The Role of Emotional Competencies in Psychological Responding to COVID–19 Pandemic[*]

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With stress related to the COVID–19 pandemic, an increase in anxiety and a decrease in overall mental well-being is expected. We investigated the role of emotional competencies (mindfulness and emotional self-efficacy) for psychological responding (mental well-being, general anxiety, and COVID–19 anxiety) during the COVID–19 pandemic. We also examined whether practising mindfulness with inner (meditation-based) and body (yoga-based) exercises supports emotional competencies. Our sample consisted of 364 participants (83.5% females, $M = 37.21$ years, $SD = 12.92$ years). Findings showed that emotional competencies are a viable source of support in psychological responses to COVID–19, with Emotional self-efficacy and Accept without judgement playing the strongest roles. Moreover, practising mindfulness was shown to foster several aspects of emotional competencies (i.e., Observe, Describe, and Emotional self-efficacy). There is an ambiguous finding regarding Observe scale that was also found problematic in other studies. The implications for possible interventions are discussed.

Keywords: COVID–19, emotional competencies, mental well-being, anxiety, inner exercises, body exercises

Highlights:

- Emotional competencies support psychological responding to COVID–19.
- Emotional self-efficacy is the strongest predictor of psychological responding.
- The only mindfulness component connected to all outcomes is Accept without judgement.
- Practising mindfulness positively predicted most of the emotional competencies.

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On March 11, 2020, the World Health Organization announced a coronavirus disease (COVID–19) pandemic and countries established restrictive measures to suppress its spread. News outlets communicated messages of stock shortages (e.g., masks, respirators) and individuals stockpiled living essentials. Thus, specific emotional and behavioural responses such as extreme fear, uncertainty, and negative social behaviours were expected (Torales et al., 2020). Furthermore, prevention measures, such as the use of isolation/quarantine, which led to people spending most or all their time inside their homes (Wang et al., 2020) presented additional psychological stressors (Torales et al., 2020). Psychological responses to previous infectious disease outbreaks showed that anxiety, depression, stigmatization, isolation, and cognitive restructuring were more frequent (Chew et al., 2020). Thus, a similar psychological response is expected to COVID–19, specifically, a possible increase in anxiety and a decrease in overall mental well-being, both of which are indicators of psychological responding or functioning. Since the pandemic was ongoing at the time of the study, it has provided opportunities to analyze protective factors for better psychological responses in the precise time of increased stress related to the pandemic. In the current paper, we focus on emotional competencies as a viable source of support in psychological responses to COVID–19, as well as on the role of practising mindfulness with inner (mindfulness-based) and body (yoga-based) exercises in fostering emotional competencies.

As emotional competencies are highly connected to social competencies, they are commonly outlined in five interrelated dimensions: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Collaborative for Academic, Social and Emotional Learning, 2013). In our study, we focus on two dimensions connected to emotional competencies: self-awareness and self-management, which present the starting point in coping with and responding to stress (Powell & Enright, 2015). Self-awareness is the ability to recognize one's emotions and thoughts, and their influence on behaviour. It is closely linked to the concept of mindfulness, an unbiased present-centred awareness that is accompanied by states of clarity and compassion (Kabat-Zinn, 2003; Maloney et al., 2016). Mindfulness can be cultivated by practising moment-to-moment awareness of objects, body sensations, and emotions and accepting them as they are, without judging or trying to change them (Maloney et al., 2016). Self-management is the ability to effectively regulate one's emotions, thoughts, and behaviour in various situations. This includes dealing with stress, controlling impulses, self-motivation, and setting and achieving goals. One aspect of self-management is emotional self-efficacy, the perceived capability of coping with negative emotions (Muris, 2001). It requires self-appraisal of one's emotional competencies in the emotional regulation domain (Alessandri et al., 2015).

Emotional (and social) competencies are associated with better psychological functioning, such as better mental well-being and less anxiety (Durlak, 2015). More specifically, the effects of self-awareness training (e.g., mindfulness-based training; Raes et al., 2014) and self-management training (e.g., emotional self-efficacy training; Muris, 2002) on anxiety prevention are

important for several reasons. Anxiety is not only in the increase (Kozina, 2014; Twenge, 2000) and associated with severe negative consequences (Barrett et al., 2005) but also depends on the macroeconomic context (Twenge, 2000), which has drastically changed for the majority of people during the COVID–19 pandemic. For example, in times of pandemic, we expect a higher level of anxiety due to the impact of socio-economic factors on the level of anxiety caused by 1) the overall threat, 2) economic conditions, and 3) social connectedness (Twenge, 2000). The COVID–19 pandemic affects all three factors, showing a possible increase in anxiety and a decrease in mental well-being, both of which are indicators of one's psychological functioning. Anxiety is inversely related to mental well-being (Bartram et al., 2011; Telles et al., 2018), which is the positive aspect (feeling good and functioning well) of mental health (Tennant et al., 2007). Hence, mental well-being can be considered an indicator of mental health.

Specific studies determining the association between COVID–19, anxiety, and/or mental well-being and/or mental health are scarce. However, evidence of COVID–19 shaping psychological functioning exists (Moccia et al., 2020; Qiu et al., 2020; Wang et al., 2020). Qiu et al. (2020) inquired about the negative psychological consequences of the COVID–19 pandemic and observed that one-third of the participants reported experiencing psychological distress related to COVID–19. Wang et al. (2020) investigated the psychological impact of COVID–19 and mental health status in the first two weeks of the outbreak. Half of the respondents reported a moderate or severe psychological impact due to COVID–19, and a third of respondents reported moderate or severe levels of anxiety. One in six participants reported moderate to severe depressive symptoms, and one in ten reported moderate to severe stress levels. In Italy, Moccia et al. (2020) assessed psychological distress in the early phase of the COVID–19 outbreak and over one-third of responders perceived psychological distress.

The studies above have established the association between increased stress, a decrease in mental health, and higher anxiety in the time of COVID–19 pandemic. However, to our knowledge, no up-to-date studies are investigating the mechanisms contributing to better psychological functioning during the pandemic, indicated by lower levels of anxiety and better mental well-being, such as emotional competencies. There is strong support (Kabat-Zinn, 1990) that mindfulness is positively associated with emotional competencies (self-awareness and self-management). Studies reviewed in a meta-analysis (Vøllestad et al., 2012) indicate the important role that mindfulness has in increasing mental well-being and decreasing anxiety, therefore making it relevant in times of increased stress. Since mindfulness is multidimensional (Blanke & Brose, 2017), there is strong support to investigate the role of mindfulness in mental health on a dimensional level. The multidimensional view provides a more thorough understanding of which specific component of mindfulness is most influential for an outcome, e.g., mental well-being, anxiety. Therefore, in our study, we have used a multidimensional scale (Kentucky Mindfulness Skills Inventory; Baer et al., 2004) that measures a general tendency to be mindful in daily life with four mindfulness components: Observe, Describe, Act with awareness and Accept

without judgement. We have used these components together with Emotional Self-Efficacy (as a measure of self-management) as predictors of psychological functioning (mental well-being, anxiety).

Furthermore, we want to investigate how self-awareness (mindfulness) and self-management (emotional self-efficacy) can be supported. Mindfulness techniques most frequently focus on the awareness of breathing or physical sensations in the body (e.g., body scan), referred to as inner or meditation-based exercises, and sometimes on more awareness of the body in movement (e.g., yoga, walking meditation) (Kabat-Zinn, 1990), referred to as body or yoga-based exercises. Concerning the body exercises, physical activity on its own can have a positive effect on emotional competencies (e.g., self-awareness and self-management; Kangasniemi et al., 2014; Valois et al., 2008). These two types of exercises, inner and body, are both used to train or practise mindfulness and can therefore be important in the promotion of self-awareness and self-management. In our study, we will focus on both inner (meditation-based) and body (yoga-based) exercises in a common construct named Practising mindfulness.

Current Study

Considering the unique time of the COVID–19 pandemic and its link to psychological functioning, the aim of our study was to examine whether emotional competencies can provide a viable source of support in psychological responding to COVID–19, as well as examining the role of practising inner (meditation-based) and body (yoga-based) exercises in fostering emotional competencies.

Firstly, we will investigate emotional competencies (self-awareness and self-management) as predictors of psychological functioning operationalized as mental well-being and anxiety (also COVID–19 –specific anxiety). Self-awareness was conceptualized multidimensionally as mindfulness components (Observe, Describe, Act with awareness and Accept without judgement) to see how each of the mindfulness components predicted psychological responses. Self-management was conceptualized as an Emotional Self-Efficacy (Muris, 2001). Secondly, we assessed the role practising inner (meditation-based) and body (yoga-based) exercises play in emotional competencies.

We aim to answer two research questions focused on the specific time of pandemic:1) Are emotional competencies (self-awareness and self-management) significant predictors of anxiety (general anxiety and COVID–19 –specific anxiety) and mental well-being? 2) Is practising inner and body exercises a significant predictor of emotional competencies?

Method

Participants

A convenience sample of 364 Slovenian participants, mostly female (83.5%), aged 18 to 73 years ($M = 37.21$, $SD = 12.92$), was obtained using the snowball method on social media. Most participants had completed 4 to 5 years of university studies (49.7%), were employed at the time of data collection (59.6%); worked mainly from home (49.2%), lived

with other people (87.1%), were not infected with SARS-CoV-2 (98.9%), nor were the people close to them (95.1%). Over half of the participants stated that they practised inner (57.4%) and body exercises (58.8%).

Instruments

The measurement battery consisted of questionnaires tapping emotional competencies and psychological responses to the COVID–19 pandemic. We collected demographic characteristics and inquired about the use of and interest in inner and body exercises. Questions were reformulated to cover the time of the COVID–19 pandemic.

The Emotional Self-Efficacy Scale (Muris, 2001) was used as a measure of self-management. The scale is a part of the self-efficacy questionnaire for children (SEQ-C) and consists of 8 items evaluating the ability to regulate unpleasant emotions. Participants answered how well they were coping with the given situations during the pandemic (1 = *not at all* to 5 = *very well*). The reliability and validity of the instrument have been well documented for children and adolescents (i.e., Tan & Chellappan, 2018), and it has been previously used with adults (Vieluf et al., 2020). Cronbach's α in our study was .90.

The Kentucky Inventory of Mindfulness Skills (KIMS; Baer et al., 2004) was used as a measure of self-awareness. The inventory assesses four mindfulness skills: Observe, Describe, Act with awareness, and Accept without judgement with 7, 7, 10, and 9 items, respectively. Participants answered how often the statements applied to them during the pandemic (1 = *never or almost never* to 5 = *very often or always*). Two scales were shortened from the original version in our previous study (for details see Vieluf et al., 2020). Observe measures the inclination to be vigilant towards internal and external sensations. Describe assesses the ability to communicate experiences. Act with awareness includes the ability to be fully present in the moment and engage in activities. Accept without judgement assesses the ability to perceive things without further analysis or judgement. Reliability and validity of the original instrument have been well documented (i.e., Galla et al., 2012), while the shortened version was checked on a Slovenian, Croatian, and Swedish sample (Vieluf et al., 2020). Cronbach's α´s in our study ranged from .81 to .90.

The Warwick-Edinburgh Mental well-being Scale (WEMWBS; Tennant et al., 2007) was used as a measure of mental well-being. It consists of 14 items (1 = *never* to 5 = *always*; originally framed as 1 = *none of the time* to 5 = *all of the time*), assessing the frequency of positive aspects of mental health during the COVID–19 pandemic. Reliability and validity of the instrument have been well documented (Lloyd & Devine, 2012), including on a Slovenian sample (Cilar et al., 2019). Cronbach's α in our study was .93.

The LAOM Anxiety Scale (Kozina, 2012) was used to measure General anxiety and consists of 14 items. Participants answered how often the statements were true for them during the COVID–19 pandemic on (1 = *never* to 5 = *always*). The reliability and validity of the instrument have been well documented on Slovenian samples (Kozina, 2012), but it has been only used on students. Five items were adapted to exclude the school context. Cronbach's α in our study was .89.

COVID–19 anxiety was used to measure specific situational anxiety during the pandemic. We created 4 items based on the items from the LAOM Anxiety Scale (Kozina, 2012), aiming to capture anxiety specific to the COVID–19 pandemic (e.g., "I am worried about getting infected with COVID–19."). Participants answered how common the statements were true for them during the COVID–19 pandemic (1 = *never* to 5 = *always*). The present scale was not piloted beforehand, as we aimed to capture the height of the COVID–19 pandemic, although its validity is supported by significant correlations with other measures used in this study (i.e. a positive correlation with general anxiety, $r = .38$, $p < .01$; and a negative correlation with mental well-being, $r = -.22$, $p < .01$). Cronbach's α in our study was .85.

With respect to practising inner (meditation-based) and body (yoga-based) exercises, participants were asked to choose the most appropriate answer about their experience of and

interest in meditation or similar inner exercises and yoga or similar body exercises. Five possible answers were: 1 = "I have never done meditation or similar inner exercises before and I am not interested in trying it out."; 2 = "I have never done meditation or similar inner exercises before, but I would like to try."; 3 = "I have done meditation or similar inner exercises before, but it is not the right thing for me." ; 4 = "I have done meditation or similar inner exercises before and I like it, but I don't practice on a regular basis."; 5 = "I meditate or practice similar inner exercises on a regular basis.". The answers were re-coded to capture only the actual practising of the inner exercises: 1 – practising inner exercises (regularly or irregularly; answers 1 and 2) and 0 – not practising inner exercises (answers 3, 4, or 5). The same coding was used for practising body exercises. As these two types of exercises are both used to train or practise mindfulness, the answers were used as two indicators of the latent construct tapping Practising mindfulness/Practising inner and body exercises (which differs from the mindfulness itself captured in the scales of KIMS, i.e., Observe, Describe, Act with awareness, and Accept without judgement).

Procedure

In April 2020, participants completed an online version of the questionnaire battery. Before starting the battery, they were informed about the purpose of the study, the methodology used, and their role in the study. By completing the questionnaire, they agreed to their answers being included in the research.

Data Analysis

After examining descriptives, correlations, and reliabilities using IBM SPSS Statistics 26, we performed ESEM (exploratory structural equation modelling), EFA (exploratory factor analysis) and SEM (structural equation modelling) using Mplus (Version 8.4; Muthén & Muthén, 1998–2017). A full information maximum likelihood (FIML) algorithm was used to handle missing data and assess parameters in the model. Separate ESEMs were conducted for each construct. For COVID–19 anxiety, we employed EFA, because ESEM is less appropriate for newly developed items. If indicated by modification indices and justified by the content of the items, correlated errors were allowed between some items. ESEM/EFA models were brought into the path model with prediction paths from emotional competencies to psychological functioning. Practising mindfulness (with indicators of inner and body exercises) was added to the model, thereby predicting emotional competencies.

Item loadings were interpreted according to Tabachnick and Fidell (2006), suggesting cut-off values from .32 (poor), .45 (fair), .55 (good), .63 (very good), or .71 (excellent). Model fit was assessed with chi-squares, comparative fit indices (CFI), root mean square error of approximation (RMSEA), and standardised root mean square residual (SRMR), following a recommendation from Hu and Bentler (1999) for a good fit: CFI > .95, RMSEA < .06 and the SRMR < .08. For adequate fit, the following cut-off values were applied: CFI > .90, RMSEA < .08 and the SRMR < .08 (Hair et al., 1998).

Results

After descriptive statistics, correlations are summarised, and the results of ESEM and SEM models are presented.

Descriptive Results

Means, standard deviations, and correlations for the questionnaire factors are presented in Table 1 to provide a brief insight into the data; however, in

the ESEM and SEM analyses, questionnaire items (rather than factor scores) were used as indicators of latent variables. Tables with descriptive statistics and correlations for 73 items (i.e., 7 factors or 4 questionnaires) can be found in supplementary files. Following the recommendation of Curran et al. (1996) for assuring multivariate normality required in SEM, no variables (items) needed to be transformed due to excessive skewness or kurtosis.

Table 1
Descriptive statistics and correlations for the factors

Scales	*M*	*SD*	1.	2.	3.	4.	5.	6.	7.
1. General Anxiety	2.31	.60	−						
2. COVID–19 Anxiety	2.31	.88	.38**	−					
3. Mental Well-being	3.65	.64	-.59**	-.22**	−				
4. Emotional Self-efficacy	3.66	.68	-.57**	-.28**	.78**	−			
5. Mindfulness: Observe	3.32	.87	.08	-.06	.20**	.17**	−		
6. Mindfulness: Describe	3.75	.66	-.33**	-.11*	.45**	.40**	.29**		
7. Mindfulness: Accept without judgment	3.62	.79	-.61**	-.25**	.50**	.51**	-.15**	.27**	−
8. Mindfulness: Act with awareness	3.26	.59	-.52**	-.20**	.43**	.40**	.05	.33**	.38**

Note. ** *p* ≤ .01; * *p* ≤ .05.

Item Correlations for Measures of Emotional Competencies, Psychological Responses, and Practicing Inner and Body Exercises

In this section, item correlations for constructs from the same questionnaire are briefly described, followed by detailed correlations among items across questionnaires, i.e., those tapping emotional competencies along with those tapping psychological responses and practising inner and yoga-based body exercises.

The vast majority of interconstruct item correlations for each construct (Emotional self-efficacy, Observe, Describe, Act with awareness, Accept without judgement, Mental well-being, General anxiety, COVID–19 anxiety) were positive, ranging from .16 to .71, all *p*s < .05. Regarding correlations from different mindfulness constructs an ambiguous pattern was revealed for Observe items: the items were typically positively correlated with *Describe* items and negatively with Accept without judgement, but not with the Act with awareness. The items of the latter three aspects generally correlated positively and significantly.

Across-construct item correlations of emotional competencies with psychological functioning revealed that Emotional self-efficacy, Accept without judgement and Act with awareness items typically negatively correlated with General anxiety items (*r*s ranging from –.11 to –.47, –.11 to –.52, –.13 to –.48, respectively, *p*s < .05). Significant correlations of the latter with *Describe* items were less frequent, while correlations with Observe items were generally nonsignificant. Correlations showed that COVID–19 anxiety items generally

correlated negatively with Emotional self-efficacy and Act with awareness items (*r*s ranging from –.11 to –.35 and –.11 to –.26, respectively, *p*s < .05.), less frequently with Accept without judgement items and generally were not correlated with Observe and Describe items. Mental well-being items were typically positively correlated with Emotional self-efficacy and all four aspects of mindfulness (*r*s ranging from .22 to .60 and .11 to .49, respectively, *p*s < .05).

Point-biserial correlation of practising inner and body exercises ranged from .13 to .48, *p*s < .05 for Emotional self-efficacy, Observe, and Describe, while Accept without judgement and Act with awareness were not correlated to practising inner and body exercises.

Exploratory Structural Equation Models (ESEMs) and Exploratory Factor Analysis (EFA)

ESEM/EFA models for each construct/questionnaire were examined. For the latent factor Practising, ESEM was not conducted, because it has only two indicators (ESEM requires three indicators to have a just-identified model). The items were used as indicators in the models. Fit indices are summarised in Table 2.

Table 2
Model fit indices for latent constructs

Latent constructs	$\chi^2(df)$		CFI	RMSEA [90 % CFI]	SRMR
General Anxiety	276.142 (74)	***	.904	.087 [.076,.098]	.051
COVID–19 Anxiety	2.015 (2)		1.000	.004 [.000,.104]	.008
Mental Well-being	328.560 (77)	***	.910	.095 [.084,.105]	.047
Emotional Self-efficacy	60.85 (18)	***	.974	.081[.059,.104]	.032
Mindfulness: Observe, Describe, Accept without Judgement, Act with Awareness	991.13 (398)	***	.900	.064 [.059,.069]	.048

Note. ESEM for latent construct Practicing cannot be run, because there are only two indicators (inner exercise and body exercises). * $p \le .05$, ** $p \le .01$, *** $p \le .001$.

ESEM results showed adequate fit for mindfulness with four latent constructs. For Observe, Describe, Accept without judgement, and Act with awareness all target loadings were above .43, .28, .41, and .34 (*p*s < .01), respectively, and nontarget loadings lower than target loadings. The exceptions were items 3 (.15) and 7 (.20) for Act with awareness, however, all were *p*s < .01. The majority of the target loadings were fair according to Tabachnick and Fidell (2006). Four correlated errors were included in the model based on the modification indices (and justifiable by the content of the items): item 1 with 2 for Observe (both describe observing body sensations), item 1 with 2 for Describe (both describe one's emotions or thoughts), item 5 and 6 for Accept without judgement (both refer to not judging one's thoughts or experiences) and for Act with Awareness item 8 with 9 (both concern doing one thing at a time).

For Emotional self-efficacy, ESEM results indicated a good fit for one latent construct. All loadings for Emotional self-efficacy were above .38 (*p*s <.001); actually, almost all loadings were above .70, indicating very good loadings (Tabachnick & Fidell, 2006). Two correlated errors were included in the model based on the modification indices and item content (i.e. items 1 and 2 both refer to calming down after unpleasant experiences; items 7 and 8 both describe successfully suppressing unpleasant thoughts and worries).

For General anxiety, ESEM results indicated adequate fit. All loadings were above .32 (*p*s < .001); actually, almost all loadings were above .55, indicating good loadings (Tabachnick & Fidell, 2006). Three correlated errors were included in the model based on the modification indices and item content (i.e., items 6 and 12 both refer to decision-making difficulties; items 2 and 4 both describe worries; items 3 and 11 both refer to being anxious about opinions of other people).

For Mental well-being, ESEM results indicated adequate fit. All loadings were above .43 (*p*s < .001); actually, the majority of loadings were above .63, indicating very good loadings (Tabachnick & Fidell, 2006).

For COVID–19 anxiety, we ran EFA rather than ESEM since newly constructed items were used for this study. 1-factor EFA revealed a good fit and all factor loadings were above .68 (*p*s < .001), indicating very good loadings (Tabachnick & Fidell, 2006).

Structural Equation Models (SEMs)

In the next step, we brought the findings from the ESEM/EFA models into SEM path models. In the model, we examined the prediction paths from practising mindfulness to the emotional competencies (Emotional self-efficacy and four mindfulness components – Observe, Describe, Accept without judgement, and Act with awareness). The latter five constructs were examined as predictors of the psychological responses, i.e., Mental well-being and two constructs of anxiety (General anxiety, COVID–19 anxiety). Correlated errors from ESEM models were included in the SEM models.

The final SEM model fit the data adequately: $\chi^2(2532) = 4080.125$, $p <$ .001, CFI = .901, RMSEA = .041, 90% CI [.039, .043], SRMR = .054 (see Figure 1). All the target loadings for the indicators were significant, at least at $p < .05$. For clarity of the figure, only significant path parameters were reported. Several correlated errors were included in the model, based on modification indices and item content. Only items within the same factors of the same questionnaire were allowed to have correlated error terms; the exceptions were the items referring to being anxious about getting sick (either in general or getting infected with COVID–19) from the General anxiety and COVID–19 anxiety scales. Latent constructs tapping emotional competencies were all positively correlated (*r*s > .13, $p < .05$), except for the negative correlation between Observe and Accept without judgement ($r = -.16$, $p < .01$).

Figure 1

*Relations of Inner and Body Exercises, Emotional Competencies, and Psychological
Functioning: A Structural Equation Model.*
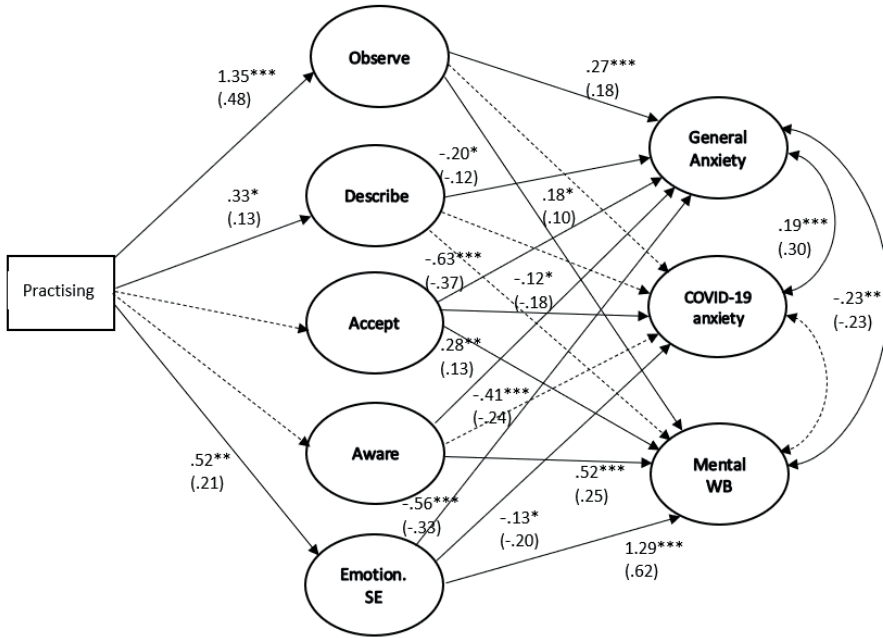
Note. The numbers above parentheses are unstandardised coefficient estimates; the numbers in parentheses
are completely standardised coefficient estimates. Solid lines represent significant paths or correlations
and dashed lines indicate nonsignificant paths or correlations. **$p < .05$, ***$p < .01$, ****$p < .01$.

Figure 1 revealed several significant prediction paths of emotional
competencies (Observe, Describe, Accept without judgement, Act with
awareness, Emotional Self-efficacy) with psychological functioning (General
anxiety, COVID–19 anxiety, Mental well-being); 10 out of 15 prediction paths
were significant and in the expected direction, 4 paths were non-significant,
while 1 was significant, but in the unexpected direction. Mindfulness
constructs (Describe, Accept without judgement, Act with awareness) and
Emotional self-efficacy were all significant negative predictors of General
anxiety. Also, Accept without judgement, and Emotional self-efficacy were
significant negative predictors of COVID–19 anxiety. Moreover, Accept
without judgement, Act with awareness, and Emotional self-efficacy were
significant positive predictors of Mental well-being. In other words, Emotional
self-efficacy and Accept without judgement both predicted, in the expected
direction, all three aspects of psychological functioning (General anxiety,
COVID–19 anxiety and Mental well-being). The prediction from other
emotional competencies is also demonstrated, but to a lesser extent: Act with

awareness predicted, in the expected direction, two aspects of psychological functioning (General anxiety, Mental well-being)*;* Describe and Observe each predicted, in the expected direction, one aspect of psychological functioning. However, Observe also positively predicted General anxiety (unexpected direction). Thus, Figure 1 shows prediction of emotional competencies to psychological functioning is clear and strong. However, there is also an unexpected finding, namely, the positive prediction of Observe to both General anxiety (unexpected direction) and Mental well-being (expected direction) (while Mental well-being and General anxiety are negatively correlated). Furthermore, Figure 1 also revealed that Practising inner and body exercises positively predicted 3 out of 5 emotional competencies – i.e. some aspects of mindfulness (Observe, Describe) and Emotional self-efficacy.

Discussion

Emotional competencies play a significant role in everyday functioning (Durlak, 2015) and are particularly important in times of stress. With an increase in stress (as during the COVID–19 pandemic), we expect an increase in anxiety and a decrease in general mental well-being, both of which can be regarded as indicators of one's psychological responses or functioning. In our paper, we have used the already established links between increased stress, a decline in mental health, and increased anxiety during the COVID–19 pandemic (Moccia et al., 2020; Qiu et al., 2020; Wang et al., 2020), as a starting point for focusing on mechanisms that could contribute to better psychological functioning during the pandemic. More specifically, we have investigated whether emotional competencies (self-awareness and self-management), operationalized as mindfulness and emotional self-efficacy, predict psychological functioning, operationalized as mental well-being and anxiety (general anxiety and COVID–19 anxiety). Additionally, we were interested in the role that practising inner (meditation-based) and body (yoga-based) exercises play in emotional competencies.

Regarding the first research question, the findings from SEM show several significant paths in the expected direction (10 out of 15) from emotional competencies (mindfulness components and emotional self-efficacy) to general anxiety, COVID–19 anxiety, and mental well-being. More specifically, self-management, measured by Emotional self-efficacy, is a significant predictor of all measured outcomes, a positive one for Mental well-being and a negative one for both measured types of anxiety, General anxiety, and COVID–19 anxiety. Emotional self-efficacy reflects the capacity for emotion regulation (Alessandri et al., 2015) and is, as expected, related to the effective regulation of general anxiety, as well as specific anxiety in times of a pandemic, namely, COVID–19 anxiety. As for self-awareness, measured by mindfulness components, the majority, 8 out of 12, of possible paths from the four mindfulness components to the three psychological functioning outcomes are significant. The merits of a

multidimensional assessment of self-awareness are reflected in a detailed picture of which specific component contributes to a specific outcome. For example, General anxiety is predicted by all four mindfulness components, three in the expected direction (the higher the mindfulness component, the lower the anxiety) and one, Observe, in an unexpected direction (the higher the component, the higher the anxiety). COVID–19 anxiety is predicted by two mindfulness components, Describe and Accept without judgement in the expected direction. COVID–19 anxiety is particularly important because it is a new risk factor for general mental health and mental well-being. The findings are partly aligned with studies that show that more mindful individuals are more likely to evaluate adverse events as less stressful and to cope better with them (Boe & Hagen, 2015; Hoge et al., 2018; Nezlek et al., 2016; Song & Lindquist, 2015; Valikhani et al., 2020; Weinstein et al., 2009). Reduced stress levels, therefore, improve mental health (Creswell & Lindsay, 2014), mental well-being (Beshai et al., 2016) and reduce anxiety (Lteif & Mavissakalian, 1995). In our case, not all mindfulness aspects were significantly related to COVID–19 anxiety. Paths from two mindfulness components (Observe and Act with Awareness) to COVID–19 anxiety and from self management (Emotional self-efficacy) to COVID–19 anxiety are not significant. The findings illustrate the difference between the relationship between emotional competencies and general anxiety and the relationship between emotional competencies and COVID–19 anxiety. For both types of anxiety, the relationship is significant, but it seems stronger for general anxiety. This could be due to the conceptual difference or severity of anxiety, e.g., due to acute pandemic going on, we suspect that the COVID–19 anxiety was severe. Furthermore, based on our findings, Mental well-being is predicted by three mindfulness components – Observe, Act with Awareness, and Accept without judgement in the expected direction. The path from Describe to Mental well-being is not significant. With a closer look, we can see that the only significant path from Describe is to General anxiety, indicating the important role describing their senses, feelings and emotions, plays in lowering the tension of general anxiety, probably through the mechanism of attention shift, while observing has the opposite effect on the anxiety. More specifically, when one focuses on the descriptions of senses that lower their anxiety while being focused on the sensations on their own, increases anxiety (e.g., additional focus on anxiety symptoms) (Woody & Rodriguez, 2000). Mental well-being is also significantly predicted by Emotional self-efficacy. The more efficient individuals are in managing their emotions, the better they feel. The latter is aligned with the findings from other studies (e.g., Beshai et al., 2016) and the important role emotional competencies play in mental well-being.

Except for the path from the mindfulness component Observe to General anxiety, we can conclude that emotional competencies overall significantly predict positive psychological functioning during the COVID–19 pandemic. The findings are aligned with the research literature (Mathews et al., 2016; Raes et al., 2014) and support the importance of emotional competencies in times of increased stress. Regarding the Observe scale, similar results have been

documented in other studies. Studies using the same scale have reported different effects of the Observe component on psychological functioning, e.g., well-being and emotional distress (Hansen et al., 2009), general health (Best et al., 2019). The shared explanation (Baer et al., 2004; Hansen et al., 2009), for the ambiguity of the scale, is that it measures both constructive self-observation (experiential self-focus) and nonconstructive self-observation (analytical self-focus) (Trapnell & Campbell, 1999; Watkins & Teasdale, 2004) and may be dependent on the meditation experience (Baer et al., 2004). The effect of meditation experience is worth exploring in future studies in combination with the use of additional, more up-to-date mindfulness scales that would help us understand in more detail the complexity of the relationship between self-awareness and psychological functioning. Overall, in regard to emotional competencies, we suggest a specific focus on the mindfulness component Accept without judgement, as it was the only mindfulness component predicting all three psychological responding outcomes in the expected direction. Furthermore, the level of Accept without judgement can distinguish between a positive and a negative effect of Observe on psychological functioning (Hansen et al., 2009).

In the second research question, we analysed the paths from practising mindfulness (inner and body exercises) to emotional competencies (self-awareness and self-management). It is shown that practising is indeed related to better emotional competencies (three out of five paths are significant and in the expected direction); it significantly predicts self-awareness (two aspects of mindfulness, i.e., Observe and Describe), as well as self-management (Emotional Self-efficacy). The paths from Practicing mindfulness to Act with awareness and Accept without judgement are not significant. It seems that Practicing mindfulness is focused more on observing and describing sensations in the moment and not so much on non-judging and acting with awareness. In our study, we gathered only information on the frequency of practising mindfulness and not on the type. In future studies, this would add to the understanding of the relationship. As we can see, the findings are twofold: practising mindfulness promotes the mindfulness component Observe but Observe predicts higher General anxiety on the one hand and better Mental well-being on the other, the ambiguity related to Observe scale is discussed above. Although our findings are based on cross-sectional data, the significant paths in the model lend support for us to suggest promoting emotional competencies through practising mindfulness (i.e., inner and body exercises), also aligned with other studies (e.g., Raes et al., 2014). In future studies, more emphasis should be placed on the type and amount of exercises that would promote emotional competencies.

The study brings insights that emotional competencies are indeed related to better psychological functioning in times of increased stress (i.e., COVID–19 pandemic), indicated in most of the paths being significant and in the expected direction. It elaborates this finding further by highlighting the role of practising inner and body exercises to foster emotional competencies. Also, here most of the paths leading from practising mindfulness to emotional competencies are significant. The added value of the paper is the multidimensional assessment

of mindfulness that has provided a deeper understanding of which specific component of mindfulness is the most influential for a specific outcome, e.g., the mindfulness component Accept without judgement was the only mindfulness component predicting all three psychological responding outcomes in the expected direction. Nevertheless, we need to point out that the analyses are based on a convenience (mostly female, well-educated, practising mindfulness) sample, which limits the potential of the findings. The non-representativity of our sample, in terms of participation in mindfulness exercises, can be seen both as a limitation of the study as well as a strength. As our sample was collected through a snowball method, allowing people (interested in inner and body exercises) to apply for the study, we have quite a lot of people involved in this kind of activities, which is not the case in the general population. On the other hand, this is helpful, when trying to discover whether practising these kinds of exercises contributes to the emotional competencies, allowing us to answer one of the research questions addressed in our study. A second limitation is connected to testing such a complex model on a small sample, thus limiting the statistical power and generalisation of the findings. In future studies, the model needs to be tested on larger samples. Another limitation of our study is using KIMS as a measure of multidimensional mindfulness due to the time-urgency and experiences with this measure (translated and validated in Slovenian language). Although its use has been acknowledged throughout academic research, a newer, more comprehensive measure would be recommended for future research. For example, using the Five Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2006), which builds on KIMS, but has an additional mindfulness dimension included, non-reactivity to inner experience, could contribute to a more thorough examination of the concept and its connections to psychological responding, and offer better comparability with other studies in the field, though it still consists of the ambiguous Observe scale. Nevertheless, these findings can be used as a starting point for monitoring and promoting the emotional competencies, which are in turn related to the mental health of the general population during and after the pandemic, as the mental health problems associated with the COVID–19 pandemic could manifest themselves in long-lasting health problems, isolation, and stigma (Torales et al., 2020).

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Uloga emocionalnih kompetencija u psihološkom odgovoru na pandemiju COVID–19

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Uz stres koji ljudi doživljavaju u vezi pandemije COVID–19, za očekivati je da dođe i do porasta anksioznosti i sniženja nivoa psihološkog blagostanja. Ispitivali smo ulogu emocionalnih kompetencija (puna svesnost [eng. mindfulness] i emocionalna samoefikasnost) na psihološki odgovor (psihološko blagostanje, opšta anksioznost i anksioznost povezana sa COVID–19) za vreme pandemije COVID–19. Takođe smo ispitali da li praktikovanje pune svesnosti uz pomoć vežbi orijentisanih na unutrašnje psihološke sadržaje (meditacija) i na telo (joga) podržavaju emocionalne kompetencije. Uzorak se sastojao od 364 učesnika (83.5% žena, $M = 37.21$ godina, $SD = 12.92$). Rezultati su pokazali da su emocionalne kompetencije dobar izvor podrške psihološkom odgovoru na COVID–19, pri čemu emocionalna samoefikasnost i prihvatanje bez osuđivanja imaju najvažniju ulogu. Takođe, pokazalo se da praktikovanje pune svesnosti pojačava nekoliko aspekata emocionalnih kompetencija (tj. posmatranje, opisivanje i emocionalnu samoefikasnost). Kada je u pitanju skala Posmatranje, dobijen je nejasan nalaz, a ova skala se pokazala problematičnom i u drugim istraživanjima. Diskutovane su mogućnosti primene ovih nalaza u psihološkim intervencijama.

Ključne reči: COVID–19, emocionalna kompetencija, psihološko blagostanje, anksioznost, vežbe usmerene na unutrašnje psihološke sadržaje, telesne vežbe.