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Mental Resilience and State Anxiety in Bulgarians Living in their Country of Origin or Abroad During COVID-19 Pandemic

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Abstract

Comparing state anxiety and mental resilience among people living in their country of origin and emigrants abroad may reveal if they have different experiences of negative emotional states, as well as different resources for coping with changes in everyday life brought by the COVID-19 pandemic. The participants were 142 Bulgarians living in Bulgaria during COVID-19 pandemic and 142 Bulgarians living in different countries abroad, whose age varied from 21 to 44 years old. The study was conducted online by means of Qualtrics applying Spielberger's State Anxiety Scale and Connor-Davidson Resilience Scale CD-RISC2. State anxiety was significantly lower ($t(282) = 3.242, p = .001$) in Bulgarians living in their country of origin ($M = 40.39; SD = 10.58$) than in Bulgarians living abroad ($M = 44.82; SD = 12.34$) during COVID-19 pandemic. Mental resilience was significantly higher (F Levene = 8.298, p Levene = .004, $t(272) = 7.522, p < .001$) in Bulgarians living in their country of origin ($M = 5.96; SD = 1.41$) than in Bulgarians living abroad ($M = 4.80; SD = 1.16$). Higher state anxiety of emigrated people than state anxiety of people living in their country of origin may mean more vulnerability to mental health disorders during COVID-19 pandemic in the host country than in the home country that may be related to some adaptation difficulties. Higher mental resilience in the home country may be due to the stronger sense of belonging to one's own community in the country of origin, more sources of social support and sharing of more resources with the community and family members in the home country, better mastery of the native language that may increase perceived self-efficacy in the country of origin compared with a host country. Higher mental resilience of people living in their country of origin than mental resilience of emigrated people may mean better coping and adaptation to the changes in the way in life during COVID-19 pandemic in the home country than in a host country.

Keywords: COVID-19, mental resilience, state anxiety

Mental Resilience and State Anxiety in Bulgarians Living in Their country of Origin or Abroad During COVID-19 Pandemic

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This study aims to establish whether the levels of state anxiety and mental resilience differed among Bulgarians living in their country of origin and those residing abroad during the COVID-19 pandemic, as well as if their state anxiety and mental resilience were differentiated by gender and occupational status (migrant students versus migrant workers). Comparing state anxiety and mental resilience among people living in their country of origin and emigrants abroad may reveal if they have different experiences of negative emotional states, as well as different resources for coping with changes in everyday life brought by the COVID-19 pandemic.

The COVID-19 pandemic provoked anxiety because of the changes it created in everyday life, the threat of sickness, and uncertainty concerning future. Migration is associated with challenges because of the novel experiences and the need to adapt to new conditions and requirements (Akbar & Preston, 2019). Migrants were vulnerable during the COVID-19 pandemic (Bayes-Marin et al., 2022) to stress and anxiety because they often experienced rejection and discrimination due to their identity, poverty, conflicts, and violence (Gorn et al., 2023).

The symptoms of anxiety were frequent among migrants during COVID-19 pandemic – for example, almost half of the immigrants in South Korea (Acharya et al., 2022) and a quarter of migrants in Spain (Bayes-Marin et al., 2022) experienced generalized anxiety during the COVID-19 pandemic. Approximately one third of African migrants (James et al., 2022), and the migrants in Morocco (Essayagh et al., 2023) suffered from anxiety during the COVID-19 pandemic. Studies found that the migrants' higher anxiety is due to their low monthly income (Essayagh et al., 2023), worse socio-economic position (Kösters et al., 2024), worse economic conditions in the host country (Lindert et al., 2009), worse quality of life (Bayes-Marin et al., 2022), worse health status, overcrowding at home (Essayagh et al., 2023), and peer rejection (Kösters et al., 2024). Such findings suggest that workers migrants should be vulnerable to anxiety, because of their economic conditions, and migrant students should be vulnerable to anxiety because of possible peer rejection, besides the existence of language difficulties for both groups, lack of social support, and restrictions of freedom of movements during COVID-19 pandemic.

Moreover, some differences should be expected between emigrants and people of the same ethnic and national background living in the country of origin because of acculturative stress and cultural shock during acculturation and intercultural adaptation. Acculturative

stress means that the individual experiences some problems and conflicts during intercultural contacts (Berry, 2006). Cultural shock leads to some disagreeable feelings accompanying the entrance in a new culture. This is because of the loss of friends and status, feeling isolated, rejected, experiencing discomfort when one realizes the differences between both cultures, and confusion in values and social and personal identity (Oberg, 1960; Stefanenko, 1999).

Acculturation is defined as the change in the attitudes, values, and behaviour as a result of the contact between two different cultures (Phinney, 1990). Intercultural adaptation is a process whose result is expressed as fit, compatibility, adjustment with a new cultural environment, individual participation in the social and cultural events of the host society, subjective life satisfaction, good mental health (Stefanenko, 1999), feeling comfortable and happy in the new culture. The latter means that intercultural adaptation includes psychological adaption (Demes & Geeraert, 2014) like perceiving oneself as able to rule/own everyday life in the new cultural context, socio-cultural adaptation (Berry, 2006; Demes & Geeraert, 2014) like achieving economic independence, and economic adaptation like having the same or higher incomes as in the country of origin, and family adaptations like changed behaviours in marital partners, according to their experiences from intercultural contacts (Berry, 2006). Social support facilitates psychological adaptation (Berry, 2006). Socio-cultural adaptation is facilitated by knowledge of the hosting culture, contacts with indigenous people, positive intergroup attitudes, and similarity between the culture of origin and culture of hosting country (Berry, 2006). That is why it is expected that people living in their country of origin will have lower state anxiety and higher mental resilience than emigrants who needed more flexibility and adaptivity, especially during the Covid-19 pandemic.

A study among Bulgarians living in their country of origin during the COVID-19 pandemic established that most of them had medium state anxiety and medium mental resilience. They also showed an increase of state anxiety, trait anxiety and generalized anxiety which was related to diminishment of mental resilience (Mihaylova, 2021). Mental resilience may be a protective resource for coping with anxiety during the COVID-19 pandemic.

State anxiety was chosen to be studied as an indicator of changeable and transilient nature of emotional states during the pandemic as opposed to some other studies that focused mainly on migrants' generalized anxiety (Acharya et al., 2022; Bayes-Marin et al., 2022). State anxiety is manifested only in relation to some concrete events, it is a temporary experience in a concrete situation (Tzoannopoulou, 2016). This disagreeable emotional state appears when the individual perceives the situation as threatening, It results in the individual feeling tense, worried, and/or anxious (Shtetinski & Paspalanov, 1989; Zeidner & Matthews, 2011). State anxiety is an indicator of low self-confidence regarding a specific task because the person perceives oneself as not prepared enough to cope with the concrete situation (Cassady & Johnson, 2002). High state anxiety worsens performance (Cassady & Johnson, 2002; Shtetinski & Paspalanov, 1989).

There are some controversial research findings concerning gender differences in migrants' anxiety. Male immigrants in South Korea had higher generalized anxiety twice

more frequently than female immigrants (Acharya et al., 2022). Gender differences in migrants' anxiety were not statistically significant in Spain (Bayes-Marin et al., 2022) and in Morocco (Essayagh et al., 2023). Female children of migrant families had higher anxiety than children living in their country of origin – the Netherlands (Kösters et al., 2024). These findings highlight the importance of trying to clarify the issue of possible gender differences in anxiety among migrants.

High anxiety is related to lower mental resilience (Block & Kremen, 1996; Brown et al., 2020; Burns et al., 2011; Poudel-Tandukar et al., 2019; Rose et al., 2018; Smith et al., 2008; Wexner et al., 2020), because anxiety determines individual vulnerability to stress (Georgieva, 2020) that is an expression of mental resilience. Mental resilience is important for overcoming anxiety (Connor & Davidson, 2003) because of the components of mental resilience such as perceived environmental control, low neuroticism, high positive affect and low negative affect (Burns et al., 2011), optimism, social support (Smith et al., 2008), lack of ruminative thinking (Dzhambov et al., 2019), and perceived self-efficacy (Xiong et al., 2020), etc.

Mental resilience is a multidimensional phenomenon (Connor & Davidson, 2003; Green et al., 2014) presented in scientific literature as an ability (Green et al., 2014; Poudel-Tandukar et al., 2019; You & Park, 2017), a personality trait (Vaishnavi et al., 2007), a process (Gatt et al., 2020; Larson, 2020; Neocleous, 2012) and a protective resource (Green et al., 2014; Vaishnavi et al., 2007). Mental resilience refers to the capacity of individuals and communities to survive, adapt, cope with, overcome and recover from stress, threats, inequalities, and challenges, and to maintain one's own functions and identity (Akbar & Preston, 2019). Mental resilience is a dynamic process of adaptation to adversity (Gatt et al., 2020), which entails the ability of individuals to respond to ongoing change (Berding-Barwick & McAreavey, 2024).

Mental resilience concerns the internal and external resources that contribute to successful coping with stress and difficulties, fast recovering from them (Connor & Davidson, 2003; Neocleous, 2012; Poudel-Tandukar et al., 2019; Vaishnavi et al., 2007; You & Park, 2017), adapting to the changes, maintaining good health status (Green et al., 2014; Poudel-Tandukar et al., 2019) and optimal functioning (Green et al., 2014; Neocleous, 2012), and acquiring new strengths after experienced life difficulties (Larson, 2020). Some internal resources for mental resilience are personal experience and acquired knowledge (Wu & Xu, 2020), intellect and competence (Akbar & Preston, 2019), meaning in life (Block & Kremen, 1996; Smith et al., 2008; Wong, 2012; Wagnild & Young, 1993), pursuing a life goal (Connor & Davidson, 2003; Smith et al., 2008; White, 2020), motivation (Akbar & Preston, 2019), accepting oneself, and positive self-attitude (Block & Kremen, 1996; Burns et al., 2011), self-esteem (Akbar & Preston, 2019), optimism (Akbar & Preston, 2019; Burns et al., 2011; Connor & Davidson, 2003; Green et al., 2014; Poudel-Tandukar et al., 2019; Smith et al., 2008; Wagnild & Young, 1993), coping skills (Akbar & Preston, 2019), self-control (Smith et al., 2008; Wagnild & Young, 1993), emotional stability (Block & Kremen, 1996), hope and religiosity/spirituality (Lindert et al., 2023), etc. Some external resources for mental resilience are access to health care (Nikolova et al., 2014), available social support (Poudel-Tandukar et al., 2019), maintenance of stable and close social relationships (Williams & Mickelson,

2004), social connectedness, supportive networks, institutional care (Akbar & Preston, 2019; Lindert et al., 2023), caring for others (Lindert et al., 2023), feeling useful and recognition of your usefulness by others (Antonovsky, 1990), shared social norms and cultural traditions in a community, community pride (Akbar & Preston, 2019), and the stability and clarity of social roles, etc.

Migrants sometimes live in communities on a common territory, so they have not only personal resilience, but also community resilience that relies on collective identities, common interests, shared resources of the social network (infrastructure, knowledge, skills, competence, employment, policy decisions, social bonds, interdependent relationships, social support, community cohesion), and coordinated collective actions to prepare, adapt and recover from disturbances, stress, and novelties (Olcese et al., 2024). A variety of factors might promote community resilience: economic aspects (the presence of economic resources, economic funds, the assistance of local organizations, employment opportunities, sharing resources such as food and temporary housing), community competence (collective actions, empowerment, formal and informal community organisations, useful skills, flexibility, language mastering, participation in volunteer groups, support groups, organization of commemorations), information (information about the hosting culture, rights, services, possible risks, existing organisations, positive narratives), social capital (receiving and perceiving material and social support, communicating own status, participating in community life and community networks, participating in cultural events, engaging in social activities, participation in projects, doing things together with other migrants) and beliefs and attitudes (feeling part of the community, help-seeking, faith and spirituality expressed in religious beliefs, pride of own achievements, solidarity, and respect for one's ethnicity) (Olcese et al., 2024).

If migrants live in a community and feel supported by a community they may have high mental resilience, but the restrictive measures during Covid-19 period may have reduced the sense of belonging to a community among some migrants. That is why there are some contradictory findings, according to which some emigrants had higher resilience than non-migrants or vice-versa. The migrants had higher resilience than non-migrants in Spain during COVID-19 (Solà-Sales et al., 2021). The young people from 10 to 17-year-olds who changed their residence across national borders had higher resilience than the adolescents who lived in their countries of origin in Australia, New Zealand, UK, China, South Africa, and Canada (Gatt et al., 2020). However, it has been found that Bulgarians living abroad had lower mental resilience than Bulgarians living in the capital of Bulgaria (Mihaylova, 2021). It may happen that Bulgarians abroad do not find enough social support from their communities as only a quarter of Bulgarians believe that Bulgarians are united (Stoyanova, 2007). That is why it was hypothesized that Bulgarians living in their country of origin would have higher mental resilience and lower social anxiety during the COVID-19 pandemic than Bulgarians living abroad in other cultural environments.

Method

Procedure

A cross-sectional study was conducted online by means of Qualtrics in 2021.

Sample

The participants were 284 Bulgarians and 142 of them lived in Bulgaria (62 males and 80 females), while the other half (again 62 males and 80 females) lived in different countries abroad (Australia, Austria, Belgium, Canada, China, Denmark, Egypt, France, Germany, India, Italy, Ireland, Japan, Kazakhstan, Netherlands, Portugal, South Africa, UK, USA) during COVID-19 pandemic. Most of them were students (103 in Bulgaria, 110 abroad) and about one third of them were workers (39 in Bulgaria, 32 abroad). Their age varied from 21 to 44 years old.

Instruments

Connor-Davidson Resilience Scale (CD-RISC2) measures mental resilience with two items as adaption to changes and recovery from illness or difficulties (Vaishnavi et al., 2007). The mean item correlation between both items in the Connor-Davidson Resilience Scale CD-RISC2 was .394 for the whole sample. The total score varies from 0 to 8 and a higher score means higher mental resilience.

Bulgarian adaptation of Spielberger's State Anxiety Scale (Shtetinski & Paspalanov, 1989) was applied for measuring state anxiety felt by the participants in the moment of study under the conditions of the COVID-19 pandemic with its 20 items answered on a 4-point scale. Its Cronbach's alpha was .923 in the whole sample.

Data analysis

Data were processed statistically by means of SPSS 20 applying descriptive statistics, computing Cronbach's alpha as a measure of internal consistency, Pearson correlation coefficient, as well as ANOVA and Independent Samples T- test for group comparisons.

Results

Mental resilience was significantly higher, $t(272) = 7.52, p < .001$ in Bulgarians living in their country of origin ($M = 5.96$; $SD = 1.41$) than in Bulgarians living abroad ($M = 4.80$; $SD = 1.16$; see Figure 1).

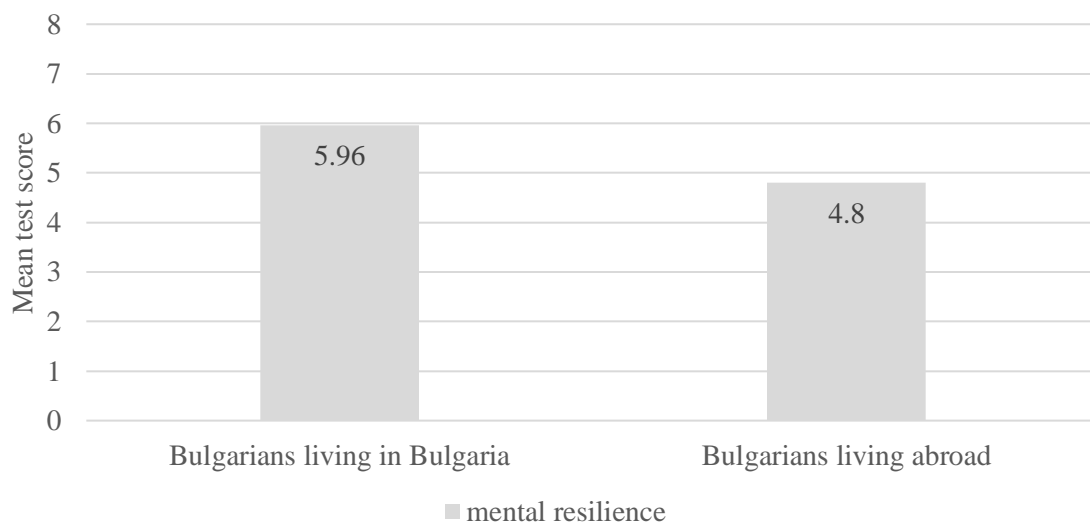
Bulgarian male participants who lived in Bulgaria ($M = 6.14$; $SD = 1.36$) had the highest mental resilience, followed by Bulgarian female participants who lived in Bulgaria ($M = 5.82$; $SD = 1.44$), then by Bulgarian male participants who lived abroad ($M = 5.06$; $SD = 1.13$), and Bulgarian female participants who lived abroad ($M = 4.60$; $SD = 1.15$) had the

lowest mental resilience, $F(3, 280) = 21.42, p < .001$. Bulgarian males who lived in Bulgaria ($M = 6.14$; $SD = 1.36$) differed significantly in their mental resilience from Bulgarian males who lived abroad ($M = 5.06$; $SD = 1.13$; $p < .001$) and from Bulgarian females who lived abroad ($M = 4.60$; $SD = 1.15$; $p < .001$). Bulgarian females who lived in Bulgaria ($M = 5.82$; $SD = 1.44$) differed significantly in their mental resilience from Bulgarian males who lived abroad ($M = 5.06$; $SD = 1.13$; $p = .004$) and from Bulgarian females who lived abroad ($M = 4.60$; $SD = 1.15$; $p < .001$).

The participating Bulgarian students who lived in Bulgaria ($M = 6.15$; $SD = 1.36$) had the highest mental resilience, followed in their mental resilience by Bulgarian workers who lived in Bulgaria ($M = 5.46$; $SD = 1.44$), then by Bulgarian students who lived abroad ($M = 4.803$; $SD = 1.14$), and Bulgarian workers who lived abroad ($M = 4.80$; $SD = 1.27$) had the lowest mental resilience, $F(3, 280) = 21.95, p < .001$. Bulgarian students who lived in Bulgaria ($M = 6.15$; $SD = 1.36$) differed significantly in their mental resilience from Bulgarian students who lived abroad ($M = 4.80$; $SD = 1.14$; $p < .001$) and from Bulgarian workers who lived abroad ($M = 4.80$; $SD = 1.27$; $p < .001$). There were not any significant differences between the studied workers and the students (non-differentiated by their country of residence) during COVID-19 pandemic in their mental resilience, $t(282) = 1.49, p = .137$. In different populations, the mean scores on CD-RISC2 vary between 5 – 7, including during the coronavirus pandemic (Singh & Edwards, 2020), that is also supported in the current study.

Figure 1.

Mean Scores on Mental Resilience of Bulgarians Living in Bulgaria and Bulgarians Living Abroad



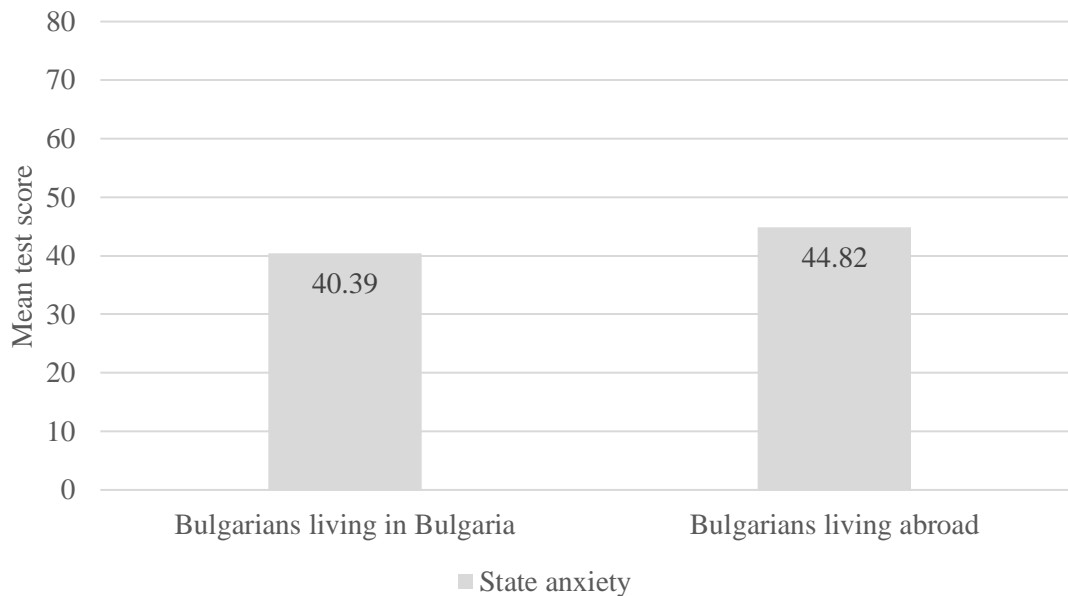
State anxiety was significantly lower, $t(282) = 3.24, p = .001$) in Bulgarians living in their country of origin ($M = 40.39$; $SD = 10.58$) than in Bulgarians living abroad ($M = 44.82$; $SD = 12.34$) during COVID-19 pandemic – see Figure 2. These average values of state anxiety

mean that it was expressed in a moderate degree in all compared groups, according to the norms for Bulgarian population established by Shtetinski and Paspalanov (1989).

Bulgarian male participants who lived in Bulgaria ($M = 38.56$; $SD = 8.62$) had the lowest state anxiety. The state anxiety of Bulgarian female participants who lived in Bulgaria was higher ($M = 41.81$; $SD = 11.74$), then the state anxiety of Bulgarian male participants who lived abroad ($M = 42.39$; $SD = 11.78$), and Bulgarian female participants who lived abroad ($M = 46.70$; $SD = 12.51$) had the highest state anxiety, $F(3, 280) = 6.198$, $p < .001$. Bulgarian male participants who lived in Bulgaria ($M = 38.56$; $SD = 8.62$) differed significantly ($p < .001$) from Bulgarian female participants who lived abroad ($M = 46.70$; $SD = 12.51$) in their state anxiety.

Figure 2.

Mean Scores on State Anxiety of Bulgarians Living in Bulgaria and Bulgarians Living Abroad



Bulgarian workers who lived in Bulgaria ($M = 39.49$; $SD = 10.16$) had the lowest state anxiety. Bulgarian students who lived in Bulgaria had higher state anxiety ($M = 40.74$; $SD = 10.77$), then the state anxiety of Bulgarian students who lived abroad ($M = 44.76$; $SD = 11.24$), and Bulgarian workers who lived abroad ($M = 45.00$; $SD = 15.75$) had the highest state anxiety, $F(3, 280) = 3.597$, $p = .014$. Bulgarian students who lived abroad ($M = 44.76$; $SD = 11.24$) differed significantly from Bulgarian students who lived in Bulgaria ($M = 40.74$; $SD = 10.77$; $p = .041$) and from Bulgarian workers who lived in Bulgaria ($M = 39.49$; $SD = 10.16$; $p = .041$) in their state anxiety. Bulgarian workers who lived in Bulgaria ($M = 39.49$; $SD = 10.16$) differed significantly from Bulgarian workers who lived abroad ($M = 45.00$; $SD = 15.75$; $p = .046$) in their state anxiety.

Mental resilience correlated negatively and significantly with state anxiety ($r(282) = -0.39, p < .001$) for the whole sample, and more strongly for Bulgarians living in Bulgaria ($r(140) = -0.44, p < .001$) than for Bulgarians living abroad ($r(140) = -0.26, p = .002$).

Discussion

Higher mental resilience of people living in their country of origin than mental resilience of emigrated people may be due to a stronger sense of belonging to one's own community in the country of origin, more sources of social support and sharing of more resources with the community and family members in the home country, and better mastery of the native language than of a foreign language that may increase perceived self-efficacy in the country of origin compared with a host country. Higher mental resilience of people living in their country of origin than mental resilience of emigrated people may mean better coping and adaptation to the changes in the way in life during the COVID-19 pandemic in the home country than in a host country.

Lower state anxiety among Bulgarians living in Bulgaria than in Bulgarians living abroad supported the scientific findings in different cultures that anxiety was higher in some vulnerable social groups such as migrants (Kösters et al., 2024; Poudel-Tandukar et al., 2019). Higher state anxiety of emigrated people than state anxiety of people living in their country of origin may mean more vulnerability to mental health disorders during the COVID-19 pandemic in the host country than in the home country that may be related to difficulties with adaptation.

Some other studies also established that mental resilience correlated negatively with anxiety (Brown et al., 2020; Burns et al., 2011; Poudel-Tandukar et al., 2019; Rose et al., 2018; Smith et al., 2008; Wexner et al., 2020), including during COVID-19 pandemic (Mihaylova, 2021). Sharing the same cultural values, norms, and more sources of support in the culture of origin seem to be important factors for the increase of mental resilience.

The cultural environment may be related to different experiences of anxiety and coping with the changes in everyday life brought by the COVID-19 pandemic. The differences in the conditions in the country of origin from those of the hosting country (being exposed to more stressors abroad such as feeling "stuck" in the country of residence as a student or feeling isolated, not receiving enough social support, and not having sufficient income or being not confident in the stability of own work) may explain the differences in mental resilience and state anxiety related to occupational status.

Gender differences in mental resilience and anxiety supported the negative linear correlation between both phenomena. Bulgarian male participants who lived in Bulgaria had the highest mental resilience and the lowest state anxiety. Bulgarian female participants who lived in Bulgaria displayed the second highest mental resilience and low state anxiety during Covid-19. Bulgarian male participants who lived abroad showed lower mental resilience and higher state anxiety during Covid-19 compared to the other two groups mentioned above. Bulgarian female participants who lived abroad had the lowest mental resilience and the highest state anxiety. These results supported the scientific findings in different cultures that

anxiety was higher in women than in men (for example, established in Bulgaria by Shtetinski and Paspalanov, 1989, in Greece by Tzoannopoulou, 2016, in USA by Cassady and Johnson, 2002, etc.), including female migrants in the Netherlands (Kösters et al., 2024). The controversial findings regarding gender differences in migrants' anxiety in the scientific literature (Acharya et al., 2022 vs Bayes-Marin et al., 2022 and Essayagh et al., 2023 vs Kösters et al., 2024) may be related to some peculiarities of life in specific countries, as a part of our sample of migrants lived in the Netherlands as in the study by Kösters et al. (2024) revealing the same trend in gender differences in migrants' anxiety opposed to the results from some other studies conducted among migrants in South Korea (Acharya et al., 2022), Spain (Bayes-Marin et al., 2022) and Morocco (Essayagh et al., 2023) as any participant in our study did not reside in these countries. Further research may clarify if the levels of state anxiety depend more on the peculiarities of life in specific countries (i.e., situational factors) than on sample peculiarities (i.e., personality factors).

The participating Bulgarian students and Bulgarian workers who lived in Bulgaria had higher mental resilience and lower state anxiety than Bulgarian students and Bulgarian workers who lived abroad that also indicates that the levels of mental resilience and state anxiety during COVID-19 seem influenced more by the social regulations of life in different countries than by the occupational status of student or worker.

Some limitations of the study are related to the lack of minor or elderly participants, the possible influence of social desirability and cultural adaptation that were not studied. Another limitation of this study is related to the diverse and small sample of migrants from each hosting country, so they were not grouped by settlement country. These countries were not grouped into those with strict pandemic related policies, and country shut-downs, and those with less strict rules and regulations, because of changeable policies that were introduced in the countries in the time of pandemic – for example, in Bulgaria some regulatory changes related to the state measures to cope with COVID 19 occurred in March 2020, April 2020, June 2020, July 2020, August 2020, October 2020, November 2020, December 2020, February 2021, March 2021, May 2021, and September 2021 (Bulgarian National Parliament, n.d.).

Conclusion

This is one of few studies that compare state anxiety and mental resilience in inhabitants of the home country and in emigrants abroad. Establishing some group differences may reveals some factors that could contribute to strengthening mental resilience and diminishing state anxiety – such as the shared cultural values, practices and norms, feeling more secure when knowing the established models of behaviour in the culture of origin, finding more sources of support and perceiving oneself as culturally competent in the home country.

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