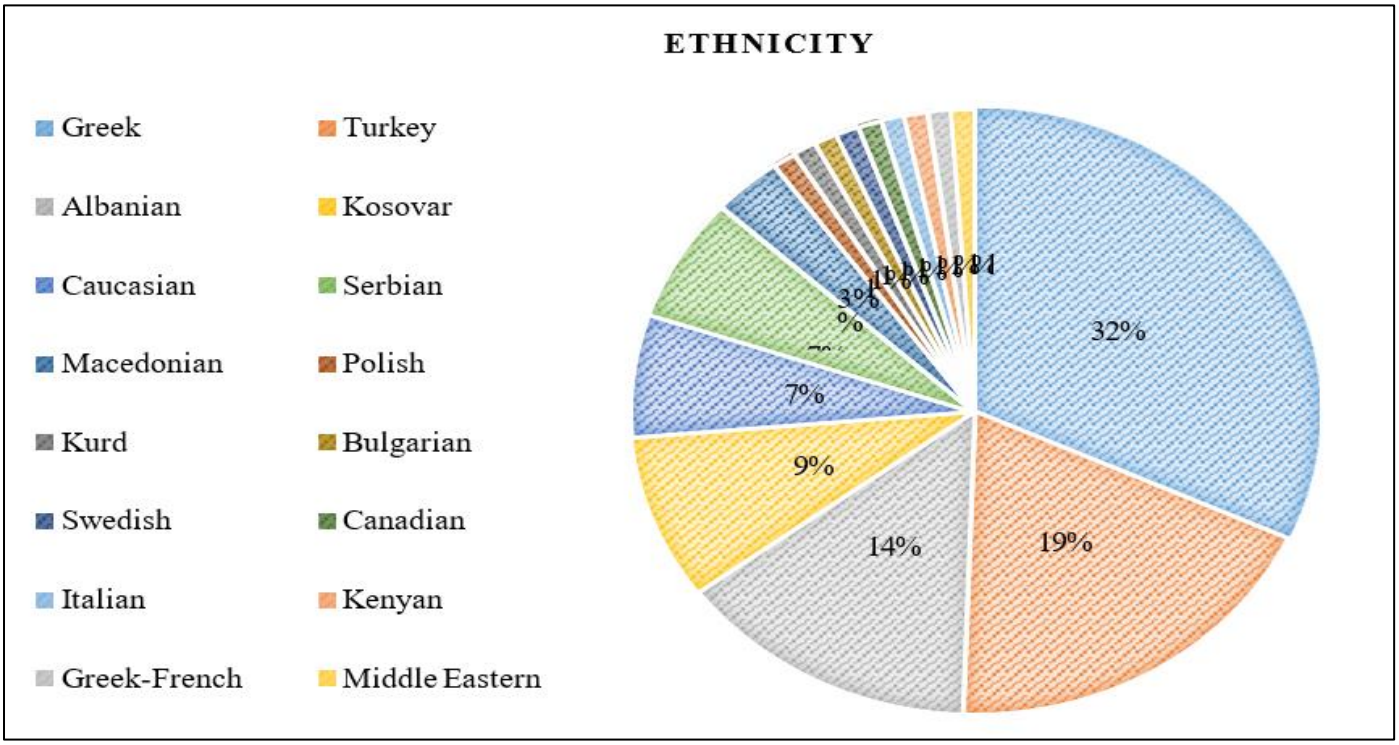

Fig 1: Pie Chart Showing % of Participants Belonging to Different Ethnicities

B. Materials

This survey is part of a larger project and includes additional measures. The Autism Quotient (AQ, Baron-Cohen, et al., 2001), the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), the Perceived Stress Scale (PSS-10; Cohen et al., 1983), and the abbreviated version of the COPE Inventory (COPE, Carver, 1997) were the measurement included in the initial survey. Considering that this study had to examine the relationship between stress, cope strategies, and autism traits, were used the Perceived Stress Scale (PSS-10; Cohen et al., 1983), the brief version of the COPE Inventory (COPE, Carver, 1997), and the Autism Quotient (AQ, Baron-Cohen, et al., 2001). Participants completed the online versions of the questionnaires. All models have test-retest reliability, and various investigations have demonstrated their validity and internal consistency (Ruzich et al., 2015; Booth et al., 2013; Sizoo et al., 2015; Lee, 2012; Roberti, Harrington & Storch, 2006; Dinou et al., 2013; Carver, 1997). The sum was obtained by analyzing the data. The total score was measured by computing the 10-item stress questionnaire, the 10-item autism traits questionnaire, and the 28-item cope questionnaire separately. Then was ascertained whether they relate through Pearson's correlation and mediation analysis.

➢ *Autism Spectrum Quotient*

The Autism Spectrum Quotient (AQ; Baron-Cohen et al., 2001) is a standardized self-report questionnaire that assesses the extent to which persons with average intelligence have autism spectrum features (Rosbrook & Whitingham, 2010). It consists of 10

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questions that assess five different domains important to autistic traits (social skills, attention span, attention to detail, communication, and imagination). The format of the AQ consists of questions answered on a Likert scale. Each question allows the respondent to indicate whether they strongly agree, slightly disagree, strongly disagree, or strongly disagree. A higher AQ score suggests that the person has more autism characteristics. Lower AQ scores indicate that they lack autistic features.

- *Perceived Stress Scale*

PSS is a psychological tool, according to Cohen et al. (1994), the most extensively used for evaluating stress perception. The scale contains numerous direct questions concerning the exact amounts of stress experienced. The Perceived Stress Scale was designed for use in community samples of people who have completed at least one year of junior high school (Cohen et al., 1994). Furthermore, the questions are generic, so each subpopulation group is generally content- free. The measure has ten items, each rated assessed on a 5-point Likert scale from 0 (never) to 4 (very often). Only questions 4, 5, 7, and 8 were scored on a 5-point Likert scale from 4 (never) to 0 (very often). Items inquire about how much stress a person has felt in various scenarios, with higher scores indicating higher stress levels.

- *Brief COPE Inventory*

The Brief Cope Inventory is a self-administered questionnaire that measures coping strategies. It consists of 14 subscales, each with its psychometric features. Three composite sub-scales that measure emotion-focused, problem-focused, and dysfunctional focus have proven significant in clinical trials and have content validity (Cooper et al., 2008). The Brief COPE is a measure of the use of 28-item strategies. This abbreviated inventory consists of items that estimate the frequency with which a person uses different coping strategies rated on a scale of 1 to 4 (I did not do this at all, I did this much). BCI explores 14 coping strategies: self-distraction, active coping, denial, substance use, emotional support, instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self- blame (Baumstarck et al., 2017).

C. Procedure

This study is part of a larger project that intends to investigate specific components. The questionnaire contained all of the details of the research project and what this research would entail. Participants could withdraw anytime and do not have to give a reason. If they agreed to participate in this survey, they had to agree to an electronic consent. All of the information and data regarding participants required to acquire during the study were kept confidential. The entire questionnaire took no more than 20 minutes to complete. The survey was exclusively conducted in English using Google Forms. The researcher shared the Google Form link with the headline "Adapting to a Global Health Crisis: What Factors Give Us an Advantage?" on various sites. The data was automatically extracted from the google link and transferred to SPSS.

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CHAPTER THREE
RESULTS

A. Exploratory Factor Analysis

As previously stated, exploratory factor analysis was used to explore the factor structure of cope on the entire sample and compare the factors. This analysis answers the question of what kind of coping strategies are used within the context of a global health crisis? Based on the analysis, the factorability of the 28 coping strategies items was examined. Several well-recognized criteria for the factorability of a correlation were used. Firstly, it was proved that 16 of the 28 items correlated at least .3 with at least one other item, suggesting reasonable factorability. Secondly, the Kaiser Meyer Olkin measure of sampling adequacy was .66, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi 2$ (378) = 1120.70, $p < .05$). The diagonals of the anti-image correlation matrix were also all over .5. Finally, the commonalities were all above .3, further confirming that each item shared some common variance with other items. Given these overall indicators, factor analysis was deemed to be suitable for all 28 items. Cronbach's alpha was used to assess the internal consistency of each of the scales. The alphas were low/medium/high: (.63, .78, .87) Coping strategies (28/X items, 3, 4, 2). No significant increases in alpha could have been achieved for any of the scales by eliminating more items. Based on the factor analysis, 8-items were lined in the first component (see Table 1). And then the other questions in other components. In this table, it can be seen under which component of the question has fallen. The most correlated questions were: (Q2) I've been concentrating my efforts on doing something about the situation I'm in, (Q25) I've been taking action to try to make the situation better, (Q14) I've been thinking hard about what steps to take, (Q24) I've been trying to come up with a strategy about what to do, (Q12) I've been learning to live with it, (Q17) I've been trying to see it in a different light to make it seem more positive, and (10) I've been looking for something good in what is happening". The questions that pertain to the last components were: (Q4) I've been using alcohol or other drugs to help me get through it, (Q13) I've been using alcohol or other drugs to make myself feel better, (Q26) I've been criticizing myself, (Q16) I've been blaming myself for things that happened, (Q3) I've been giving up the attempt to cope, (Q8) I've been saying to myself "this isn't real", (Q20) I've been refusing to believe that it has happened, (Q9) I've been saying things to let my unpleasant feelings escape, (Q1) I've been turning to work or other activities to take my mind off things, (21) I've been expressing my negative feelings, and (Q6) I've been giving up trying to deal with it. With principal component analysis is understood which coping strategies have been used most often by our participants, those maladaptive or adaptive. And the participants had used more adaptive coping strategies.

Table 1: Rotated Component Matrix[a] between Cope Strategies

	Component								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Cope_q7	.821								
Cope_q2	.785								
Cope_q25	.658								
Cope_q14	.605								
Cope_q24	.562								
Cope_q12	.501								
Cope_q17	.492								
Cope_q10		.796							
Cope_q23		.789							
Cope_q5		.763							
Cope_q15		.572							
Cope_q28			.857						
Cope_q18			.808						
Cope_q22				.847					
Cope_q27				.838					
Cope_q19									
Cope_q11					.900				
Cope_q4					.875				
Cope_q13						.797			
Cope_q26						.771			
Cope_q16						.444			
Cope_q3							.822		
Cope_q8							.730		
Cope_q20									
Cope_q9								.664	
Cope_q1								.625	
Cope_q21								.563	
Cope_q6									.850

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.a

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B. Bivariate Pearson's Correlation

According to our statistical analysis of Pearson's Correlation between variables to explore the relations between autism traits, stress perception, and coping, the Pearson product correlation between autistic features and stress is statistically significant (r=.633, p>5) (see Table 2). There is no correlation between autism traits with coping strategies and has no significance (r= -.048). From this data, we can prove that autism traits have heavy statistical significance with stress which means that the greater the tension of stress, indicates higher the autistic features. Also, the opposite, more presented autistic traits show higher perceived stress. Here it is proved that the features of autism play a different role in stress perception.

Table 2: Pearson's Correlation between Autism, Cope Strategies and Stress

		Autism Traits	**Cope Strategies**	**Stress**
Autism Traits	Pearson Correlation	1	-.048	.633*
	Sig. (2-tailed)		.652	.037
	N	90	90	11
Cope Strategies	Pearson Correlation	-.048	1	.224
	Sig. (2-tailed)	.652		.507
	N	90	90	11
Stress	Pearson Correlation	.633*	.224	1
	Sig. (2-tailed)	.037	.507	
	N	11	11	11

*. Correlation is Significant at the 0.05 Level (2-Tailed).

C. Mediation Analysis

The mediation analysis determined the role of autism traits in mediating the relationship between coping and stress perception. The mediation analysis was determined using Andrew V. Hayes' PROCESS v4.0 to answer this study question.

Autism traits were the mediator variable for this analysis. The X variable was coping strategies, and the Y variable was stress. The path (direct effect) from coping strategies to autism traits was positive and statistically significant (b= .1489, s.e.=.1007, p>.001). Coping strategies have a negative and non-significant direct path effect on stress. (b=-.0359, s.e.=.1588, p=.8266). These results indicate that people scoring lower on coping strategies are more likely to express intention to stress. The direct effect of autism traits to stress is positive and not significant (b=1.0284, s.e.=.4715, p=.0608) (Figure 2). The non-parametric bootstrapping method is used to test the indirect effect. The 0 falls outside the confidence interval, so the indirect effect is non- three-zero. As a result, the indirect effect (IE=,1531) is not statistically significant (CI=-.1354, .5063). So here is confirmed the second hypothesis that autism traits esteem will be mediator variables of the relationship between perceived stress and positive or negative coping strategies. Coping mechanisms have a negative and non-significant direct path effect on stress.

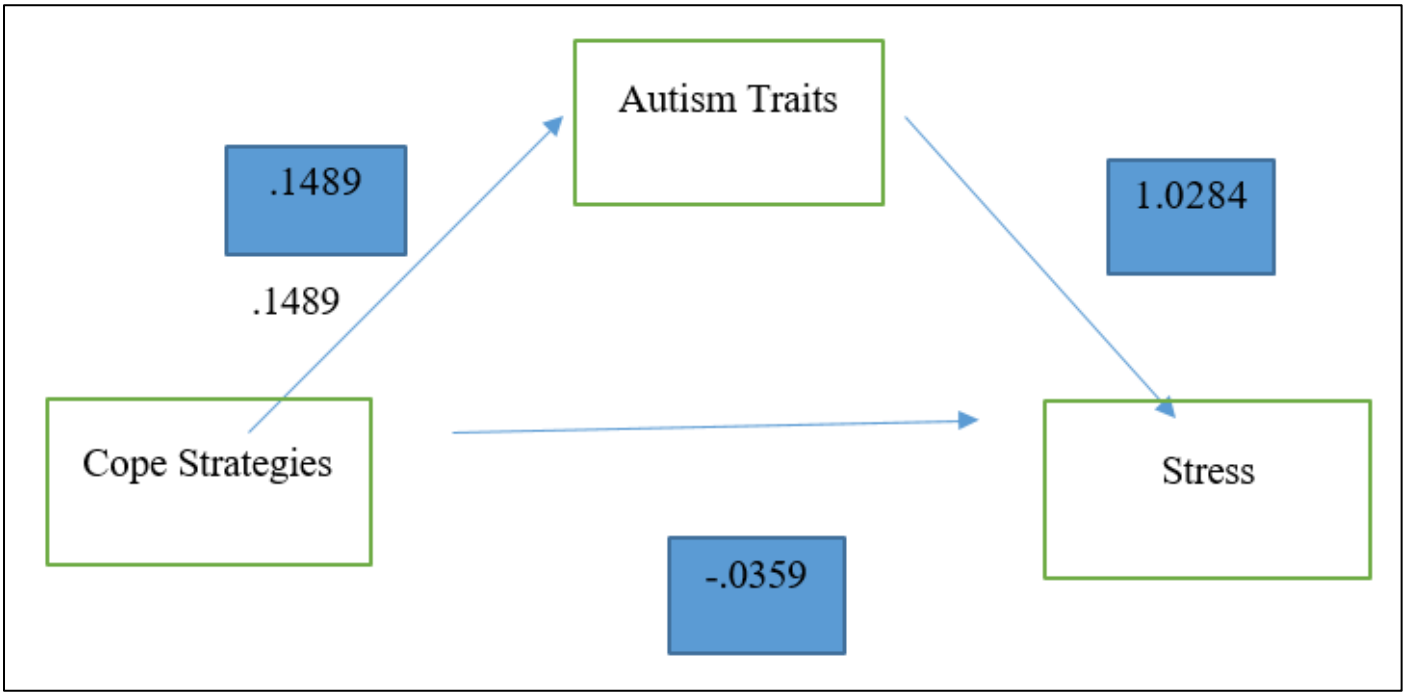

Fig 2: Path Coefficients of Mediation Role between Autism Traits, Coping Strategies and Stress

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CHAPTER FOUR
DISCUSSION

This research would be very interesting for all individuals who have faced Covid-19. The study will contribute new insights into an individual's psychological well-being and health. Furthermore, the results will be effective regardless of if another global crisis occurs, necessitating re-quarantining. This study aimed to evaluate the association between autistic traits in the general population, coping strategies, and stress. The current study also had an aim to investigate better ways to cope with the global health crisis. The second aim was to explore whether there is a relationship between coping strategies, stress, and autism traits among adults not diagnosed with an autism spectrum disorder. Given the lack of these types of research, this research reviewed whether there is a correlation between stress, coping strategies, and autism traits. Previous researchers were focused more on people diagnosed with autism and ASD in general, not on the autism traits in the general population, so there is a lack of these similar topics. The questionnaires of the study were completed by distributing an online-based survey of adults who were not diagnosed with an autism spectrum disorder. The ramifications of the findings, limitations of the survey and data, and recommendations will be discussed in the ensuing discussion. Then the final section suggests avenues for future research. Also, since autism traits and coping strategies did not correlate mid properties, it's evident that stress correlates with both. As a result, to avoid developing autistic traits, people must better manage their stress. This research laid out three research questions and two hypotheses. The first research question was what kind of coping strategies are used within the context of a global health crisis. This research and exploratory factor analysis prove that participants used mostly 18 adaptive and maladaptive coping strategies from 28 items of the Brief Cope Inventory to cope with health crises, in this case, Covid-19. The second research question was, do the autism traits play a differential role in stress perception and coping? The mediation analysis explored that better coping strategy indicate lower autistic traits in the general population and that autistic traits play a different role in stress perception and coping. The third proven research question was, do these factors (autism traits) moderate the relationship between stress and coping and act as risk/protective factors? Through mediation analysis was also investigated that these factors moderate the relationship between these two variables, and if coping strategies are higher, then this factor act as protection for the general population, especially when a global crisis appears. Both hypotheses also turned out to be correct. Adapted coping strategies were related to lower perceived stress, and maladaptive coping strategies were associated with higher perceived stress. Autism traits esteem was a mediator variable of the relationship between perceived stress and positive or negative coping strategies. This research will be very beneficial to inform individuals when other global crises appear because people will have a case to approach and review how to manifest them more easily. Research on a similar topic with a larger sample size may reveal a strong link between autism traits and coping strategies. Much scientific research has proved that features of autism may be present in the general population. A finding from (Robinson et al., 2011) suggests that autistic traits are highly persistent in the general population, even in individuals with higher concentrations of autism-like behaviors. Phenotypic stability is consistent with expectations for individuals with autism spectrum disorders, providing further support for a phenomenological continuity across the clinical threshold. Moreover, the gap between the risk of women and men for autistic symptomatology is stable over time. The goal of Pisula et al. (2015) was to explore autism traits in the general population, including the mediating effects of coping styles. They analyzed Pearson's r correlation coefficients, followed by path analysis in 154 adults aged 19-38 years. Participants were assessed by completing the Autism Spectrum Quotient (AQ), Coping Inventory for Stressful Situations, and World Health Organization Quality of Life— BREF. According to the findings, two coping strategies mediate the relationship between autistic features. Based on another study by Zhao et al. (2021) on autistic traits before and after the Covid-19 pandemic. This present study showed that the COVID-19 pandemic reduced positive emotions and increased fear and anger. This research divided participants into higher and lower autistic traits groups. Also, they found that individuals with higher autistic traits and females experience stronger anger and fear than individuals with lower autistic traits and males during the pandemic. As for the coping strategies, there have been many conclusions between maladaptive and adaptive ones. A research analysis by Seiffge-Krenke (2015) conducted on over 9000 people aged 12 to 20 years old in 22 countries in Europe, Africa, Asia, and North America, is focused on adaptive and maladaptive coping behaviors. The outcomes were that adolescents employed only two adaptive modes of coping (i.e., active support seeking and internal reflection on possible solutions). In summary, two basic coping styles were most prominent for these adolescents. Much recent research has explored the causes and repercussions of the Covid-19 pandemic, but they have not proven anything about coping with these worldwide crises. A 2020 investigation by Park et al. explained the most stressful things that people saw during this pandemic. Also, it reported that the most frequently reported strategies to manage stress were a distraction, active coping, and seeking emotional and social support. This discussion concludes that coping strategies are important in specific cases and in everyday life. It is beneficial for people to be well-informed about maladaptive and adaptive cope strategies. Also, to know the approach between them. Last but not least, good stress management is not harmful at all. Beyond all the implications and limitations that this research faced, it is reasonable to state that the results will be profitable and will help as a basis for other research.

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CHAPTER FIVE
CONCLUSION

In conclusion, this research strengthens the theory of who serves as protective factors against the negative effects of global crises. Also, explore the causes and maintainers of distress by assessing protective and risk factors against perceived stress in the situation of a global health crisis. This research will create a basis for further research on autism traits if this has a moderating role in the association between perceived stress and perceived threat. Concerning the Covid-19 disease, the research results will benefit how individuals should use coping strategies and which, adaptive or maladaptive ones. There were 107 participants but remain only 93. Participants completed the online versions of the Autism Quotient (AQ), Brief Cope Inventory (BCI), and Perceived Stress Scale (PSS). The findings have shown a significant correlation between autism traits and stress. Also, showed that there was not any significant correlation between coping with stress and autism traits. Several well-recognized criteria for the factorability of a correlation were used in coping strategies. Whereas 16 of 28 items of the brief cope questionnaire suggested reasonable factorability, correlated at least .3 with at least one other item. Bartlett's test of sphericity was significant ($\chi 2$ (378) = 1120.70, $p < .05$). The Kaiser Meyer Olkin measure of sampling adequacy was .66, above the commonly recommended value of .6. Pearson product correlation of autism traits and stress was statistically significant (r= .633, p>5). The pathway (direct effect) from coping strategies to autism traits was positive and statistically significant (b = .1489, s.e. =. 1007, p> .001). The direct path effect between coping strategies and stress was negative and insignificant (b = -. 0359, s.e. =. 1588, p = .8266). The direct effect of autism traits on stress was positive but not significant (b = 1.0284, s.e. =. 4715, p= .0608). Also is explained which of the coping strategies questions of Brief Cope were more significant, ranging from the most to the least. The adaptive coping questions evidenced are: I've been concentrating my efforts on doing something about the situation I'm in, I've been taking action to try to make the situation better, I've been thinking hard about what steps to take, I've been trying to come up with a strategy about what to do, I've been learning to live with it, I've been trying to see it in a different light to make it seem more positive, and I've been looking for something good in what is happening. While maladaptive coping strategies that were ranged in the last components were: I've been using alcohol or other drugs to help me get through it, I've been using alcohol or other drugs to make myself feel better, I've been criticizing myself, I've been blaming myself for things that happened, I've been giving up the attempt to cope, I've been saying to myself "this isn't real", I've been refusing to believe that it has happened, I've been saying things to let my unpleasant feelings escape, I've been turning to work or other activities to take my mind off things, I've been expressing my negative feelings, and I've been giving up trying to deal with it. With principal component analysis is understood which coping strategies have been used most often by our participants, those maladaptive or adaptive. And the participants had used more adaptive coping strategies. It emphasized that the participants used more adaptive coping strategies than maladaptive ones. Future studies could focus on the relationship between these three variables. And also focus on coping strategies in further dimensions. The most important thing is that future research should open up the dimensions of autistic traits in the general population and how stress and coping strategies affect these traits. Also, mental health should not be overlooked in the case of a world crisis. Thus, the population must prepare better for other times. So based on this research, I suggest future researchers to use different assessments to get a result as adequate as possible in terms of the association between coping strategies and autism traits.

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APPENDICES

A. Appendix 1 – Demographic Questionnaire

- Gender
✓ Female Male Other Ethnicity

- Which town do you live in? Level of education
✓ Some high school, no diploma High school graduate Bachelor's degree
✓ Master's degree Doctorate degree

- Marital Status
✓ Single Married
✓ In relationship
✓ Divorced Other…

B. Appendix D - Perceived Stress Scale (PSS)

- 0=Never, 1= Almost Never, 2=Sometimes, 3=Fairly Often, 4=Very Often Question Type:1.
- In the last month, how often have you been upset because of something that happened unexpectedly?*2.*
- In the last month, how often have you felt that you were unable to control the important things in your life?*3.*
- In the last month, how often have you felt nervous and stressed? *4.*
- In the last month, how often have you felt confident about your ability to handle your personal problems?*5.*
- In the last month, how often have you felt that things were going your way? 6.
- In the last month, how often have you found that you could not cope with all the things that you had to do?*7.*
- In the last month, how often have you been able to control irritations in your life? 8.
- In the last month, how often have you felt that you were on top of things? 9.
- In the last month, how often have you been angered because of things that happened that were outside of your control?*10.*
- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

C. Appendix D - Autism Spectrum Quotient (AQ-10)

- "Definitely agree", "slightly agree", "slightly disagree" or "definitely disagree". Question Type: 1.
- I often notice small sounds when others do not. 2.
- I usually concentrate more on the whole picture, rather than the small details. 3.
- I find it easy to do more than one thing at once. 4.
- If there is an interruption, I can switch back to what I was doing very quickly.5.
- I find it easy to 'read between the lines' when someone is talking to me. 6.
- I know how to tell if someone listening to me is getting bored. 7.
- When I'm reading a story I find it difficult to work out the characters' intentions. 8.
- I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc).9.
- I find it easy to work out what someone is thinking or feeling just by looking at their face. 10.
- I find it difficult to work out people's intentions.

D. Appendix D – Brief Cope Inventory

- 1= I haven't been doing this at all, 2= I've been doing this a little bit, 3= I've been doing this a medium amount, 4= I've been doing this a lot Question Type: 1.
- I've been turning to work or other activities to take my mind off things. 2.
- I've been concentrating my efforts on doing something about the situation I'm in.3.
- I've been saying to myself "this isn't real". 4.
- I've been using alcohol or other drugs to make myself feel better. 5.
- I've been getting emotional support from others. 6.
- I've been giving up trying to deal with it. 7.
- I've been taking action to try to make the situation better. 8.
- I've been refusing to believe that it has happened. 9.
- I've been saying things to let my unpleasant feelings escape. 10.
- I've been getting help and advice from other people. 11.

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- I've been using alcohol or other drugs to help me get through it. 12.
- I've been trying to see it in a different light, to make it seem more positive. 13.
- I've been criticizing myself. 14.
- I've been trying to come up with a strategy about what to do. 15.
- I've been getting comfort and understanding from someone. 16.
- I've been giving up the attempt to cope. 17.
- I've been looking for something good in what is happening. 18.
- I've been making jokes about it. 19.
- I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.20.
- I've been accepting the reality of the fact that it has happened. 21.
- I've been expressing my negative feelings. 22.
- I've been trying to find comfort in my religion or spiritual beliefs. 23.
- I've been trying to get advice or help from other people about what.24.
- I've been learning to live with it.25.
- I've been thinking hard about what steps to take. 26
- I've been blaming myself for things that happened. 27.
- I've been praying or meditating. 28.
- I've been making fun of the situation.