Experiences of a global stressor during the first wave of the COVID-19 pandemic: A qualitative study of internal, partner and communal stress experiences across 20 nations

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ABSTRACT

After the outbreak of COVID-19 in early 2020, individuals worldwide experienced considerable stress associated with the resulting threats and changes. However, only a few large-scale multination studies examined qualitatively the cultural variations of coping responses in people who were in romantic relationships and lived with their partners during the lockdown. To fill this gap, we conducted a qualitative analysis of individual perceptions of intrapersonal, interpersonal, and community stressors. The analysis utilized cross-sectional data collected from 10,650 citizens of 20 countries during the early phase of the COVID-19 pandemic (March–July 2020). Inductive thematic analysis revealed four main themes related to stressors and one theme related to coping resources: 1) concerns for individual health and well-being; 2) challenges to personal relationships; 3) loss of future time perspective and adaptation to changes; 4) reactions of society, government, and media; and 5) resilience against stress. The findings reflected remarkable homogeneity of stress experiences across various countries and a few but important cultural variations. The mental health implications of the findings are discussed.

Declared a global pandemic on the 11th March 2020 by the World Health Organization (WHO, 2020a), the COVID-19 pandemic caused more than 777 million confirmed cases and over seven million deaths worldwide as of 5th January 2025 (WHO, 2025). During the early days of the pandemic, each country's government worked to reduce the virus transmission rate by instituting rules about physical distancing, mask-wearing, and closures/lockdowns (Chu et al., 2020). Besides being a global health crisis, the COVID-19 pandemic was considered also a social and economic crisis. A case study of the European (Germany, Italy, Spain, and the UK) and US financial markets showed that lockdown restrictions highlighted deficiencies in healthcare systems and damaged the structure of financial markets (Shehzad, Xiaoxing, Arif, Rehman, & Ilyas, 2020). These unexpected and rapid changes might have represented several individual, relational, and community level stressors.

The COVID-19 pandemic motivated researchers worldwide to understand the effects of the pandemic on physical and psychological processes of stress and health (Li et al., 2024; Randall, Leon et al., 2022; Zoumpourlis, Goulielmaki, Rizos, Baliou, & Spandidos, 2020). From a theoretical perspective, individuals may perceive and appraise stressors differently (e.g., according to the transactional model of stress and coping; Lazarus & Folkman, 1984; or the stress optimization model, Crum, Jamieson, & Akinola, 2020).

In particular, it is important to assess external stressors confronting cognitive and emotional resources, which is a key element in evaluating each individual's well-being. Along with the centrality of stress assessment, the goal of the stress optimization model points the attention to utilizing stress to reach enriching outcomes, such as better emotion regulation, overcoming the simple dichotomy between positive and negative stressors (Jamieson, Crum, Goyer, Marotta, & Akinola, 2018). The COVID-19 outbreak and its impact fit well within this framework because its rapidity and unpredictability might have mobilized individual strategies of stress appraisals (Schneider, Duden, Landmann, & Rohmann, 2024).

Beyond the intrapersonal level, the impact of the COVID-19 virus and restrictions could be perceived on an interpersonal and community level. Prior literature indicates that living in a close relationship protects against adverse outcomes (e.g., Homish & Leonard, 2008). However, it is not clear how COVID-19 massive and adverse event was experienced by married and partnered individuals. Yang and Ma (2021) showed that married individuals experienced a decline in emotional well-being during the lockdown, suggesting that living in a restricted space can potentially exacerbate relational issues that worsen emotional well-being. Romantic partners in Belgium reported experiencing relational stress due to sanitary restrictions, expressed as "too little liberty and too much closeness" (Schokkenbroek,

Hardyns, Anrijs, & Ponnet, 2021, pp. 5–6). The pandemic also contributed to increases in parenting stress, causing strains and risks for family health, as Spinelli and colleagues reported in the Italian context (2020). Additionally, rapid change in working environments (i.e., transitioning to telework) was associated with higher work-family conflict and less work-family enrichment, especially for individuals living in the US who had already struggled before the pandemic (Vaziri, Casper, Wayne, & Matthews, 2020). Moreover, quarantine and social restrictions intensified the danger of domestic violence globally (Almeida, Shrestha, Stojanac, & Miller, 2020; Kofman & Garfin, 2020). A qualitative study on the value and the meaning of staying at home together for an extended period revealed a mix of positive and negative experiences among respondents (Vowels, Francois-Walcott, Perks, & Carnelley, 2021). They expressed enjoyment in sharing quality time but also noted disagreements regarding the use of space.

Many countries instituted regulations related to COVID-19, especially during the early phases of the pandemic (March to July 2020). Following recommendations from the WHO (2020b), government-mandated protocols consistently included social distancing, face-covering, and handwashing. Social restrictions may cause individuals to feel bored, isolated, and lonely (Roychowdhury, 2020), resulting in higher rates of psychological distress over time (Pietrabissa & Simpson, 2020; Randall et al., 2022).

Social media use enhanced feelings of uncertainty in communities such as Los Angeles County as it highlighted governments' difficulties in organizing sanitary and economic answers to the threatening outbreak (Ijadi-Maghsoodi et al., 2020). COVID-19 fears were exaggerated by social media, leading to misinformation, increased anxiety, and discrimination. Indeed, mental health concerns increased during the pandemic, as the modified external social conditions broke routine and forced individuals to change their lifestyles (Vigo et al., 2020). The extensive use of social media and the necessity to stay up-to-date with pandemic statistics were shown to be positively associated with increased mental health distress (Riehm et al., 2020) and adversely related to the level of trust in communities (Au, Ng, Wu, & Chen, 2023).

THE PRESENT STUDY

Whereas there is an abundance of quantitative studies that relied on large-scale cross-national samples and focused on people's psychological responses to the Covid-19-related stressors (e.g., Randall et al., 2022; Shaikh et al., 2021), there is a dearth of large-scale qualitative data that would help researchers and global policymakers understand culturally diverse perceptions of the effects of the COVID-19 pandemic. By contextualizing the ways in which individuals' social and personal relationships were disrupted by COVID-19-related lockdowns, furloughs, social distancing, and infections (Pietromonaco & Overall, 2021), researchers, mental health practitioners, and laypersons stand to benefit greatly from learning how socio-cultural processes affect health and well-being (Campos & Kim, 2017).

Therefore, we consider two key concepts in our exploration: culture, which shapes people's understanding of events, and stress, which captures the subjective response to challenges. We define culture as "a dynamic system with loosely organized but often causally connected elements (e.g., meanings and practices) that provide the information and knowledge needed to skillfully navigate one's social environments" (Campos & Kim, 2017, p. 543). We assume that cultural variations need to be considered and explored to understand how people experience and respond to stressors, particularly in the face of a global pandemic. This unique situation, in which nations confronted the same challenge simultaneously, could have led to commonalities and culturally diverse experiences that warrant closer examination.

Furthermore, we understand stressors as situations perceived by the individual as exceptionally demanding and subjectively evaluated in a negative way (e.g., as a threat or as permanent damage; Lazarus & Folkman, 1984). In the context of this study, the COVID-19 outbreak can be regarded as a global stressor, as it affected multiple countries and regions simultaneously. We therefore examined its effect at three levels: individual, perceived partner, and community stressors, as reflected in participants' accounts.

Building on these conceptualizations, the goal of the present study was to explore potential cross-cultural variations in stressors related to the COVID-19 pandemic experienced by individuals cohabiting with their romantic partners across various countries in Asia (Indonesia and South Korea), South Asia (Bangladesh, India, and Pakistan), Eastern Europe (Hungary and Romania), Northern Europe (Ireland and the United Kingdom), Southern Europe (Greece, Italy, Portugal, and Turkey), Western Europe (Austria, Belgium Flemish region, Belgium French region, Germany, and the Netherlands), North America (Canada and the US), and South America (Brazil). This study utilized free-text data on open-ended questions from 10,650 individuals representing 20 countries and examined individuals' perceptions of intrapersonal, interpersonal, and community stressors during the early phase of the COVID-19 pandemic (March–July 2020).

METHOD

Participants

The present study was part of a larger pre-registered global project examining associations between COVID-19 stress and well-being (Randall et al., 2022). Institutional review board (IRB) approval was obtained for each of the participating countries. Participants were recruited from social media posts (e.g., Facebook, Instagram) and messages on academic listservs. Individuals who met the following criteria could participate: (1) ≥ 18 years, (2) in a romantic relationship for at least one year, and (3) cohabiting with their partner. For further information on IRB approvals and the recruitment process for each participating country, please refer to the supplemental material (https://osf.io/k3fp4).

A total of 14,020 individuals from 27 countries completed the study (Randall et al., 2022); however, qualitative data was only available from 10,650 individuals from 20 countries: Austria, Bangladesh, Belgium (Flemish and French regions in separate databases), Brazil, Canada, Germany, Greece, Hungary, India, Indonesia, Ireland, Italy, Netherlands, Pakistan, Portugal, Romania, South Korea, Turkey, UK, and the US. The resulting sample was mostly female ($n = 8,296$; 78.32%), and on average 36.4 years of age ($SD = 11.47$). Table 1 presents descriptive data for age, gender identity, and relationship status by country.

Procedure

Interested individuals were directed to an online survey, which included informed consent and screening questions. Eligible participants were directed to the research survey (approximately 30 min to complete). Potential participants were informed about the general aims of the study and the conditions of participation, including the possibility of participating in a raffle (for variations among participating countries, please refer to the supplemental material: https://osf.io/k3fp4). They provided their informed consent before starting the online questionnaire.

Data collection started 18th March 2020 and was completed by 30th July 2020. At the time of data collection, most participating countries required that individuals wear masks outside the home. About half of the countries banned indoor assembly and personal contact within 2 m indoors or outdoors. Half of the participating countries mandated that people stay home, and most prohibited eating out in restaurants. Schools, workplaces, places of worship, and non-essential shops were closed in most participating countries. Although traveling in the city was mostly allowed, traveling to other countries was prohibited or permitted only under certain conditions.

Measures

Participants completed standard demographic questions such as gender identity, age, and relationship status. In addition, they responded to three open-ended questions in their native language: 1) *What stressors are you experiencing due to COVID-19* (labeled as "individual stressors")? 2) *What stressors do you think your romantic partner is experiencing due to COVID-19* ("partner's stressors")? 3) *What stressors do you think others in the community (e.g., friends, neighbors) are experiencing due to COVID-19* ("community stressors")? To better represent participants' perceptions of the social network around them (including those who live near them or further away), participants assigned their own understanding of "community".

Data analysis

The qualitative data from the 20 countries yielded 31,950 free-text responses. The method of qualitative analysis was based on the 'codebook' approach to Thematic Analysis (TA, Braun & Clarke, 2020), which is an appropriate analytic strategy with free-text answers in large data sets

(Cunningham & Wells, 2017). Coding teams employed the methodological principles of inductive TA (Braun & Clarke, 2006) to describe the complex meanings of participants' stress experiences associated with the pandemic. To maximize efficiency, we combined the TA approach with the constant comparison method (Glaser, 1965). The approach was inductive, given that results were grounded in the data rather than theoretical assumptions.

Answers to the three open-ended questions yielded three sets of text corpora (perceived individual stressors, perceived partner's stressors, and perceived community stressors). To preserve the variations and uniqueness of multiple social-ecological systems as reflected in participants' perspectives (individual, partner, and community), researchers in each country analyzed the responses to the three open-ended questions separately.

An international qualitative team (the 'qual team') was established at the beginning of the analytic process. The team consisted of three experienced qualitative researchers from three countries (the first, second, and third authors). The 'qual team' elaborated analytic guidelines (see the 'step-by-step guide' uploaded to https://osf.io/squpf) and frequently discussed them with other authors to coordinate, monitor, and provide feedback to all participating countries at every stage of the analysis. We included the concept of reflexivity in our research work, acknowledging our personal beliefs, values, cultural orientations, and life experiences as important elements in the study (Cohen, Manion, & Morrison, 2011). Reflexivity informs positionality, which describes the Self in relation to the subject. The first author self-identifies as a middle-career academic living in Hungary. She often works with qualitative interview and analysis methods, and she has a family therapy practice, including therapy for multicultural couples from Europe and the US. The second author self-identifies as a middle-career academic from Italy where she lives. Her academic training is based on interdependence theory and relational systemic therapy, which contributed to developing her clinical interest in conflictual couples and families. The third author self-identifies as an early career academic living in South Korea and studying in the US. She works as a researcher in family studies and gerontology, utilizing both qualitative and quantitative research methods. The whole team's positionality and reflexivity statements can be found as supplemental material at https://osf.io/kx8cs/files/osfstorage.

Data were analyzed in two stages. The first stage involved country-level analysis (across individual participants). All the country-level PIs received the step-by-step guide and shared the information with their collaborators. Following the cornerstone of reflexivity, they acknowledged how their professional background and COVID-19 experiences influenced the coding process and the themes that emerged from the corpus data. The country-level coder teams' reflections on their positionality and previous experiences with qualitative methodology can be found at: https://osf.io/dhx5p. Each country's coding team (composed of a minimum of two researchers) followed the 'step-by-step guide' based on the six-phase procedure of inductive TA as suggested by

Table 1. List of countries and demographic characteristics

		N	Age M SD	Gender identity	Relationship status
1	Austria	611	27.77 *5.88*	Male: 12.1% (74) Female: 87.6% (535) Non binary: 0.3% (2)	Committed-living together 66.0% Engaged 11.5% Married: 22.5%
2	Bangladesh	202	25.26 *9.02*	Male: 51.5% (104) Female: 47.5% (96) Non binary: 0.5% (1) Other: 0.5% (1)	Committed-living together 45.5% Engaged 37.1% Married: 17.3%
3	Belgium Flemish region	497	38.19 *12.76*	Male: 4.8% (24) Female: 94.2% (468) Non binary: 0.8% (4) Gender fluid: 0.2% (1)	Committed-living together: 43.5% Engaged-living together: 7.2% Married: 49.3%
4	Belgium French region	369	34.33 *12.18*	Male: 9.7% (36) Female: 88.7% (327) Non-binary: 0.6% (2) Missing data: 1% (4)	Committed-living together: 41.9% Married: 29.7% Partial-time living together: 5.9% Missing data: 22.5%
5	Brazil	667	39.87 *11.39*	Male: 24.7% (165) Female: 74.4% (496) Non binary: 0.6% (4) Gender fluid: 0.1% (1) Other: 0.1% (1)	Committed-living together 11.7% Engaged 4.3% Married: 84%
6	Canada	300	37.03 *12.28*	Male 14.3% (43) Female 83.3% (250) Non binary 1.3% (4) Gender fluid 0.7% (2) Missing data 0.3% (1)	Committed-living together 49% Engaged 9.7% Married: 41.3%
7	Germany	935	37.00 *7.88*	Male: 15.3% (143) Female: 84.5% (790) Non binary: 0.1% (1) Gender fluid: 0.1% (1)	Committed-living together 24.1% Engaged 5.3% Married: 70.6%
8	Greece	502	36.84 *12.15*	Male: 24.1% (121) Female: 75.9% (381)	Committed-living together 47.6% Engaged 4.6% Married: 47.8%
9	Hungary	458	40.94 *12.17*	Male: 23.6% (108) Female: 76.4% (350)	Committed-living together 32% Engaged 8.9% Married: 59.1%
10	India	511	33.14 *9.92*	Male: 29.2% (149) Female: 70.8% (362)	Married 100%
11	Indonesia	422	31.26 *7.35*	Male: 20.1% (85) Female: 79.6% (336) Other: 0.2% (1)	Committed-living together 13.3% Engaged: 2.4% Married: 84.3%
12	Ireland	787	36.63 *10.25*	Male: 14.6% (115) Female: 85.2% (670) Non binary: 0.1% (1) Other: 0.1% (1)	Committed-living together 40.9% Engaged 10.8% Married: 48.3%
13	Italy	826	41.8 *11.53*	Male: 32.4% (267) Female: 67.2% (555) Non binary: 0.4% (3) Other: 0.1% (1)	Committed-living together 40.1% Engaged 4% Married: 55.9%
14	Netherlands	400	33.84 *11.73*	Male: 6.8% (27) Female: 92.5% (370) Non binary: 0.2% (1) Gender fluid: 0.5% (2)	Committed-living together 62.7% Engaged 6.8% Married: 30.5%
15	Pakistan	517	33.09 *10.25*	Male: 41.8% (216) Female: 58.2% (301)	Married: 100%
16	Portugal	578	38.48 *10.64*	Male: 16.8% (97) Female: 83.2% (481)	Committed-living together 18.8% Engaged 30.2% Married: 50.9%

Table 1. Continued

		N	Age M SD	Gender identity	Relationship status
17	Romania	538	36.97 10.30	Male: 11.5% (62) Female: 88.5% (476)	Committed-living together 15.1% Engaged: 6.4% Married: 78.5%
18	South Korea	540	43.95 9.06	Male: 53% (286) Female: 47% (254)	Committed-living together 0.7% Married: 99.3%
19	Turkey	142	38.12 9.25	Male: 23.2% (33) Female: 76.1% (108) Non binary: 0.7% (1)	Committed-living together 8.5% Engaged 2.1% Married: 89.4%
20	United Kingdom	396	35.35 13.25	Male: 16.6% (66) Female: 81.4% (322) Non binary: 1.6% (6) Missing data: 0.4% (2)	Committed-living together 50.5% Engaged: 7.1% Married: 42.4%
21	US	452	40.62 17.36	Male: 16.6% (75) Female: 81.4% (368) Non binary: 1.7% (7) Gender fluid: 0.2% (1) Other: 0.2% (1)	Committed-living together 26.5% Engaged: 6.6% Married: 66.9%

https://docs.google.com/document/d/1OAslTFZE4zfUq971b2JN6ubhNRQScPVv/edit?usp=drive_link&ouid=105035197891117895472&rtpof=true&sd=true.

Braun and Clarke (2006): 1) data familiarization by reading and re-reading; 2) initial code generation; 3) searching for themes; 4) theme review; 5) defining and naming themes; and 6) translation of a theme map. Each response was considered a unit of analysis.

Initially, researchers in each country developed a list of non-redundant and non-overlapping codes. Teams of local researchers analyzed participants' responses in their native language, and team members who were fluent in English translated the codes, labels of themes, explanations for the themes, and informative verbatim quotes to English. After finishing the first stage of analysis, collaborators from all 20 countries sent the three theme maps (for individual, partner, and community stressors, respectively) to the 'qual team'. The theme maps contained codes, sub-themes, themes, verbatim quotes, and additional explanations in English. All country-level datasets were combined into an overall dataset, which had several unique characteristics. First, it had a multilevel structure (individual level and country level). Second, our data were less "intensive" (responses ranged from a few words to a few sentences), but it was rather extensive due to the sample size, which was unusually large for qualitative analysis (for more information, see Fletcher, 2017).

In the second stage of analysis, the 'qual team' integrated all theme maps and analyzed country-level data based on the constant comparison method (CCM; Glaser, 1965). In this stage, each sub-theme was treated as the unit of analysis. The 'qual team' combined themes and sub-themes to form cross-cultural integrated clusters. In this process, integrated main themes and sub-themes were elaborated through systematic constant comparison of country-level sub-themes and themes.

Using CCM, the 'qual team' identified the cross-cultural salience of themes and sub-themes from common (universally experienced) stressors to specific (locally salient) stressors related to the COVID-19 pandemic. 'Locally salient' sub-themes were identified only in a smaller subset of countries. The construct of cross-cultural salience was created inductively, as a result of the constant comparison of the themes, to reflect the uneven distribution of the themes across the countries. Figure 1 gives an overview of the coding process. To see additional details of the qualitative analysis, such as guidelines for coding, please refer to the supplemental material (https://osf.io/kx8cs/files/osfstorage).

RESULTS

Results reflected the severity and complexity of stressors associated with the ongoing COVID-19 pandemic. Stressors
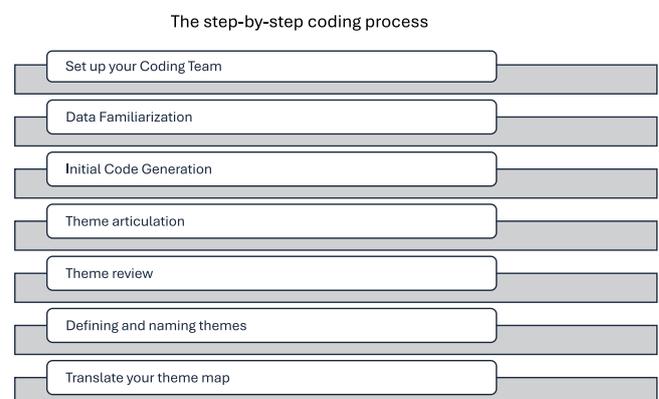

Fig. 1. Overview of the step-by-step coding process in the country-level teams

reported by participants reflect significant changes across important life domains: health, work and leisure, interpersonal relationships, everyday life, and attitudes toward the community. However, our findings' most striking characteristic is the similarity of stress sources and stressful processes revealed by the participants across 20 countries and four continents. Cross-cultural similarity prevailed in participants' accounts regarding almost every life domain, except the role of religious beliefs. Below, we organized the main themes from our qualitative analysis of the three questions to describe perceptions of individual, partner, and community stressors. Accordingly, when we use the term 'partner's stressors' we intend participants' perceptions of their partner's stressors.

Inductive TA (Braun & Clarke, 2006) of the 31,950 free-text responses yielded five overarching main themes with 32 sub-themes across individuals' own stressors, partner's stressors, and community stressors (see Fig. 2). Four overarching main themes described the primary sources of stress including (1) concerns for individual health and well-being, (2) challenges to personal relationships, (3) loss of future time perspective and adaptation to changes, and (4) reactions of society, government, and media. The fifth overarching main theme is related to the resources named (5) resilience against stress.

Sub-themes summarize the types of stress sources in respondents' answers. The overarching main themes were elaborated based on the parallel thematic analysis of responses to the three open-ended questions (based on the three different perspectives: one's own, one's partner, and one's community). In Fig. 1, sub-themes are displayed along the dimension of salience from cross-culturally salient (i.e., present in most of the countries' data) to locally salient (i.e., present in only one or a few countries' data).
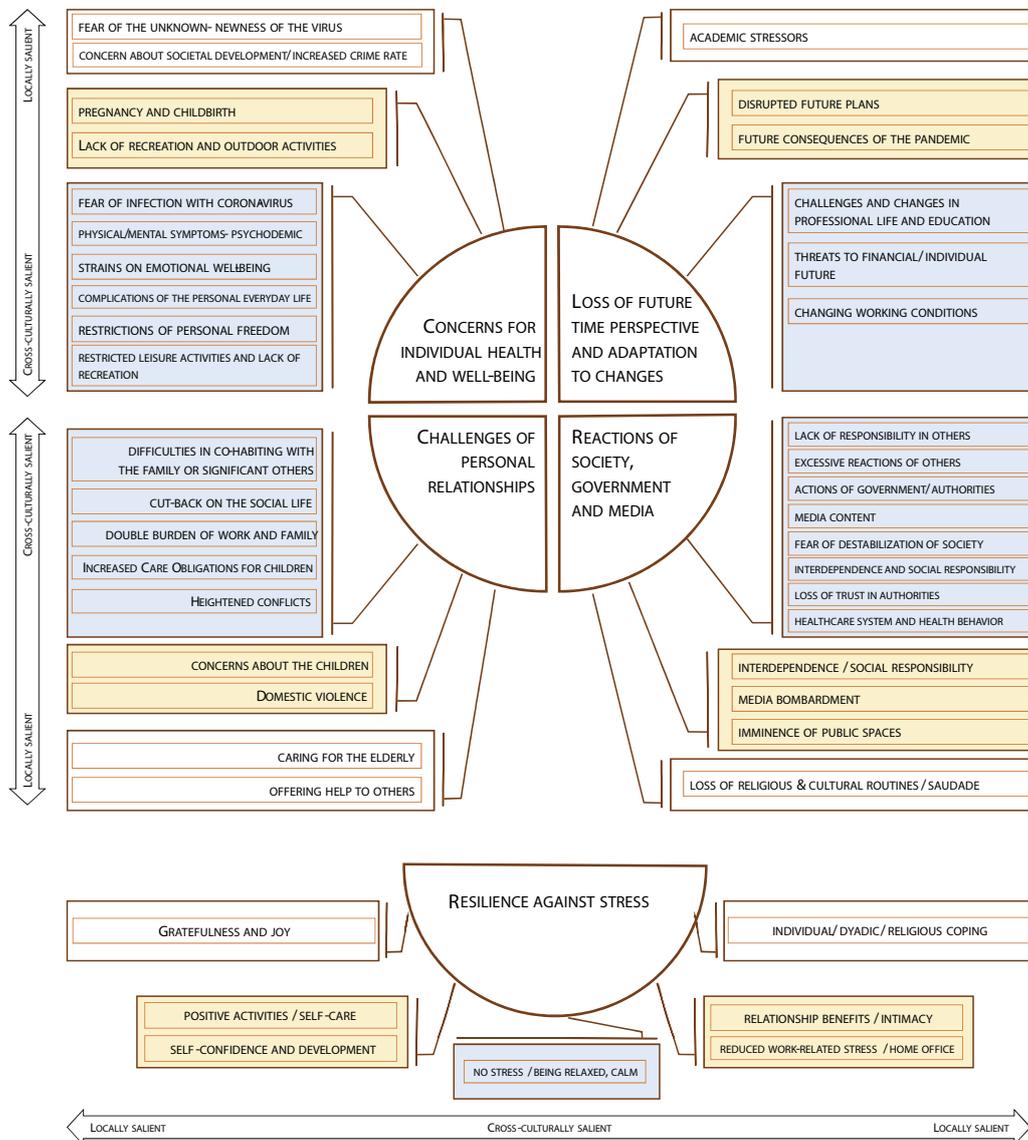

Fig. 2. Overview of the themes and subthemes identified in the responses (N = 31,950)

Theme 1: Concerns for Individual Health and Well-being

Respondents across the 20 countries reported stress due to fears associated with possible coronavirus infection. The sub-themes described fears concerning possible infection and death of self, along with fears for close relatives and vulnerable family members. Respondents also emphasized the chronicity of their mental state, referring to the fearful characteristics of the situation characterized by an invisible danger (see Fig. 1).

Stress associated with sudden changes in daily routines due to the necessity of self-protection and disinfection was also present in most countries' accounts. Individuals experienced mental strain, and some respondents' partners experienced difficulties in following sanitary measures, including the lack of personal protective equipment. The pandemic and precautionary measures taken by authorities created circumstances where respondents experienced stress from losing their personal freedom and control over the situation. Partners also felt stress from the restriction of personal freedom from lockdown regulations. Specifically, they felt, "locked up at home" [Belgium - French region], reported, "threatened independence due to regulations" [Netherlands], "not having control over the situation" [Netherlands], or even "sometimes, we feel like slaves at home" [Pakistan].

Additionally, participants mentioned a wide range of physical and mental symptoms, including sleep disturbances, overeating and weight gain, headaches, increased smoking, feelings of suffocation, anxiety, panic attacks, and depression. Respondents also reported significant strains on their emotional well-being, such as feelings of boredom, monotony, anger, irritability, mood swings, uncertainty, hopelessness, rumination, lack of motivation, guilt, loneliness, frustration, disorientation, and fatigue.

According to respondents, partners also experienced stress due to changes in everyday life. The expression "psychodemic" that appeared in the coding system developed by the Bangladeshi team could define the increase of negative affect (e.g., feelings of isolation, estrangement, depression, and anxiety).

Theme 2: Challenges to Personal Relationships

Data across the 20 countries reflected changes to personal relationships from all three perspectives (individual, partner, and community; see Fig. 1). Responses under this theme suggest that stress is generated within personal relationships due to living conditions altered by the pandemic. While there was general concern regarding being forced to be too close to family members, respondents also reported feelings of loneliness and missing emotionally significant encounters "Not being able to touch our grandchildren and seeing them during the first months and lockdown was very painful." [Belgium–Flemish region]. Individuals with children struggled with finding time to relax alone and reported lack of intimate and sexual interactions, or lack of privacy. Again, because of homeschooling, participants reported increased stress due to being obligated to teach their children at home while fulfilling their other duties related to teleworking.

Participants recognized that their partners had concerns about the participants themselves, reporting relational conflicts due to differences in perceiving the impact of COVID-19 on their lives. "She's very anxious, she's afraid of catching the virus, she's mad at me for not isolating myself enough, she's feeling helpless that she can't control the situation." [Hungary]. As a result, some respondents mentioned that their partners were concerned that their relationship would be hard to recover due to accumulated distress during COVID-19.

Participants also stated their partners had difficulties cohabitating with family members with increasing conflicts, quarrelling, or tensions, as they spent too much time together at home. Forced cohabitation led to a heightened level of domestic violence: some participants experienced an increase in the occurrence of physical aggression at home. The phenomenon of domestic violence was also reported by respondents in Brazil, Bangladesh, Ireland, and the UK as some respondents had to live with an abusive partner.

Participants' responses revealed more locally salient sub-themes that related to the phenomenon of helping vulnerable others. Some participants pointed out that it was stressful to support elderly relatives and others either practically or emotionally.

Theme 3: Loss of Future Time Perspective and Adaptation to Changes

The pandemic fundamentally disrupted how individuals could imagine and pursue their future. Respondents universally experienced the loss, unexpected modification, or postponement of plans in several major life domains, such as professional, financial, and personal projects (for sub-themes, see Fig. 1). Participants reported fear of changes to their employment status (e.g., decrease in work hours), and some even reported unemployment due to the pandemic, along with significant financial stress. Consequently, some couples faced a reduced income, and others could hardly meet daily expenses.

Individuals and their partners shared the fear of economic crisis and worries about future economic conditions they faced together as an economic unit or household. On a community level, threats to the individual's own professional and financial future were also linked to the perceived risk of a community-wide economic crisis. Participants reported that people in their communities could face financial losses, uncertainty about career prospects, and unemployment even for the rest of their lives.

In other cases, some participants reported concern that certain groups may be at a higher risk of experiencing economic problems. "Financial stress from being self-employed particularly" [UK]. Those who could continue working were confronted with the sudden change in working conditions and the stress of adaptation. Some respondents experienced higher expectations and elevated working hours due to the process of adapting to the pandemic situation, with an overdose of online communication that represented a major source of stress for many participants and their partners: "He is a very diligent person,

and since work has become more demanding due to the COVID-19 situation, he has been working more (from home) and is quite stressed about his workload and the difficulties or working with a team remotely." [Canada].

Unforeseen changes to academic plans were a specific variation of stressors for student participants, especially for the lack of information and clear deadlines. Respondents experienced the disruption of plans in many other life domains as well. They "mourned" canceled travel, holidays, family celebrations, wedding ceremonies, or plans to have children. For some participants, the negative irreversible consequences of the pandemic represented a source of stress.

Theme 4: Reactions of Society, Government, and Media

As data were collected during the first peak of the pandemic, all governments rushed to implement laws and instructions in a rush. Consequently, guidelines for public health were not always complete, coherent, or clear. Respondents felt that they were being left unprotected and criticized both local and global decision-makers. Across all countries, some participants reported that they experienced stress due to their community's reactions to the pandemic (for sub-themes see Fig. 1). Some participants expressed frustration when they perceived others behaving irresponsibly as irresponsible behavior posed a threat to the participants' own health.

In particular, the sub-theme "Perceived threat in public life" contained a variety of community-level worries associated with social lives. It illustrated multiple references to social life, such that after the beginning of the pandemic, it assumed a new meaning. Being in a crowd or going to the grocery store represented a challenge mentioned by many respondents. Respondents referenced experiencing anger toward others who did not comply with sanitary measures and distrust in their neighbors, creating possible relational conflict with the community: "anguished by the lack of responsibility of many people who do not believe in the pandemic" [Brazil]. In the opposite direction, some participants expressed their reluctance to adhere to health protocols and referred to being "annoyed by self-proclaimed corona policemen" [Germany]. Respondents also mentioned fears of a destabilized society, not only in terms of economics but also as a global vision of the end of the world. Mistrust, suspicion, aggression, and hate were reported as having increased. Contrastingly, the culture-specific feeling of "saudade" (intended as deep emotional state of nostalgic longing for something or someone that one cares for and/or loves) in Portugal was reported as an indicator of the significant ties.

We found a new sub-theme *infodemic*, which refers to an overabundance of information connected to the pandemic, spread overall through social media. It consists of disseminating false information in society aiming at promoting alternative agendas in public health.

Concerns linked to religious communities appeared in only a few predominantly Muslim countries (India, Indonesia, and Pakistan). The data collection period co-occurred with the period of ritual fasting for Muslims and also affected the celebration of Eid al-Fitr (the end of Ramadan). Celebrating Muslim religious traditions, which are based on community activity, became difficult because governments prohibited gatherings and travel. Stress experienced included the loss of religious rituals, such as not being allowed to pray in sacred places. This included simultaneous feelings of loss and threat when an obeying individual observed others who did not comply with the rules: "There are still many people who go home to their hometowns, even though my friends and neighbors have sincerely not gone home" [Indonesia].

Participants' accounts also included concerns about the community's spiritual relation to God ("God is annoyed, how can we make God happy?" [Pakistan]), along with worries about the origin of hardships ("and feel like this is all their bad deeds that are making them knock off at home before Ramadan" [Pakistan].

Theme 5: Resilience Against Stress

Participants in several countries indicated they and/or their partners/community perceived no stress in relation to the pandemic ("Nothing stresses me yet." [Greece]; "Working at home reduced his/her stress" [Turkey]). Moreover, other respondents described experiencing feelings of gratitude and joy, while others experienced a new opportunity for self-care and self-development (for sub-themes, see Fig. 1).

Positively-valued new activities also appeared along with relationship benefits—either in the form of more closeness or the lack of usual social obligations: "He enjoys being able to make up for his children with plenty of lost time caused by overtime. So, he is more positive about change" [Hungary]. Relationship benefits also extended to the community level: "Neighbors are out and chatting—all positive at the time they now have for family and just want to make the most of it" [Ireland]. Some respondents described how positive individual or dyadic coping helped them to deal with the situation: "Fortunately, both my partner and I can talk openly about our negative feelings and fears, and we can find a platform for stress relief as well" [Hungary].

Religious beliefs and practices represented a source of resilience, rather than stress, for some participants. In some predominantly Muslim countries, participants linked their experience of preventing stress to their faith in God: "I have faith in God, and with the grace of God, I will not be infected" [Pakistan]; "I am sure Allah may help us, and I am always praying to GOD" [India]. In some instances, respondents linked resilience stemming from their faith to their experience of positive dyadic coping (i.e., how partners supported each other, emotionally and instrumentally): "With the grace of GOD, she is also mentally and emotionally strong. We have helped each other to be calm in the state of crisis and that's how we are able to handle the moments of pressure" [Pakistan]. Again, the stress due to COVID-19 was moderated by their adherence to religious rituals: "We are always praying to GOD together" [India].

DISCUSSION

We analyzed qualitative data from 10,650 participants representing 20 countries across the globe about the nature of stressors during the first lockdown period of the Covid-19 pandemic. We also gave attention to the specific form and content attuned to the respective cultural context (in line with the principle of universality without uniformity; Shweder & Sullivan, 1993). Individuals across cultural contexts could experience the same challenges in their relationships; however, the specifics of these challenges could differ across cultures.

Based on the narratives produced by individuals, common themes emerged in individuals' perceptions concerning intrapersonal, interpersonal, and community stressors experienced during the early phase of the COVID-19 pandemic. Thematic analysis of participants' free-text answers yielded five main themes: (1) concerns for individual health and well-being, (2) challenges to personal relationships, (3) loss of future time perspective and adaptation to changes, (4) reactions of society, government, and media, and (5) resilience against stress. The themes underlying individuals' perceptions of the impact of COVID-related stressors on their own lives, their partners' lives, and the community in which they lived were largely similar across the 20 countries. The concordance across themes provides evidence of the homogenizing nature of the effects of the pandemic on respondents' experiences worldwide.

The first theme, "concerns for individual health and well-being," was mainly translated as physical and mental symptoms when participants responded to individual and partners' stressors. In contrast, it referred to public life as a threat when respondents turned their attention to community stressors. In this theme, we identified COVID-specific stressors, such as fear of infection or the respect of sanitary measures, and more general stressors, including physical and mental symptoms, such as anxiety and depression. These realistic concerns were confirmed in several in-depth investigations (Farris, Kibbey, Fedorenko, & DiBello, 2021; Scott et al., 2021; Sundler et al., 2023). On the other side, these experiences might have contributed to a heightened awareness of health issues. Whereas health has been valued as one of the most important goals in life (e.g., Martos, Konkolÿ Thege, & Kopp, 2010), the experience of the pandemic might have uniquely drawn attention to its inherent vulnerability (Girotto, 2023).

The second theme, "challenges to personal relationships," mainly referred to the fact that work and family life occupied the same spaces and time at home (c.f., Martos, Sallay, & Donato, 2023). Remote working and homeschooling appeared to be new phenomena for the respondents. Higher negative spillover, that is the influence of the work domain on the home domain, and consequently, the transference of work-related feelings from colleagues to others at home (particularly the partner) influenced family well-being. Respondents reported difficulties in balancing work life and private life due to the overlap of the domains that were usually more distinct. Additionally, participants struggled with loneliness and the absence of significant others because of limitations in outdoor activities. These findings are in line with the findings of other studies where the ambivalent nature of relationship experiences became evident (Horvát, Martos, Chiarolanza, Sallay, & Randall, 2025; Narain & Maheshwari, 2022; Vowels et al., 2021).

The "loss of future time perspective and adaptation to changes" theme revealed changes in the work organization and academic world, accompanied by economic concerns and financial troubles. The outbreak of the pandemic generated new virtual work practices and led to restructuring of job markets to overcome financial issues. On the subjective experience level, these processes distorted time and space experiences (Huang, 2024; Pawlak & Sahraie, 2023).

The fourth theme, "reactions of society, governments, and media," reflected the influence of political actions on individual's lives. The difficulties for politicians in reducing the spread of COVID-19 promoted feelings of uncertainty for participants, enhanced by continuous, contradictory messages in the media. The lack of, and difficulty finding, reliable information was evident in this theme. These experiences provoked the long-lasting quest toward trust in interpersonal and community-level communications (Au et al., 2023) and in institutions (Sibley et al., 2020).

Finally, the last theme draws our attention to the "resilience against stress" that some individuals experienced during (at least the early phase of) the COVID-19 outbreak. Responses demonstrated how some respondents successfully applied the strategies of positive reframing of the situation, along with examples of positive individual, dyadic, and religious coping. Some participants reported a *lack* of stress or even reported unexpected benefits in the wake of national lockdowns – although this was not the norm among participants.

These experiences are also represented in other studies, which report resilient individual and social responses to the challenges of the pandemic (Hall et al., 2023; Procentese et al., 2023; Zrnić Novaković et al., 2022). Consequently, this theme reveals not only an unexpected result but also reinforces the importance of viewing the pandemic as an opportunity. This approach can be supported by the stress mindset conceptualized by Crum et al. (2020), which extends the distinction between distress and eustress proposed by Selye (1976) and emphasizes the need to view stress as a complex phenomenon that cannot be reduced to a simple dichotomy (i.e., stress vs. non-stress). In line with this, as Zion et al. (2022) argued, considering the outbreak as an opportunity was associated with an increased level of well-being and the adoption of healthy behaviors without denying its negative experiences.

REFLECTIONS ON THE ROLE OF THE CONTEXT AND CULTURE

Taken together, the findings showed that the COVID-19 outbreak was experienced relatively similarly across various

personal and cultural contexts. On the personal level, the similarities between self, partner, and community perspectives may be understood in light of the 'anchoring heuristic' (Tversky & Kahneman, 1974). The notion of anchoring refers to the tendency of individuals to rely on a first perspective or piece of information (the 'anchor') when making judgments under uncertainty and only adjust partially when integrating additional perspectives. In this sense, individuals' own experiences may serve as an initial reference point when assessing the stressors faced by their partners or community. The COVID-19 pandemic undoubtedly constrained people's lives in many comparable ways, making similarity judgments realistic. At the same time, the pervasive uncertainty may have prompted anchoring processes, which could further explain why participants tended to represent others' experiences in ways that closely resembled their own.

Furthermore, interpretations of cross-cultural variation in psychological outcomes often refer to Hofstede's cultural theory (2011). However, studies on the relationship between COVID-19-related experiences, specifically mental health outcomes, and Hofstede's cultural dimensions have yielded mixed results (e.g., Vollmann, Todorova, Salewski, & Neter, 2023). While some studies have found that collectivism can reduce stress perceptions through enhanced social support, others have revealed negative effects (Card, 2022). In contrast, uncertainty avoidance significantly moderated the relationship between coping styles and psychological symptoms (Cheng, Ying, Ebrahimi, & Wong, 2023), indicating that in countries where uncertainty was more culturally tolerated, emotional and communal resources were more beneficial. Recent data suggest that cultural factors may play a stronger role in the long-term processing of COVID-19-related experiences. For example, countries with cultural values that emphasize tolerance of uncertainty, long-term thinking, and balanced approaches to individual versus collective needs showed better psychological adaptation during the subsequent years of the pandemic (Rajkumar, 2023). These findings suggest that although cultural effects are plausible, the immediate impact of COVID-19 cannot be fully explained in terms of only one or a few of Hofstede's cultural dimensions. Beyond specific cultural dimensions, the relative homogeneity of human experiences in the early phase of the pandemic may be due to the rapid spread of COVID-19 in a globalized world and the similarly rapid and coordinated responses at the societal and political levels.

Alongside these global similarities, some findings still support the idea of 'universality without uniformity' (Shweder & Sullivan, 1993), illustrated in Fig. 1 as "locally salient" themes. Specific cross-cultural differences in individuals' responses to the COVID-19 pandemic emerged, most notably in relation to religion. Religious beliefs and practices were either a source of stress or a source of resilience for participants living in three Asian nations (India, Indonesia, and Pakistan). Respondents described their faith-based beliefs and practices as helping them cope with the pandemic, yet increasing their stress because of inevitable conflicts between societal restrictions and individual preferences in religious expression. Religious beliefs play an important role in strengthening an individual's capacity to reconnect with their loved ones, changing priorities in personal agenda, and promoting the skills for health and well-being (Ting, Aw Yong, Tan, & Yap, 2021).

Besides the role of religious beliefs and practices, we found that caring for the elderly was explicitly mentioned as a source of stress in some countries (i.e., Hungary, Ireland, and the Netherlands). Awareness of the fragility and vulnerability of older individuals represented an additional source of stress because of the distance between houses and the difficulty in taking care of them. Finally, it is important to report the feeling of "saudade" (c.f., the Portuguese responses), which describes a vivid regret for a daily life perceived as impossible to recover. This type of emotional stance has been reported as characteristic of the Portuguese culture (e.g., Silva, 2012) and, thus, it also appeared as a response to pandemic experiences. These examples highlight how global similarities coexist with locally specific expressions of stress and resilience.

METHODOLOGICAL REFLECTIONS

According to the findings, the qualitative approach was effective in analyzing a new type of experience, the global pandemic that affected the humankind at a global scale. In this study, inductive thematic analysis enabled us to capture the "universality" of stressors related to COVID-19. In particular, findings supported the understanding of COVID-19 as global stressor. The notion of COVID-19 as a global stressor does not completely overlap with that of COVID-19 as a social disease, which revealed the vulnerabilities along social, economic, and racial configurations. The themes generated at hand of the participants' responses highlight the importance of assessing the impact of challenging events in the population.

LIMITATIONS AND FUTURE DIRECTIONS

Despite our study's strengths, the results should be considered in light of its limitations. First, a majority of the participants were females, which raises concerns about possible gender bias in the results. It is important to note that our sampling, albeit unplanned, gave voice to the largest subgroup in the world that was negatively affected by the pandemic, namely women. As early as the outbreak of the pandemic, scholars warned that the burden and consequences were borne to a disproportionally high degree by females who had to take extra care for children and family members (Power, 2020), while, in some instances, they faced a heightened risk of family violence (Viveiros & Bonomi, 2020).

With this in mind, we also acknowledge that in our thematic analysis, we did not use objective individual and contextual information, such as demographic characteristics and country infection rates. Although this choice was deliberate, it may limit the generalizability of the results and direct comparisons between subgroups (e.g., women and

men). However, our methodological framework, reflexive thematic analysis (Braun & Clarke, 2006, 2020), is not based on quantified associations but seeks to illuminate patterns of meaning in the responses. Since we focused on country-level specificities in the responses, it allowed us to investigate cultural comparisons, even if subgroup differences could not be systematically addressed.

From a methodological perspective, conducting qualitative analysis across 20 countries has been a challenge due to the diverse cultural and linguistic backgrounds of the research teams involved. Notwithstanding the extensive use of the "step-by-step guide" in coding, it is important to acknowledge the role of subjectivity in the analytic process and the potential bias resulting from the fact that texts in their original languages were translated and interpreted in English.

Another limitation of our investigation is that data were collected during the early phase of the pandemic (March–July 2020). While this timing enabled us to capture firsthand experiences, our results cannot account for how coping processes unfolded in the studied countries. Finally, we collected data from individuals in romantic relationships, providing a specific context for the assessment and the interpretation of the findings. The experiences of people living without a partner did not find representation in this study.

Despite these limitations, the present findings remain valuable for informing how societies can strengthen preparedness and resilience in the face of large-scale collective stressors. Rather than focusing solely on alleviating the immediate consequences of the COVID-19 outbreak, the results highlight the value of positive self-care activities and reconnection with romantic partners, families, and communities as protective resources. According to Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development, *"ensure healthy lives and promote well-being for all at all ages"*, it is important to consider whether the absence of differences in the participants should itself be regarded as a risk factor. The difficulty of assuming a point of view different from one's own could be related to the difficulties in correctly interpreting social situations and responding appropriately (O'Kearney, Salmon, Liwag, Fortune, & Dawel, 2017). At the same time, researchers and mental health practitioners can utilize these findings to recognize early warning signals during exposure to collectively challenging or even traumatic events, thereby contributing to long-term strategies for public health and well-being.

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