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ANXIETY IN COVID-19 SURVIVORS: SOCIAL SUPPORT AND SELF-COMPASSION AS PREDICTORS

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ABSTRACT

The COVID-19 pandemic, which necessitates societal changes, has a bearing on people's mental health, including COVID-19 survivors. Even after healing from COVID-19, survivors may experience mental health issues such as anxiety. It is due to several variables, including the stress of social isolation, the fear of being exposed to additional strains of the virus, and the societal stigma that causes COVID-19 survivors to blame themselves. Several studies have shown that anxiety may be alleviated with the help of external factors like social support and internal factors like self-compassion. This study involved 71 COVID-19 survivors who experienced above-average anxiety. Based on the screening of 399 survivors, there were 71 who had above-average anxiety scores. Other characteristics are that they are aged between 20 and 40 years and have recovered from COVID-19 for at least 6 months. The Coronavirus Anxiety Scale (CAS), the Indonesian version of the Multidimensional Scale of Perceived Social Support (MSPSS), and the Self-Compassion Scale (SCS) were utilized in this study as measuring tools. Put the study hypothesis to the test with multiple linear regression analysis. The findings revealed that social support and self-compassion both contributed 36.3 percent to the anxiety of COVID-19 survivors (p = 0.00, < 0.05).

Keywords: *Anxiety, early adulthood, self-compassion, social support, survivors of COVID-19.*

1. PREFACE

A previously unknown virus emerged in Wuhan in late December 2019, causing a severe and widespread outbreak across the globe, including Thailand, Korea, Japan, the United States, and other countries, where the disease is officially known as Coronavirus Disease-2019 (COVID-19) and was declared a pandemic by WHO on February 11, 2020 [1]. This epidemic has wreaked havoc on all aspects of existence. Not only is the COVID-19 epidemic an economic burden for the country, but it also poses a health risk, one of which is psychological health, which has huge societal repercussions [2].

According to the American Psychological Association, mental health issues such as anxiety, panic attacks, sadness, sleeplessness, and suicide were frequent during the COVID-19 pandemic, particularly among COVID-19 survivors [3]. A research conducted by Taquet [4] found that after six months of being identified with COVID-19, survivors experienced diagnostic neurological and mental sequelae. Psychiatric problems including anxiety and mood swings appear to be prevalent and last longer than six months. Anxiety is the most common mental health issue among COVID-19 survivors, with 65 percent of survivors suffering anxiety and 62 percent experiencing depression [5]. This is due in part to society's significant stigmatization of COVID-19 survivors.

According to research, 55.3 percent of respondents experienced stigma as a result of being spoken about or being talked about by others, and 33.2 percent acknowledged to being ostracized. Another type of stigma is the "spreader or carrier of the infection," as one example [6]. Death and the risk of catching the disease add to the inhabitants' worry in the COVID-19 condition, although this can be alleviated by offering social support [7]. According to a study, emergency situations cause

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people to seek help in order to alleviate their fear and suffering. COVID-19 sufferers, in particular, require social support [8].

COVID-19 survivors' anxiety are influenced by a variety of factors, including community shame, fear of re-infection with a new virus variation, and social distance [9], as well as emotions of guilt that make them feel like virus carriers at home, leading them to blame themselves [10]. During the COVID-19 pandemic, self-compassion can help especially for those who feel guilty because people around them died from COVID-19 to feelings of guilt because they survived COVID-19, while other people are not as lucky as themselves, so this makes COVID-19 survivors think why not themselves who have to experience it [11][12]. Self-compassion is closely linked to psychological well-being, according to Neff [13] higher SCS scores are adversely connected with self-criticism and anxiety.

This study aims to examine the role of social support as an external factor and self-compassion as an internal factor in the anxiety experienced by COVID-19 survivors. In addition, there are differences between this study and previous studies because this study added personal or internal variables (self-compassion) and recruited participants who survived COVID-19 who lived in Indonesia.

Related Work

Based on the findings from previous research, it can be inferred that COVID-19 anxiety is more likely to report decreased anxiety linked to COVID-19 when it is coupled with significant social support [7]. Self-compassion is also highly linked to anxiety symptoms, according to the findings of earlier research [14]. However, several studies have contradictions in their findings and should be revisited. Many earlier research projects were carried out in countries other than Indonesia. This study was also carried out during a pandemic, with the goal of learning more about COVID-19-related anxiety among survivors.

Our Contribution

The benefits of this study theoretically are include contributing to current knowledge, information, theory, and data on anxiety, social support, and self-compassion in COVID-19 survivors. The practical value of this study is that it provides researchers and COVID-19 survivors with new knowledge and experience on social support and self-compassion as predictors of anxiety.

Paper Structure

There are five sections to this study. The background of the study and the study's aims are presented in sections 1 and 2. The characteristics of the participants in this study, the measures performed, and the data analysis procedure plan are all included in Part 3. The results of the analysis, as well as the conclusions and implications of this study, are presented in Section 4. Finally, part 5 contains the study's results as well as recommendations for further research.

Anxiety

Sigmund Freud defined anxiety as an unpleasant feeling or mood accompanied by bodily sensations that alert the individual of impending risks [15]. Anxiety symptoms in COVID-19 survivors can manifest themselves in a variety of ways, one of which is physical. Stomach discomfort, nausea, or digestive issues, headaches or dizziness, insomnia or other sleep problems, easy weakness and weakness, quick breathing or shortness of breath, elevated heart rate, easy perspiration, trembling, tight and muscle pain, and chest pain are all physical signs of anxiety [16].

One of the factors that can cause anxiety is negative life experiences such as self-isolation and social restrictions during the COVID-19 pandemic [9]. Anxiety also has a negative impact on academic functioning that is detrimental to school performance [17], decreases individual cognitive function, which is indicated by a lack of focus when doing something [18], decreases a person's quality of life [19], and the emergence of disturbing feelings such as recurring worries about one thing (rumination), apprehension, and a sense of impending doom [20].

Social Support

Social support involves the perceived comfort, attention, appreciation, or assistance that a person receives from others [21]. Social support is a good thing physically and psychologically for individuals who are facing stressful psychosocial events, as social support can reduce psychological pressure [22]. Social support consists of several sources (subscale), namely: the support provided by the family to the individual (family support), the support provided by the individual's friends (friend support), and the support provided by people who have meaning in the individual's life. (significant others' support) [23].

High-quality social support can help people become more resilient to stress, protect them from trauma-related psychopathologies like PTSD (Post-Traumatic Stress Disorder), and lower morbidity and death rates. Individuals who receive adequate social support have excellent health and have been shown to have a stronger immune system [24]. Furthermore, social support lessens the likelihood of an individual feeling lonely [25].

In addition to having a positive impact on individuals, according to several studies, social support also has a negative impact on individuals. The focus on the positive aspects of social support obscures the broad public view that there are negative aspects associated with social relationships, which have received little attention. Social support has a side effect of victimization in that the individual is perceived as a victim who suffers so that their self-esteem is damaged [26] [27]. Peters-Golden [28] also adds that excessive social support can interfere with an individual's feelings of personal autonomy.

Self-Compassion

Neff [29] defines compassion as an understanding not to judge those who have failed or made mistakes and views these actions and behaviors as human errors in general. Furthermore, Neff [30] explains that self-compassion involves feeling touched and open to the suffering experienced by the individual, not avoiding it but overcoming it to relieve the suffering with kindness.

Self-compassion, according to Neff [30], includes three essential components: self-kindness vs. self-judgment, which entails treating oneself with kindness and understanding rather than harsh judgements and self-criticism. Then there's shared humanity vs. isolation, which refers to seeing one's experience as part of the larger human experience rather than as separation, exile, or isolation. Then there's mindfulness vs. overidentification, which is the practice of retaining unpleasant ideas and feelings in a balanced consciousness rather than over-identifying them.

According to Keller and Huppert [31], compassionate individuals will pay attention to their own conditions, have feelings of caring for themselves, and have a tendency to make decisions and find ways to deal with danger to themselves. Therefore, the impact obtained by individuals who apply self-compassion will help them adjust to the psychological impact of life stress, increase their ability to control negative emotions, and make their emotional experiences and subjective evaluations more positive [32].

COVID-19 Survivors

According to the Big Indonesian Dictionary (KBBI) [33], survival means "continuing to survive, being able to maintain one's existence." So the survivors are "people who can survive". Based on the definition of survivors, COVID-19 survivors can be defined as people who have managed to survive against COVID-19 or a group of people who have recovered from COVID-19 [34].

Early Adult

According to Papalia [35], early adulthood begins at the age of 20–40 years old. Early adulthood is a time of adjusting to a new way of life and taking advantage of the freedom it has gained. Early adulthood social development is the culmination of adult social development. Early adulthood is a time of shifting from an egocentric view to an empathetic attitude. According to Erik Erikson's theory of psychosocial development, early adulthood is in the intimacy vs. isolation stage. At this time, determining the relationship plays an important role. According to Erikson, when individuals enter adulthood, emotionally intimate relationships play an important role in the individual's emotional well-being [36].

2. RESEARCH METHOD

The criteria for participants in this study were individuals of both male and female sexes with an age range of 20–40 years (early adulthood). Participants are individuals who have recovered from COVID-19 or survivors of COVID-19 after at least 6 months of recovering from COVID-19 and experiencing anxiety. This study did not involve the social status, ethnicity, and religion of the participants. In addition, to recruit participants the researchers used non-probability sampling, called "snowball sampling".

Out of 399 participants who participated, only 71 participants were eligible to be included in this study because of their high anxiety level (score 9 and above). Through processed control data, it was found that most of the participant criteria were male (63.4%), aged 20–24 years (80.3%), their last education was SMA/SMK/equivalent (66.2%), their time of infection was 6–12 months ago (81.7%), their condition was infected with mild symptoms (42.3%), and their length of isolation was 10–20 days (54.9%).

This is a non-experimental quantitative study in which data is gathered through questionnaires distributed online. To measure the anxiety variable, the researcher used an anxiety measure related to COVID-19 called the Coronavirus Anxiety Scale (CAS), developed by Sherman Lee which consists of five items with a 5-point Likert scale [37].

For the social support variable, the researcher used the Multidimensional Scale of Perceived Social Support (MSPSS) which was developed by Gregory Zimet and has been adapted into Indonesian which consists of 12 items with a 7-point Likert scale [38].

For the self-compassion variable, the researcher used the Self-Compassion Scale (SCS), developed by Kristin Neff and has been adapted into Indonesian which consists of 26 items with a 5-point Likert scale [39].

Before testing the multiple linear regression hypothesis, the researcher tested the classical assumptions. First, the researchers conducted a normality test using residuals. The results show $p > 0.05$ which can be interpreted that the data is normal. The researcher also conducted a multicollinearity test which showed that the tolerance value was 0.989 (above 0.1) and the VIF

value was 1.011 (below 10.00), so it could be interpreted that there were no symptoms of multicollinearity. Next, the researcher conducted a heteroscedasticity test by looking at the scatterplot graph. The scatterplot graph show that the dots are scattered randomly and do not form a specific pattern. It can be concluded that there is no symptom of heteroscedasticity.

Hypothesis analysis in multiple linear regression was conducted to determine whether there was a simultaneous role of social support and self-compassion on anxiety. The results of the multiple linear regression analysis show that the R Square value is 0.363, which means that social support and self-compassion simultaneously contribute 36.3% to anxiety

3. RESULT AND DISCUSSION

Table 1

The Results of Data Analysis

Variable	F	R^2	Adjusted R Square	Standardized Coefficients Beta	t	Sig (p)
Social Support	19.399	0.363	0.345	0.223	2.288	0.025
Self-Compassion				-0.537	-5.525	0.000

In this study, additional data analysis was also carried out by performing a different test on the control data with each variable. Using independent sample t-test, regarding gender, the results showed that there was no significant difference in social support at p = 0.245 (> 0.05), self-compassion (p = 0.060, > 0.05), and anxiety (p = 0.280, > 0.05). The researchers also compared the three variables in relation to the time of infection with COVID-19. The results showed that there was a significant difference in social support with the average time for survivors after recovering from COVID-19 being 6–12 months ago (M = 72.14, p = 0.014, < 0.05). However, there was no significant difference in self-compassion (p = 0.440) and anxiety (p = 0.371) because the p value is greater than 0.05.

In conducting additional analyses, the researchers also used a one-way ANOVA to compare social support, self-compassion, and anxiety. Regarding age, the results showed that there was no significant difference in social support (p = 0.799) and anxiety (p = 0.552) because the p value is greater than 0.05. However, self-compassion showed a significant difference with the highest average age, namely at the age of 25–29 years (M = 27.20, p = 0.012). Besides age, education also contributes when comparing the three variables. The results showed that there was no significant difference because the p value is greater than 0.05 in social support (p = 0.678). Likewise, self-compassion (p = 0.120) and anxiety (p = 0.699).

In addition to education, the condition of survivors when infected with COVID was also compared between the three variables where the results showed that there was no significant difference in social support (p = 0.287). However, in self-compassion showed a significant difference, with the highest average of the survivors' condition being severe symptoms (M = 24.5, p = 0.016, 0.05). Likewise, anxiety has the highest average condition of the survivors' condition, which is asymptomatic (M = 15.35, p = 0.026, 0.05). Regarding the length of the survivor's isolation, the results showed that there was no significant difference because the p value is greater than 0.05 in social support (p = 0.212), anxiety (p = 0.430), and self-compassion (p = 0.601).

This study was conducted to examine the role of social support and self-compassion in the anxiety experienced by COVID-19 survivors. Based on the results of data analysis, social support and self-compassion simultaneously predict anxiety by 36.3% where previous research also stated that there is a role for social support and self-compassion on anxiety [2] [14]. In this study, the results show that high social support makes individuals have high anxiety. This is also stated by other

studies which state that social support can be an additional burden for individuals who get it [41]. In addition, research conducted by previous study also provides results that social support is positively related to depressive symptoms [42].

Regarding self-compassion, previous research has shown that self-compassion is negatively and strongly associated with anxiety symptoms [14]. During this pandemic, COVID-19 survivors tend to feel anxious because of their fear of being infected again and even feeling guilty [11]. Feelings of guilt arise from excessive self-criticism, which will make individuals have low self-esteem [40][43]. Applying self-compassion will increase individual self-esteem because they are more self-accepting when experiencing difficulties in life [44].

Based on the results of data analysis, in addition to simultaneously predicting anxiety in COVID-19 survivors, the results show that social support ($p = 0.025, < 0.05$) and self-compassion ($p = 0.000, < 0.05$) partially predict anxiety in COVID-19 survivors significantly. Based on the results of the analysis, partially or separately, self-compassion ($\beta = -0.537$, $t = -5.525$, $p = 0.000, < 0.05$) predicts anxiety more than social support ($\beta = 0.023$, $t = 2.288$, $p = 0.025, < 0.05$). This shows that self-compassion has a stronger role than social support, where support and affection from oneself affects anxiety more in COVID-19 survivors than support and affection from others. Previous research has also shown the same result that self-compassion plays a more important role than social support [45].

Researchers also conducted additional analysis to compare social support and time of being infected with COVID-19. The results showed there is a significant difference in the social support variable with the highest level of social support shown in the group of COVID-19 survivors who had recovered from COVID-19 in the past 6 – 12 months. This result is in accordance with the results of previous studies which showed that social support as a social or interpersonal factor was strongly associated with anxiety in COVID-19 survivors who had continued psychological treatment after six months of recovering from COVID-19 [46].

Researchers also conducted additional analysis to compare self-compassion and age. The results showed a significant differences in the self-compassion variable with the highest level of self-compassion shown in the COVID-19 survivor group with an age range of 25-29 years. This result is in accordance with the results of previous studies which showed that the 24-29 year age category has a high level of self-compassion and those under 25 years old have lower self-compassion compared to those over 25 years old [47].

Researchers also conducted additional analysis to compare self-compassion and condition when infected with COVID-19. The results showed a significant difference in the self-compassion variable with the highest level of self-compassion shown in the group of COVID-19 survivors with severe symptoms when infected with COVID-19. In self-compassion there is no supporting evidence, so this can be a novelty in this study. The results also show that there is a significant difference in the anxiety variable with the highest level of anxiety shown in COVID-19 survivors who are asymptomatic when infected with COVID-19. This result is in accordance with the results of previous studies which showed that both symptomatic and asymptomatic COVID-19 patients showed a high percentage of anxiety [48].

4. CONCLUSIONS AND RECOMMENDATIONS

The results of this study show that simultaneously, social support and self-compassion predict anxiety experienced by COVID-19 survivors. However, when viewed partially, self-compassion

predicts anxiety better than social support. The researcher also conducted additional data analysis on the control data. First, test the difference between gender and time of infection with COVID-19 with three variables, namely anxiety, social support, and self-compassion. The results showed that there was no significant difference in relation to gender. When viewed from the time of infection with COVID-19, the results show that there is no significant difference in anxiety and self-compassion. On the other hand, there is a significant difference in social support.

Second, the researchers examined differences in age, education, conditions when infected with COVID-19, and length of isolation with three variables. In age with anxiety and social support, there is no significant difference. On the other hand, there is a significant difference in self-compassion. Then, when viewed from education, the results showed no significant difference. In addition, when viewed from the condition when infected with COVID-19, there are differences in anxiety and self-compassion. On the other hand, there was no difference in social support. Finally, the test for the difference in the length of isolation with the three variables showed that there was no significant difference.

For further research, the researcher believes that with a sufficient and balanced number of samples, the results of further studies can show different results, namely there are differences in several variables when viewed from the control data. Researchers also suggest to conduct this research with middle-aged or late-adult participants. Then for further research, the researcher suggests using an anxiety measurement tool related to COVID-19 with items that represent anxiety not only from the impact of anxiety in terms of physical aspects.

Suggestions regarding practical benefits for COVID-19 survivors, it is hoped to provide broader insights in the fields of social psychology, positive psychology, and clinical psychology, especially regarding the importance of social support as external support and self-compassion as internal support that helps the anxiety experienced by COVID-19 survivors during the pandemic, especially when survivors are in difficult and stressful situations. With the contribution of social support from various sources and self-compassion from within, we can help COVID-19 survivors cope more easily and make meaning of this difficult situation.

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