"If you know from the start 'how long', then you can always adjust to it better": a qualitative study of adults' experiences and coping with two years COVID-19 pandemic in Germany

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Abstract

This study aimed to identify positive and negative experiences of adults in Germany, coping strategies, contexts and well-being trajectories across two years of the COVID-19 pandemic. Semi-structured interviews ($n = 14$ adults) were conducted during spring 2022 and thematically analysed. Experiences and wellbeing trajectories corresponded to different phases of the pandemic, individuals' contexts, and coping strategies. Many of the negative and positive experiences were perceived long-term changes, including deteriorated health behaviours, physical and mental health, social withdrawal for some, and improved health behaviours, personal growth, improved working life for others. Experiences, coping and consequently wellbeing were strongly affected by individuals' contexts. Cognitive adaptation to a long duration of the pandemic and sufficient support appeared key to effective coping. We recommend more structural support for those most affected, preparing the public for long-term disruptions of their lives and addressing social inequalities of the COVID-19 pandemic.

Keywords Pandemics · Coping · Mental Health · Social factors · Interviews · Germany

The COVID-19 pandemic has caused a public health emergency worldwide with 5.5 million recorded deaths by the end of its second year 2021 (World Health Organization, 2022). To control transmission, countries introduced public measures, such as closure of non-essential retails and schools, work-from-home, physical distancing, face coverings, and quarantining through various stages of the pandemic. Germany entered its first national lockdown on March 22, 2020, with the strictest measures released on May 4, 2020 (Bundesministerium für Gesundheit, 2022). This was followed by a series of further lockdowns and different levels of restrictions in response to subsequent waves of infections throughout the following two years. Although being a shared macro-event, the COVID-19 pandemic was experienced differently by individuals. The current study

aimed to understand differences in how experiences of the pandemic influenced individuals' wellbeing in interaction with contextual influences and coping strategies.

Psychological distress is used to describe a range of psychological states, including anxiety, depression and distress (Aknin et al., 2022), while mental wellbeing can be defined as "the positive aspect of mental health" and encompasses "more than the absence of disease" (Warwick Medical School, 2020, paragraph 1). The COVID-19 pandemic and public measures have had major impacts on the lives of individuals with a large body of evidence showing detrimental mental health and psychological effects due to the measures' direct and indirect psychosocial and economic consequences (e.g., Aknin et al., 2022). Sources of psychological distress were among others social isolation, loneliness, anxiety and stress regarding one's and others' health risks, financial impacts, job insecurity and living arrangements (Aknin et al., 2022; Banks et al., 2021; Schaffler et al., 2021; Tomaino et al., 2021). However, some individuals also experienced positive aspects or even promoting effects on their well-being (e.g., Okabe-Miyamot & Lyubomirsky, 2021). Common positive experiences and greater or maintained well-being resulted from having more time available

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for oneself or the family, increased flexibility at work, social cohesion and sense of connectedness, an appreciation of life values, gratitude, setting priorities, and new career developments (e.g., Ajduković et al., 2022; Krajewski et al., 2021; Schneiders et al., 2022).

Whether a person was able to maintain mental wellbeing and experience positive aspects of the COVID-19 pandemic largely depended on the types of stressors, individual, social and economic factors, including different strategies and resources to deal with the imposed changes (e.g., Manchia et al., 2022). Many studies have reported on demographic and contextual factors associated with more negative and stressful experiences, lower coping ability and poorer mental health and wellbeing outcomes during the pandemic, such as being female, younger, a member of ethnic or sexual identity minority groups, a parent/mother of young children, economically instable, having a lower socioeconomic status, being close to large infection sites or living rurally, working in the healthcare sector, or having pre-existing physical or psychological health conditions (e.g., Aknin et al., 2022; Duden et al., 2023; Manchia et al., 2022; Okabe-Miyamot & Lyubomirsky, 2021; Wang et al., 2020; Weibel-zahl et al., 2021).

The Transactional Theory of Stress and Coping (TTSC; Lazarus & Folkman, 1984) emphasizes the individual/environment interaction in a stress response and provides a theoretical framework to understand how experiences of the COVID-19 pandemic were perceived as more stressful for some compared to others. In brief, when an individual is confronted with external stimuli, two forms of cognitive appraisals determine the stress response and coping action (Biggs et al., 2017). The primary appraisal categorises a stressor into benign-positive, irrelevant, or stressful, with the latter being further broken down into harm/loss, the threat of any harm or loss, or a challenge. In the event of a stimulus deemed stressful, a secondary parallel appraisal evaluates an individual's coping resources, situational factors and coping styles (Biggs et al., 2017).

The theory further proposes two main categories of coping strategies in response to the cognitive appraisals. *Problem-focussed* coping strategies directly address the stressor, whereas *emotion-focussed* coping deals with alleviating the negative emotions resulting from the stress response. While problem-focussed coping is often viewed as more effective, it really is the fit to the respective situation that determines its effectiveness. For example, there are instances where emotion-focussed coping is more adaptive, such as when the stressor is out of an individual's control, causes high levels of distress or resources are insufficient to address the problem itself (Biggs et al., 2017). The dichotomy of this taxonomy has often been criticized as insufficient and other taxonomies and categories have been proposed, such

as meaning-focussed coping (Folkman, 2008) or avoidant coping (Folkman & Moskowitz, 2004). In the TTSC, a cognitive reappraisal evaluates the effectiveness of the coping strategies in dealing with the stressor and is associated with negative or positive emotions based on the result of this evaluation (Biggs et al., 2017). This theoretical framework highlights how the same macro-event of the COVID-19 pandemic could elicit quite different negative and positive experiences, stress responses and consequently, different impacts on individuals' wellbeing.

A number of studies have reported on coping, stress and wellbeing during the COVID-19 pandemic. Better resilience/maintenance of well-being or higher well-being were associated with greater use of functional coping strategies, such as problem-focussed, emotion- and meaning-focussed coping (e.g., positive appraisal, reframing and acceptance), and socially-supportive coping (Cohrdes et al., 2022; Fluharty et al., 2021; Kenntemich et al., 2022; Kirby et al., 2022), while avoidant coping was a strong mediator between pandemic induced stress and psychological distress (Minahan et al., 2021). Furthermore, pandemic-specific coping strategies have been proposed (Lotzin et al., 2022). For example, high functional coping profiles associated with highest wellbeing during the pandemic included adopting a healthy lifestyle, engaging in enjoyable activities and keeping a daily structure (Kenntemich et al., 2022).

Given the duration of the COVID-19 pandemic and frequent changes of the situation, what constituted adaptive coping would have changed over time and the ability to adapt to changing contexts would have been important for wellbeing maintenance. For example, over the course of the pandemic individuals may have trialled and changed coping styles and developed a better understanding regarding what helped and what was maladaptive. For those unable to choose different coping strategies (e.g., due to situational factors) wellbeing may have suffered more.

For example, an interesting finding of research on positive and negative consequences of the COVID-19 pandemic was that while some individuals adopted poorer, others improved their health behaviours (e.g., OECD, 2021). We found the same pattern in an analysis of data from a longitudinal mixed method study conducted during the first eight weeks of Germany's first lockdown (unpublished study report; see OSF). Health behaviours are strongly influenced by habits and consistent contexts cue habitual behaviours (Orbell & Verplanken, 2020). Given the pandemic was a major context change and forced individuals out of their normal habits, old habits may have been weakened. At the same time, behaviours in response to new environmental cues may have created new habits, if this was consistently repeated over a long period of time. These learnt habits may also function as coping behaviours. Therefore, the ongoing

pandemic likely posed both risks and opportunities for worse or better health behaviours and coping.

To understand how experiences and (coping) behaviours changed over time, a longer-term perspective is required. Qualitative cross-sectional data may help to disentangle temporal directions between respondents' contexts, experiences, coping and wellbeing, while not providing causal evidence. Furthermore, although our previous research found heterogenous positive and negative experiences and wellbeing trajectories during the first lockdown in the COVID-19 pandemic, in line with previous research (e.g., Ajduković et al., 2022; Krajewski et al., 2021; Schaffler et al., 2021; Schneiders et al., 2022), these were largely unexplained by socio-demographic variables in the dataset suggesting more nuanced mechanisms (unpublished study report; see OSF). Qualitative data can help to uncover some of these mechanisms. To our knowledge, no study to date has assessed respondents' wellbeing over an extended duration of the pandemic in combination with their qualitative accounts of negative and positive experiences, contexts, coping strategies and perceived long-term changes. The present research project aimed to fill this gap by interviewing adults living in Germany about their negative and positive experiences, their individual situations and coping strategies, long-term changes, and wellbeing trajectories across two years of the COVID-19 pandemic. Specifically, this interview study sought to answer the following research questions:

1. What were the negative and positive experiences for adults living in Germany two years after the start of the COVID-19 pandemic? What changes, negative or positive, were identified as long-term?
2. What coping strategies did respondents retrospectively identify as useful and what resources would have been needed to cope with the challenges of the COVID-19 pandemic?
3. How did these experiences, coping strategies and individuals' contexts relate to similarities and differences in wellbeing trajectories across the first two years of the COVID-19 pandemic?

Methods

Participants

Respondents were 14 adults living in Germany, recruited from a pool of individuals who expressed interest via the university's virtual laboratory and through mailing lists of participants of our previous study (Landmann & Rohmann, 2022a, b). A registration survey provided demographic data on age, gender, student and employment status, whether respondents had been working from home during the COVID-19 pandemic, their living situation and any health condition that put respondents at increased risk from COVID-19. This information was used for purposive sampling to cover a range of demographic contexts deemed relevant for different pandemic experiences. For example, given the known differences of experiences for different demographic groups, we made sure to select a balanced mix of men and women, age groups, student/work status and household make-up. Recruitment was guided by information richness, as opposed to empirical generalisation, and terminated when the researchers felt that they had covered a broad range of perspectives (Staller, 2021). Respondents were able to choose between receiving course credits or a book voucher worth 15 Euros. The recruited sample had a mean age of 38.2 years ($SD = 13.0$; age range: 22–66 years) and 57.2% were women. All respondents were enrolled at universities with the majority enrolled with the University of Hagen (85.7%). Most respondents were employed full-time or part-time (28.6% each) or working as freelancers (14.2%). Each respondents' context can be found in Table 1.

Data collection and procedures

This study received ethics approval by the university's ethics committee (number EA_463_2022). Respondents were interviewed following a semi-structured interview topic guide which was pilot tested to ensure clarity and flow, and to measure duration and participant burden.

Written informed participant consent was obtained prior to participation. Interviews were audio recorded, transcribed and fully pseudonymised. All other identifying data were deleted after the completion of the audio transcriptions.

The first and second authors (VS, GD) conducted 60-minute interviews via Zoom in German language between March 18 and April 25, 2022. The semi-structured interview guide was developed based on the results of our previous study (OSF; see Appendix A for the translated interview topic guide). Questions addressed negative and positive consequences experienced by the respondents, both during the first lockdown and over the following two years of the COVID-19 pandemic, wellbeing trajectories over time, coping strategies and resources, duration of any changes brought about by the pandemic and reflections in hindsight. Wellbeing trajectories over the first two years of the pandemic (spring 2020 – spring 2022) were virtually drawn by respondents onto a colour-coded and gridded timeline with a vertical axis ranging from red (0 = worst wellbeing) to green (9 = highest wellbeing) (see Figure A1 in Appendix A). The visualisation acted both as a projective and facilitation technique to elicit deeper cognitive engagement and

Table 1 Contextual information on respondents

ID	Gender	Age	Occupational context	Living/family context	Health condition
I	F	27	PT, rescue service, key worker	Alone	No
II	M	43	PT, pilot, furloughed	With partner	No
III	M	34	FT, IT, government key worker, working from home	With partner and young child	No
IV	F	38	Self-employed	With 10-year-old child	No
V	F	66	Pensioner	With partner	Yes
VI	M	21	PT, IT, working from home	Alone	Yes
VII	M	32	PT, transportation, international student	Alone	No
VIII	F	55	Pensioner, social services/education, working from home	Alone	Yes
IX	M	39	FT, economics, hybrid working	With partner	No
X	F	21	FT student	With parents (vulnerable)	No
XI	F	40	FT key worker, supermarket	With partner and school-aged children (vulnerable)	Yes
XII	F	32	FT, economics, working from home	Alone	No
XIII	F	29	Self-employed	With partner	No
XIV	M	58	FT, service sector, hybrid working	With partner	Yes

Note. F = female, FT = full-time, IT = information technology, M = male, PT = part-time.

rapport (Comi et al., 2014). The timeline was screen-shared by the interviewer and respondents used the Zoom annotation feature to draw their individual wellbeing trajectory.

Data analysis

Interview transcripts were thematically analysed (VS, GD) (Braun & Clarke, 2006). An initial coding framework was deductively informed by our previous findings and the research questions. However, this was further refined during the coding process in MAXQDA (VERBI-Software, 2020) using an inductive, data-driven approach. The refinement process was facilitated through regular discussions, the joint coding of two transcripts by the two coders and double coding of four transcripts. The latter was conducted to further stimulate discussion about different perspectives of the two researchers and to become aware of any potential researcher biases.

The wellbeing trajectories were used to provide a summary of respondents' subjective experiences over time, to identify common trends and between-person differences and as data triangulation with individuals' contexts and qualitative responses. Triangulation is a practice to support a comprehensive understanding of phenomena and to strengthen methodological integrity and validity in research (e.g., Carter et al., 2014). First, trajectories were grouped by (a) whether there were large intra-individual variations coinciding with (seasonal) spikes in infections (and thus tightening of pandemic restrictions), and (b) whether respondents had overall high vs. low or improved vs. worsened wellbeing over time. Second, for each of these groups we revisited qualitative findings and contextual information

on their experiences, resources and coping and reflected on anything that stood out as potential explanation of similarities and differences in trajectories or anything explicitly mentioned by the respondents to contextualise their wellbeing trajectories.

Researcher positionality/ reflexivity and study context

The following prior assumptions may have impacted the results: Due to the results of our previous research, we assumed to find heterogenous experiences of the COVID-19 pandemic with respondents having primarily negative and some reporting positive experiences and changes. We expected the reported wellbeing of participants to be linked to the phases of the pandemic, i.e., when infection rates and restrictive measure went up, we expected a decrease in wellbeing. This assumption was based on our own experience of living through the pandemic as well as on previous studies on the effects of confinement (e.g., Bonati et al., 2022; Reis et al., 2022). We assumed that some changes would be short-term and some long-term, and that differences in individuals' experiences would partially be due to their contexts (e.g., parenting, working conditions, vulnerability to the disease), i.e., these would enable different coping strategies and thus directly and indirectly impact wellbeing.

Due to us four authors all being white, female researchers aged 31–49 years, working in psychological research, we were lacking the personal experience of how the COVID-19 pandemic was playing out for different groups of individuals, i.e., working outside the academic field, key workers, freelancers or people who lost their jobs, individuals identifying

as non-female, older and younger people, and individuals having moved away from their home country, family and friends. This may have influenced how we interpreted what was said, how and when we probed further and our coding. However, prior to every step within the data collection and analysis we reflected on our assumptions, own experiences of the pandemic and used discussions to differentiate between these assumptions and participants' actual experiences. Furthermore, we all live or have lived in Germany, are familiar with qualitative research methods, and have experience in conducting community and/or health psychological research during the pandemic. These experiences helped us to be aware of individuals' diverse contexts and experiences.

The results of the present study must also be regarded within the pandemic and wider context of the time: Interviews were conducted during spring 2022. At this time, 76% of the population was fully vaccinated, and 59% had received a booster vaccine (Robert Koch Institut, 2022). Despite high infection rates due to the Omicron wave (Robert Koch Institut, 2022), most pandemic measures were relaxed on March 20, 2022, retaining only light touch measures such as masks on public transport (Stern, 2022). On February 24, 2022, the military invasion of Ukraine by Russia (Reuters, 2022) marked a shift in public and media attention away from the COVID-19 pandemic as the primary topic which had dominated the news and worries for the previous two years.

Results

The results were categorised into themes concerning positive and negative experiences as well as helpful coping strategies and aspects that would have helped but were out of participants' control. These categories were considered as separate analyses and therefore an overlap of themes concerning positive experiences and themes concerning coping strategies was allowed by design. The themes are depicted in Fig. 1; Tables B1, and B2 in Appendix B, and reported below. Participants were also asked which of these pandemic-induced changes they would expect to be long-term. These were highlighted in Table B1 with an asterisk.

Negative experiences

Theme A: Uncertain future and feeling locked in - negative emotional states during the COVID-19 pandemic

The COVID-19 pandemic caused a number of negative emotional states in participants, some of which were described as temporary, others as long-term (see Table B1 in Appendix B). The states included feeling isolated and lonely due to decreased social contacts. Participants experienced frustration due to constantly changing rules. They also reported

hopelessness as the pandemic continued with no endpoint in sight. Some participants felt helpless and at the mercy of others and had lost their daily structure and motivation to engage in anything. Others felt anxious due to fears of infection. Particularly younger participants felt locked in and left behind. They reported increased anxiety levels, mainly due to an insecure future, and feeling as if they had lost a special phase of their lives as long-term consequences:

> […] people get to know their best friends at universities. Yes, these contacts, during the school year and work environment do not remain so stable. And well, I missed that, right? Yes, and this one I missed, I did not find good friends here. I met my best friends at the university, where I learned mechanical engineering. My very best friend, well I can call him my brother, that's actually how it is – I met him at university and maybe I have missed this opportunity here. (VII)

Theme B: Fundamental restrictions of personal life

A central negative experience revolved around the impacts of the restrictions on personal lives caused by the COVID-19 pandemic. The hygienic measures introduced by the government were experienced as necessary but uncomfortable and time-consuming. Major negative experiences included the restrictions on leisure time activities, such as the closure of gyms, cinemas etc., as well as the fact that even when these activities were taking place, participants themselves chose not to take part to protect themselves and others.

> And the negative of course, the same really, well that you were of course limited in what you could do, so not just with friends and family, but also just general leisure activities, physical activity. I am a dancer, I am, I work out a lot in the gym and I just could not do this for months. And this affects psychologically at some point because you just had this as a balance and then it falls away completely. (X)

For those participants being confronted with illness and death during the COVID-19 pandemic, the restrictions on hospital visits and at funerals were very hard to deal with as they complicated patients' recoveries, increased anxieties in patients and relatives, or upset relatives' grieving.

Theme C: Deteriorated health behaviours and impacts on physical and mental health

The COVID-19 pandemic resulted in worsening of health behaviours, such as increased TV and media consumption,
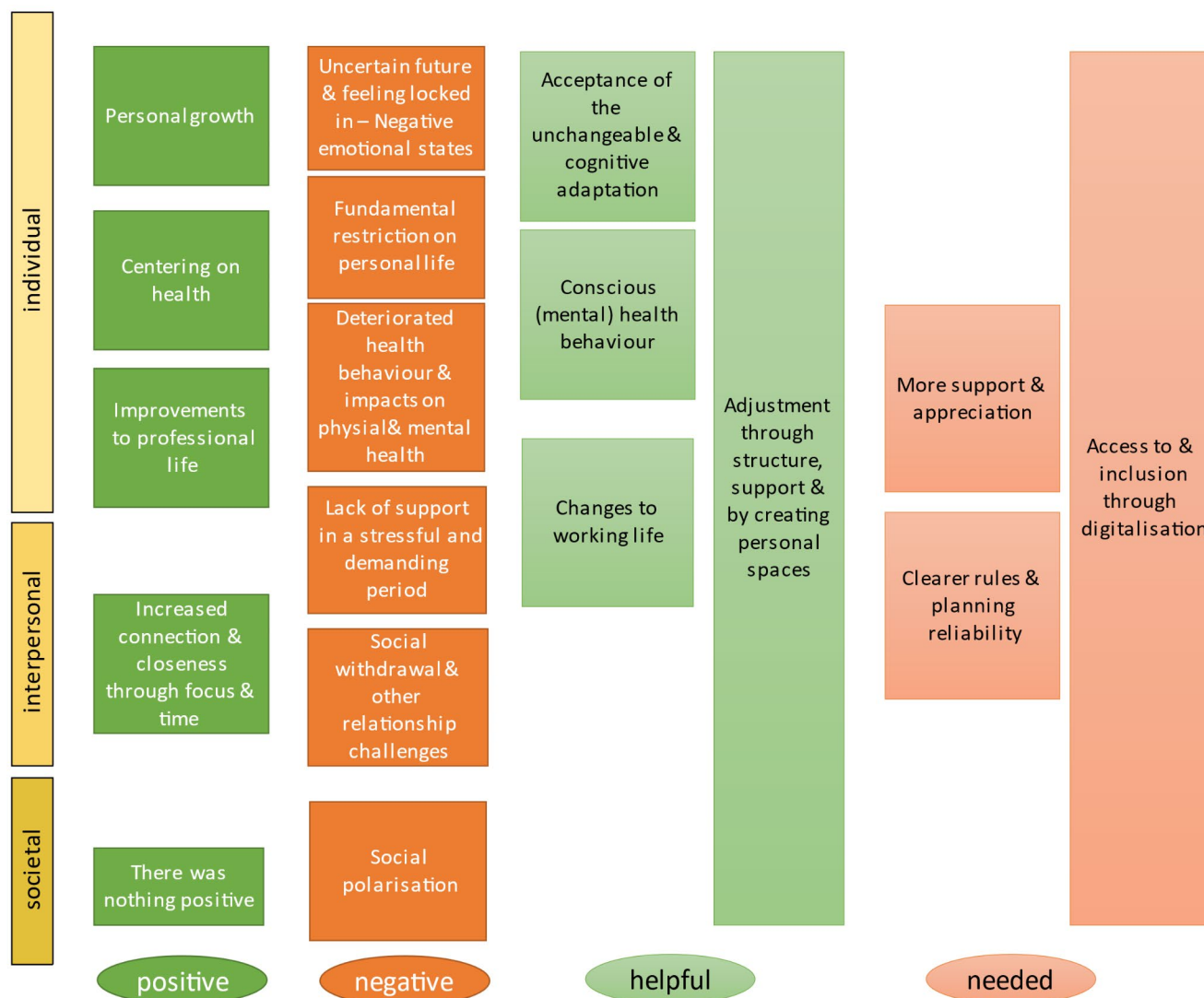
Fig. 1 Themes regarding participants negative and positive experiences, helpful strategies and aspects that would have helped

reduced physical activity and an unhealthy diet for some participants. Participants also stated experiencing poor sleep quality, loss of focus and concentration and weight gain. Some had contracted COVID-19, others mentioned having been diagnosed with psychological or somatic disorders as indirect consequences of the pandemic, particularly of spending too much time alone at home. Often, these changes were considered long-term as previous routines had been lost:

> I don't even want to know how much weight I've gained due to lack of exercise. I used to go running at least twice a week. At ours, we live right on the edge of the forest. My goal was always to run 35 km and my highest was a 32 km endurance run. I haven't even been able to do that since we've been in lockdown. I don't even go out anymore. (III)

Theme D: Lack of support in a stressful and demanding period

Whilst some participants had to work less during the COVID-19 pandemic, others described having high levels of work demands and long working hours. This happened alongside facing high challenges and bad conditions at work, and often - home schooling children, as childcare services and schools were closed. These conditions resulted in loss of concentration and productivity, high levels of stress and strains, and reduced leisure time. Participants who talked about stress at work also described lacking support and appreciation from their employers, from schools as well as from the government.

> So, the problem with the child is - in the first wave it was like this: my wife works in healthcare, that means not as a doctor and that means she wasn't a key worker

at the very beginning, but since she works in nursing, she then became a key worker. Since I work in the communications sector for the state, I became a key worker later, which means it didn't work at all in the beginning. It meant the child was at home and yes, you can imagine the workload. You could do something for half of the day at most when the child slept and then in the evening. (III)

Theme E: Social withdrawal and other relationship challenges

While participants also reported on some intensification of social contacts, they majorly spoke about the negative effects of the COVID-19 pandemic on their social lives. On a personal level, participants experienced a withdrawal from others, reduced contacts and lost connections, decreased networks, some of which they expected to be long-term consequences.

> But all in all, there is already such an apathy. I don't feel like driving a hundred or two hundred kilometres to see someone anymore. I used to find that easier. […] I also believe a bit that engaging with people has something to do with it. You're a bit alienated. (V)

Some experienced the loss of loved ones or came close to losing one. The stay-at-home policy and remote working from home, led to challenges in romantic relationships for others. They described this had been due to reduced opportunities to find a personal space for oneself or, for others in long-distance relationships, due to not being able to see one another.

Theme F: Social polarisation

On a larger scale, participants mentioned their worries about the social split and polarisation due to contested issues such as vaccination and restrictive measures. They also saw this societal split as a long-term consequence and affecting their own relationships with friends, family members and colleagues. "Well, the [societal] split can no longer be undone. […] I know some people who say friendships have broken up due to this." (IV)

Positive experiences

Theme A: Personal growth

Participants reported personal growth and learning experiences evoked by the COVID-19 pandemic, particularly by having more time to themselves (Table B1 in Appendix B).

For instance, one participant described becoming better in setting boundaries to protect her personal needs and in being honest to herself about these needs. Others noticed the importance of physical activity and exercise for themselves which some had not been aware of before. Participants also experienced becoming more aware of their own resources and coping strategies, as well as of how, and with whom, they wanted to spend their time. Some talked about having shifted their personal priorities in life, for instance by focusing more on social relationships, their families, and close friends instead of work. Furthermore, they experienced a greater appreciation of aspects in their lives that were taken for granted or simply consumed before. All these changes were usually perceived as long-term:

> I'd say I'm stronger. So, I'm more honest and can set boundaries better and say 'No, I'm not meeting. I would like to postpone the date again', even if maybe, yes, if maybe it had been set for a long time. But if I don't feel like it, then I don't do something so readily anymore. Yes, that has definitely changed! (IV)

Theme B: Centring on health - improved health behaviours and daily life

Some participants felt that they managed to have a better daily structure due to the COVID-19 pandemic. They also felt that their everyday lives had improved as there were fewer daily social responsibilities. Participants described improved health behaviours, due to spending more time at home, such as a better diet, engaging in more physical activity, experiencing higher sleep quality and sleep hygiene, spending more time in nature, introducing meditation and mindfulness into their daily routines and reducing their media consumption. There was a shared appreciation of these changes which were hoped to be sustained long-term:

> Indeed the TV. So, I leave it on more often again, but I also leave it off more often than before. So, before that it basically ran all day, but nowadays that's not quite the case anymore. It just runs sometimes, it just runs when you have to work, like you might have experienced a typical procrastination of a bachelor thesis. That still happens, but in principle it is more off. (I)

Theme C: Improvements to professional life and work life balance

Participants reported positive long-term changes in their professional lives, particularly concerning the increasing

digitalisation and remote working which allowed them to spend more time with their loved ones and themselves:

> Well, in March 2020, a huge service company that I work for completely switched to working from home, which I would never have expected before. For personal reasons, I once asked whether one or two days working from home per month would be possible. This was rejected because we only work in person. And since March 2020 I have fully been working from home except for one day a week in the office. And this opportunity to work from home was wonderful. That was the positive. I would say flexibility in all areas of life, because working life naturally also has an effect on one's private life. (XIV)

While for some participants having to work less due to the COVID-19 pandemic was experienced positively, others were grateful to have more time to focus on their work and studies since other activities had decreased. Furthermore, the pandemic prompted some to reflect on their professional trajectory and to change jobs which were experienced as positive long-term life changes. For example, one respondent changed her job at the start of the pandemic due to job instability while others took up the courage to follow other ambitions (e.g., study or start a business/freelance career). Some felt that things were not right and looked for new opportunities or reduced their working hours: "And not working more than 30 hours. I'm really a friend of… exactly, during the pandemic I went down to 30 hours with work, i.e. more effective, more structured and more consistent." (IV)

Theme D: Increased connection and closeness through focus and time

Long-term, participants reported the COVID-19 pandemic had made them more aware of the positive impacts of social relationships and social support on their lives. While they reported that the number of people they saw on a daily basis had decreased due to the restrictions, participants also experienced an intensification of selected contacts ("filtering out of true friends"). They described starting to make conscious efforts to engage in and nourish these contacts. Particularly participants who had to work less due to the pandemic experienced having more time for their families, close and romantic relationships and a growing connection with the people around them.

> I'm definitely no longer going below the level where I was before the pandemic. Well, I had 2 weeks of quarantine with my daughter and that was… that was in autumn '21, no, just before Christmas '21 and that was one of the best times of my whole life. To be 2 weeks in our flat. (IV)

Theme E: There was nothing positive about this pandemic

Despite a range of positive themes which were developed from the interviews, it is also important to point out that some participants could clearly not identify any positive aspects when prompted: "Positive, I don't know, I don't know if anyone has ever mentioned anything positive before. I don't think you can find many positives." (III)

Useful coping strategies during the COVID-19 pandemic

Theme A: Acceptance of the unchangeable and cognitive adaptation to the situation

Some participants explained that they had consciously accepted the situation, the fact that they could not change it and that it might last for a long time (Table B2 in Appendix B). They stated that some of their personality attributes had helped them, such as being flexible, spontaneous and having no trouble adjusting to the constantly changing situation.

> Yes, positive definitely that I have learnt that I am very adaptable and can adjust to many situations. This means, of course there were uncomfortable side effects of this pandemic, which we all know. But in the end, I got used to all of it and could live well with it and this is what I somehow realised for myself. I seem to be very adaptable, apparently. I also just seem to be very modest with what is happening at a given time. This was definitely the positive for me. (XII)

Furthermore, they felt that it had been helpful to perceive the situation as a personal challenge rather than focusing on current problems.

> Yes, well, personally, before that, before the pandemic, I was already working with myself – personality development. And I already had the focus, sort of, instead of problems there are challenges and opportunities and that helped me a lot cognitively to deal with the situation in a positive way […] And not to see this as something bad at all, but actually to keep the focus again and again to focus on the positive. (IV)

Theme B: Adjustment through structure, support, and by creating personal spaces

Participants described dealing with the COVID-19 pandemic by adjusting their daily lives and routines to the current situation and making as much use of their newly won

time as possible. Participants found this adjustment helpful, and some stated it would have been helpful to have done so early on in the pandemic to avoid a deterioration of their mood.

> I would try to establish alternative behaviours early on before my mood plummets. For example, with walking, I've really gotten used to it now and it's more or less automatic. So, I would have been, if I had started into the pandemic with the knowledge I have today, I would have formed this habit earlier. (VIII)

The structuring of their daily lives involved starting new hobbies or resuming old ones and enjoying creative activities. Participants also stated putting conscious efforts into their social contacts and providing social support for others. To deal with some of the unique challenges to romantic relationships posed by the COVID-19 pandemic, participants described the importance of creating personal spaces in their partnership which was an insight many wanted to maintain in the long-term.

> That you became aware again, hey you can meet up, I can meet up with a buddy of mine, she can meet up with a friend of hers or something. And you really attend to your activities in separate rooms. Just so that you, mutually, don't get on each other's nerves too much, which happens anyway in every relationship, I think that you get on each other's nerves, but that's just another new challenge. And yes, that's exactly what we had to adapt to. But I believe that it is also in the sense that it becomes clearer and what works and is well is retained and then shows itself to be particularly stable and valuable. (II)

Theme C: Conscious (mental) health behaviours

Conscious behaviours to look after one's (mental) health included reflections such as discussing COVID-19 with friends and family, in particular at the beginning of the COVID-19 pandemic, writing diaries and conscious processing of the current situation, as well as self-reflections on topics such as life and death. However, as the pandemic continued, participants reported consciously choosing to think and talk less about COVID-19 and to reduce their media consumption, as they felt that the exposure to the topic was negatively impacting their mental health. "To leave the goddamn TV off!" (I) Other conscious efforts to maintain one's mental and physical health included engaging in physical activity and spending time outdoors:

> So basically, for me personally, one way of coping with stress is to go running, and the more regularly I do that, the more and more stable I am emotionally. So that has a connection for me personally from experience. And then I can calm down with the whole general madness, before or after the pandemic, everywhere in the world, incredibly crazy things are going on, good and bad. And in order to cope with the whole thing, of course it is good if you are as emotionally stable as possible and that has a direct influence on this emotional stability for me. (II)

Some participants reported including meditation and mindfulness practices into their daily routines, or to have started psychotherapy. One participant chose to reduce her alcohol consumption.

Theme D: Changes to working life

Another form to cope with the COVID-19 pandemic situation were professional changes. On one hand, some participants felt what helped was to invest more time and effort into their work and studies. On the other hand, some participants coped better by reducing time spent at work, or even by changing jobs. Particularly when asked what they had done differently at the beginning of the COVID-19 pandemic if they had the knowledge of the present day some participants felt strongly about creating different professional perspectives for themselves.

> I: If you now imagined that you stood right at the start of the pandemic with todays' knowledge how it progressed would there be anything that you would have done differently?
> R: Yes! I would have said I leave the business immediately. Yes, I just would not have… Yes, I would have done this, I think.
> I: Would there have been any other things?
> R: […] No, well, because it opened up such a huge time window for me, that because of that I also managed everything else in a relaxed manner. Best to never work again. Or better only work which is not so debilitating. (IV)
> Well, for the most part I actually think I would have quit my job and looked for something else. I think that's a, a far-reaching change or would have been a far-reaching change. Yes, I think we all thought that. And that's why the question is perhaps quite interesting. Because if we had known that it would last for so long, yes, we would have done things differently, in the long term…that many people would have given up their jobs in the rescue service, I think. (I)

What would have helped: support needed during the COVID-19 pandemic

Under this category participants explained what could have helped them to cope better with the COVID-19 pandemic (Table B2 in Appendix B).

Theme A: Clearer rules and planning reliability

As insecurity about the future was one of the major negative experiences, participants felt that it would have helped to have more clarity about the situation. They spoke about their wish for clear and consistent regulations, for instance in case of illness and death, on the restriction of movement or compulsory vaccination. They also indicated how it would have been beneficial to know about the potential length of the COVID-19 pandemic to adjust accordingly.

Because you have severely restricted yourself for a short time, because you thought you didn't have to keep it up for long. And at some point, you have to give up somehow, knowing you can't keep it up forever. If I had known that beforehand, then I could have simply had a little bit of a different strategy, I would say, from the start. I don't know, well, if you know from the start 'how long', then you can always adjust to it better, I think. If you don't know that and if you think 'Oh, that won't take that long' and in the end it takes four times as long, then it's just a lot worse than if you just knew it beforehand and can then somehow find your way around. […] Or then somehow be able to plan your life in such a way that you do everything in the summer and then not be disappointed when things that you might have planned for the winter somehow fall through. (X)

Theme B: More support and appreciation

Participants wished for more support from institutions such as schools and universities and appreciation of their efforts, particularly at work. Some felt that their professional group was neglected or forgotten during the COVID-19 pandemic and that they would have hoped for more appreciation through better working hours or salary benefits, the possibility of vacations, and the provision of resources for remote working.

I would have wished that the employer ensured that we had two days to recover from the workload that we have. Not that we work from Monday to Saturday and have. Not that we work from Monday to Saturday and then start again on Monday. But that you divide staff so that you have the time off. (XI)

Furthermore, participants felt that more support for parents was urgently needed as these had to deal with a higher burden through home schooling of their children while working full time. Participants also indicated the need for places where people concerned about restrictive measures and vaccines could find an open ear and information. The lack of sufficient mental health services was also mentioned. Participants expressed the need for more therapy places and counselling centres to respond to the mental health effects of the COVID-19 pandemic. "Because it was clear that such situations put a strain on people's mental health and that there would be even more cases of depression and burnout. And now you wait half a year to be seen." (X)

Theme C: Access to and inclusion through digitalisation

Finally, participants talked about the increased use of digital communication. For some, this helped them to access more online and maintain their wellbeing while others felt there was little consideration for people not wanting to be part of the digital world.

No, something about the restrictions from the outside, certainly only for my personal case, but. Yes, what I always found unpleasant, always with a vaccination certificate everywhere and I'm the kind of person who doesn't have a smartphone. Yes, that's also, that's also now no longer tolerated, but I don't want a smartphone. (V)

Wellbeing trajectories

Participants' wellbeing trajectories are illustrated in Fig. 2. These were contextualised in respect to respondents' negative and positive experiences, contexts, and coping strategies.

Differences in seasonal/intra-individual variations

While there was substantial between-person variation reflecting the different experiences found in the qualitative responses, there was also a common trend which was shared by many: a seasonal drop in wellbeing during autumn/winter in both years which coincided with higher infection rates, higher risks and thus tightened restrictions.

Some of those with highly pronounced seasonal variations in their well-being (I, V, VI, X, XII, XIV) had a pre-existing health condition making them more vulnerable

to COVID-19 (V, VI, XIV) or were living with someone who did (X). Stress and anxiety of infection and following stricter social isolation in times of surging infection rates may have contributed to their seasonal drops in well-being. Further, for those living alone (I, VI, XII) the sense of social isolation could have been felt more strongly during lockdowns. Some also felt that the darker season was generally more difficult irrespective of the COVID-19 pandemic (I, XII).

Some had also experienced someone dying or almost lost a family member (V, XII, XIV):

Because my youngest daughter was lying there – the most crucial thing was actually that children, well, you might have to accompany them to death, that can happen to you. But then not being able to be there, that was horrific. (V)

A common theme in these participants with highly pronounced seasonal variations was a sense of having less control over what was happening to their lives. This included feeling imprisoned and powerless, and only being able to "react rather than act". For these participants anticipating
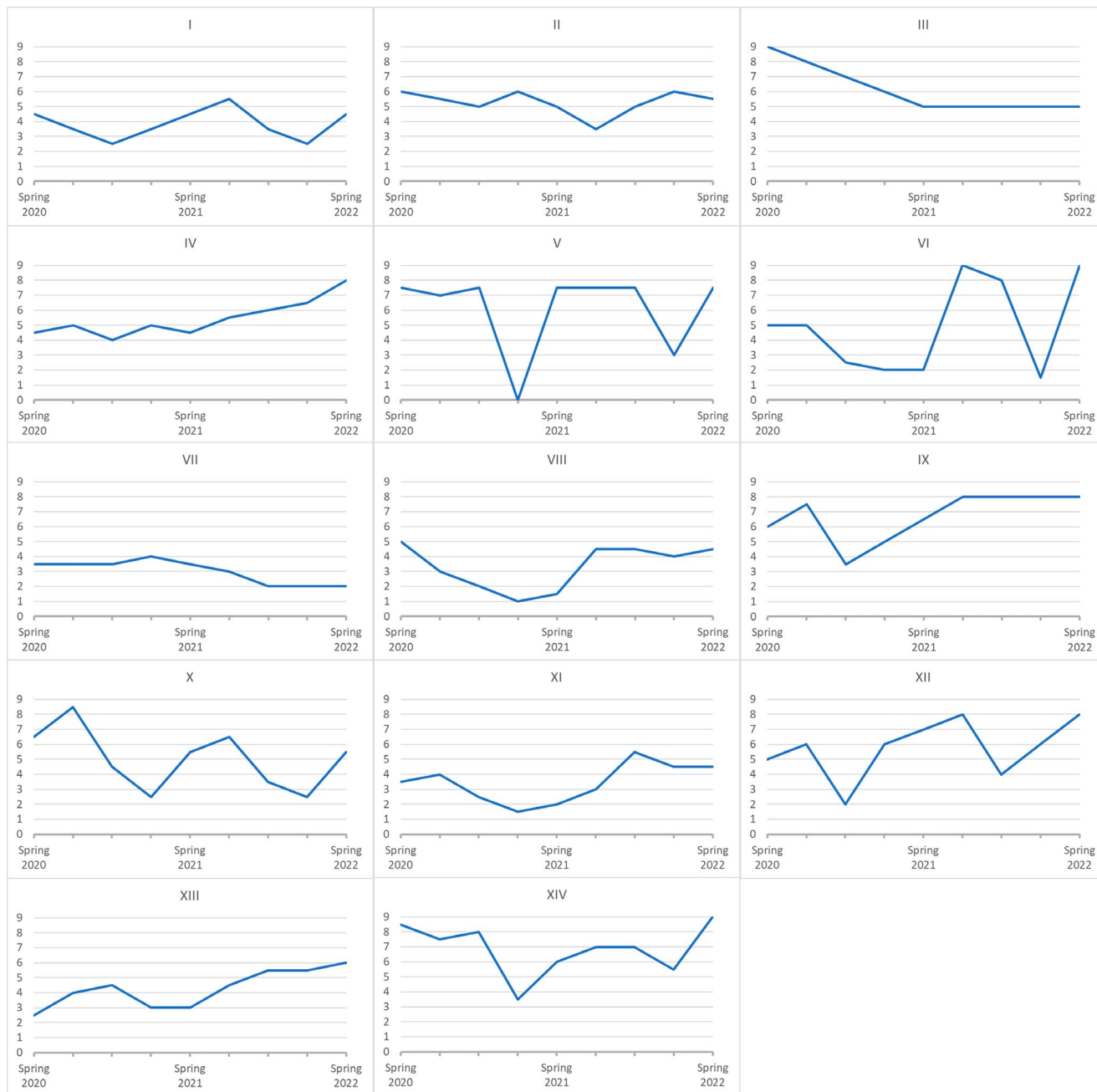

Fig. 2 Wellbeing trajectories

the duration of the COVID-19 pandemic might have helped to accept the restrictions, avoid repeated disappointment with renewed lockdowns and may have provided an opportunity to make different decisions by adopting positive long-term changes:

> And then this feeling of helplessness. Then with regard to these regulations, that these would now determine my life. What I had hoped for that year had been completely different. That was of course very negative, the feeling of powerlessness if you will, and limitations. (XII)

Differences in wellbeing overall

Generally, the lowest wellbeing over time were reported by key workers, e.g., a paramedic (I), a government employee with an infant (III), and an employee working for a discounter (XI), as well as an international student with no social contacts in Germany (VII), and a young student about to finish her undergraduate degree (X). All three key workers reported extreme work-related stress and bad working conditions with little instrumental and mental health support. They felt unsupported by their employers in their efforts to protect others (I, XI).

> No, I also wanted to say that I had expected more from my employer. After about a year, we had a piece of paper [laughs quietly], a flyer in the staff room, pastoral care. After a year of pandemic. [...]
> But [name of discounter] really, they completely somehow separated themselves from the government and said 'OK, the government does their thing and we do ours and you are just in the pond in the middle and can see in which direction you want to swim'. And this is really what I found difficult. Because it added to feeling unsafe. Normally your employer should give you safety. And this is difficult. And sure, there was salary every month, but this emotional safety should have been picked up by the employer and they did not do it. (XI)

All three reported that in hindsight they would have handed in their notice (I, XI) or at least gone part-time ("To extremely reduce working hours would be a definite"; III) early on if they had anticipated the duration of the COVID-19 pandemic. Students also wished for more institutional and government support and experienced existential worries about their future due to uncertainties on the job market and visa application (VII, XI). The international student expressed

that he would have gone back to his home country in hindsight had he anticipated the duration of the pandemic.

> I didn't need to be here, did I? [...] I could just have gone back to my home country [...] And then it would have worked better for me psychologically. [...] Yes, all lectures were online. Yes, I could have done all of it from home. [...] And I have other friends there that I could meet every day. (VII)

On the other hand, all participants who had trajectories with high or improving wellbeing during the COVID-19 pandemic (IV, IX, XII, XIII, XIV) reported that a job change had been critical. Some found the courage to start a new degree (IV) or freelance business (XIII).

> I, so to speak, parted from by business partners. That was around mid '21. I left the business and started to study psychology in distance learning and also do a business coach training in parallel. And then this is how it came to the strongly positive changes, because from this point in time I basically had my time at my own disposal and was not tied anymore to business hours and to those who I did business with and who of course also had an impact on my wellbeing, because it did not proceed so smoothly. (IV)

They also named several other changes they made in response to the COVID-19 pandemic and the use of coping strategies: Many described cognitive acceptance and adaptation by adopting an early perspective that the pandemic could last a long time, or built on learning gathered in the first lockdown (IV, IX, XII).

> It was just the way it was. I had read relatively early on that it could take up to 2 years, a pandemic, and that's how I knew, ok, this isn't something that's going to be over here in 3 weeks, but I was able to be a bit prepared for the fact that it will probably be a longer state. That definitely helped me to put it into perspective. (IV)

> I found, it was like this after the first phase, which lasted until the summer, there you really somehow got accustomed, and I would from autumn when it went up again with the cases, then you could really build on the learnings. (IX)

This stood in stark contrast to some respondents' perspectives of the pandemic duration who were in the group with the lowest wellbeing during the pandemic:

And had I known already back then what would be the extent then I would have somehow, well maybe just come to terms with it earlier and somehow tried to not, I don't know, I would have just dealt with it differently and not like, just not as anxious basically, that I would try to somehow continue living a little bit of a normal life. Because you did restrict yourself a lot for a short time, because you thought you don't have to sustain it for a long time. And at some point, you then just have to give up somehow because you cannot sustain it any longer. And if I had known this before, then I would have just, I would say, employed a different strategy, a little and just maybe from the start… I don't know, if you know from the start 'how long', then you can always adjust to it better, I think. (X)

Respondents with high or increasing wellbeing often focussed on positive aspects, for example re-evaluating a smaller circle of friends as positive (IV, XIV), and, for those working from home, a positive appraisal of the new flexibilities (IX, XII, XIV). All described engaging in health promoting behaviours such as adopting meditation or a practice of gratitude (IV, XII, XIII), starting a therapy and reducing the consumption of alcohol (IV), taking walks outside (IV, IX, XIII), increasing or maintaining previous physical activity levels through adaptions (IV, IX, XII, XIII, XIV), new or adapted hobbies and creativity (IV, IX, XII, XIII, XIV) and reduction of media consumption including social media and news (XII, XIII, XIV).

Well, I would say at the start it was more difficult to take something positive from it, well in retrospect. Positive was definitely for me, that I became much more active. You just went out into the fresh air more, hiking, cycling, […] as much else was not possible. That, I must say, I took away as very positive, because it just gave me that balance with work, that balance with studying. Where I say, this I maintain, and I will maintain it in the future also. (XIII)

Noticeable, all identified a range of coping strategies rather than relying on one type only. Some stated that their personal advantageous financial or existential contexts (IX, XII, XIV) and/or personality (IX) played a big role in their ability to adapt positively to the challenges posed by the COVID-19 pandemic.

So, I am the kind of type I think who anyway has a lower aspiration level. I mean, you would say that often about yourself, but I believe certain, even if I had to miss a bit of salary, of course I need a little safety, but I don't need something extraordinary. This

is why I believe I am content earlier with everything. Well, it means, when I also compare myself with others, because I believe I have rarely, in the past decades, have been somewhere and said, I don't like my job […]. So, that's where I am, I believe, as a person I am relatively well-balanced, calm, so that I never have such a high or low. (IX)

Discussion

The present interview study sought to understand the negative and positive experiences of adults living in Germany during the COVID-19 pandemic, with a focus on long-term changes, coping and wellbeing trajectories.

The reported positive and negative experiences correspond with previous research conducted during the first year of the COVID-19 pandemic (e.g., Krajewski et al., 2021; Schaffler et al., 2021; Schneiders et al., 2022; Tomaino et al., 2021; Zrnić Novaković et al., 2022). Our study extends these findings by highlighting the perceived long-term changes via a retrospective review of salient aspects after two years since the start of the pandemic. Perceived lasting negative aspects related to anxieties about the future, loss of a phase in one's life, negative health behaviours, lost routines, reduced connections, alienation, and social polarisation, as well as fake news and other negative side effects of digitalisation. On the other hand, some participants were able to retain long-lasting positive changes relating to newfound priorities, hobbies, and awareness of one's resources and coping strategies. Furthermore, some were able to make long-lasting positive changes to their (mental) health behaviours, to make more time for family and themselves, to consciously connect socially, to make positive changes to their working life and to positively perceive changes towards working more flexibly and digitalisation.

Our findings confirm previous findings showing that wellbeing trajectories shared some similarities in seasonal variations which reflected the rise in infections and tightened restrictions (e.g., Reis et al., 2022) as well as seasonal trends in mental health (Beecher et al., 2016). However, there was also substantial variation in how individuals' wellbeing was affected by COVID-19 pandemic (and other) stressors, mirroring heterogeneities found in German adults' mental health and quality of life trajectories (Cohrdes et al., 2022; Reis et al., 2022). In line with previous results and theoretical expectations (e.g., TTSC; Lazarus and Folkman, 1984), our data suggest that firstly contextual, and secondly, coping strategies may be related to the intra-individual variation over time and between-person differences in resilience.

In terms of contextual factors, some were able to experience a slowing down and personal growth by re-evaluating what was important to them and focussing on hobbies or things they always wanted to do (e.g., starting another degree). However, these experiences were exclusive to individuals who were not working during lockdown or enjoyed more flexibility by remote working. By contrast, key workers, parents, and individuals living alone experienced a harder time. The demands of work and childcare increased while coping resources, such as time and opportunities to engage in stress reducing and healthy behaviours were unavailable. The adverse effect they reported this had on their long-term wellbeing highlights the ongoing need to provide more support to groups working under high demand, such as healthcare workers. The literature supports this concern by showing that while, overall, individuals managed to recover from the initial hit on their wellbeing, healthcare staff are still suffering the long-term consequences (e.g., Bu et al., 2022; Duden et al., 2023; Manchia et al., 2022; Weibelzahl et al., 2021). In our study, key workers across sectors stated feeling a lack of appreciation as well as guidance and support through clarity in rules. Furthermore, they felt that if they had known about the duration of the COVID-19 pandemic, they would have been better off to leave their jobs or significantly reduce their hours.

These experiences are concerning given that healthcare and other frontline sectors are already understaffed (Ojeahere et al., 2020), – a situation that may worsen if their burden is not addressed urgently. While improved availability and access to mental health services should be a policy priority (Aknin et al., 2022; Duden et al., 2023), our data, as well as other studies (Duden et al., 2022, 2023; Weibelzahl et al., 2021) also indicate that simply offering mental health support is not sufficient. What seemed to make the biggest difference to our participants' experiences of the COVID-19 pandemic and wellbeing was whether individuals had the time and therefore the autonomy to make choices. One implication for employers could therefore be a prioritisation of mental health promotion by creating better working conditions for key workers which will also attract and maintain their workforce and thus help reduce demands on their staff (e.g., Tolksdorf et al., 2022).

Second, the coping strategies individuals used seemed to relate to their wellbeing. However, use of successful coping strategies was unequally distributed across our sample (e.g., healthier lifestyle behaviours or enjoyable activities were not an accessible strategy for already time-poor key workers). The TTSC (Lazarus & Folkman, 1984) highlights the double-edge sword some groups were dealing with. For example, not only did key workers face higher demands, but they also had fewer coping resources to deal with those demands, resulting in higher stress and worse wellbeing.

The identified coping strategies using an inductive qualitative approach in our study mapped onto coping strategies of existing taxonomies (e.g., Kenntemich et al., 2022; Lazarus & Folkman, 1984). Taking time to engage in (mental) health promoting activities such as physical activity, meditation, time spent outside, hobbies/creativity, therapies, and reducing media consumption was reported as helpful, in line with previous research highlighting the role of healthy lifestyles as a pandemic-specific coping strategy (e.g., Bu et al., 2021; Kenntemich et al., 2022). Furthermore, respondents reported using cognitive strategies such as gratitude, re-evaluating what was important to them in life, accepting the changes and seeing it as a learning opportunity, echoing other research on emotion- and meaning-focussed coping strategies in the COVID-19 pandemic (e.g., Cohrdes et al., 2022; Fluharty et al., 2021; Kenntemich et al., 2022; Kirby et al., 2022). It is important to note that acknowledging positive experiences and opportunities, if accessible, was coping through positive reappraisal itself. In line with previous research, other useful coping strategies included pandemic-specific coping through having structure in daily life, engaging in enjoyable activities and socially-supportive coping (Fluharty et al., 2021; Kenntemich et al., 2022). Although the pandemic itself was not a solvable problem, respondents also used problem-focussed coping (Lazarus & Folkman, 1984) to address other stressors in their life, such as unsatisfactory work conditions. However, the ability to flexibly use a range of coping strategies may have been more adaptive as different strategies are effective in different situations. Problem-focussed coping is often believed to be the most adaptive (Biggs et al., 2017) and appeared very effective in our study when dealing with problems in respondents' work lives. However, the core problems posed by the pandemic were naturally out of the individuals' control. Thus, other coping strategies would have been more effective in situations when a salient stressor could not be addressed (Folkman & Moskowitz, 2004).

Cognitive strategies to adapt to the COVID-19 pandemic, such as thinking of the pandemic as a long-time event, rather than something that would be over soon, seemed to be a successful coping strategy. On the other hand, respondents who approached the initial lockdown as something more temporary and waited it out, reported wishing they had done things differently if they had possessed their present knowledge. These differences in (cognitive) adjustment depending on the anticipation of the duration of the pandemic were previously reported in a qualitative study from the first wave in Italy (Tomaino et al., 2021). Our data suggest that this long-term time perspective may have enabled respondents to select appropriate coping strategies. Furthermore, preparing for a long duration of the pandemic may facilitate a more balanced time perspective, i.e., the flexible use of a

past, present or future time perspective in response to situational demands (Boniwell & Zimbardo, 2004). The latter has been shown to be associated with higher wellbeing both pre- and during the pandemic (Boniwell & Zimbardo, 2004; Mioni et al., 2022).

Strengths and limitations

This study explored the positive and negative experiences of adults living in Germany, their contexts and coping strategies, and their wellbeing trajectories across two years of the COVID-19 pandemic. The rich interview data provided deep insights into how contexts, experiences, coping and wellbeing were interacting. A particular strength of this study was the use of a visualisation method for the wellbeing trajectories. Although not a novel method (Comi et al., 2014), to our knowledge no previous interview study of respondents' experiences during the pandemic has used visualisations. The method permitted both a deeper engagement and contextualisation (Comi et al., 2014) and a data and method triangulation to validate findings through different perspectives. Thus, this study was able to highlight differences across and between individuals with a long-term perspective, and contextualise experiences, coping factors and long-term challenges. However, this study also had limitations.

First, the heterogenous while small sample means that we were only able to make assumptions about the impact of certain contexts without validation in a bigger sample. On the other hand, a benefit of the small sample was that all interviews were conducted in a very short time frame (18 March – 25 April, 2022) which allowed the close comparison of our interviews and in-depth analysis. This is an advantage over other interview studies which often interviewed participants over several months and very different pandemic contexts.

Second, although the sample was recruited from the University of Hagen which is considered more diverse than other student samples (Stürmer et al., 2018), we did not interview anyone from non-academic contexts who would have had very different experiences. Third, wellbeing trajectories and experiences were reported retrospectively and were therefore prone to recall bias. Being aware of this limitation, interview participants were explicitly reminded that they were not expected to remember every phase of the COVID-19 pandemic and to focus on what memories came to them spontaneously. Importantly, this study focussed on how respondents made sense of their experiences, coping and wellbeing retrospectively and what they would do again or differently in hindsight. Finally, while this study assessed the impact of contextual/ demographic factors and coping strategies, it was out of the study's scope to look into their

interactions. For example, different age groups faced different challenges which in turn mean different coping strategies would be more effective. Quantitative or mixed-method studies with larger heterogenous samples will be better suited to investigate such interactions and to generalise findings to the wider population.

Implications

This study's findings have several implications for practice and further research. Further support by institutions, employers and governments is needed to help those most at risk of adverse outcomes of crises such as the current COVID-19 pandemic and to prevent the widening of health and social inequalities. While better access to mental health support is crucial, our results also highlight that more needs to happen structurally to reduce high work demands in key workers and enable adoption of healthy coping behaviours.

Furthermore, the role of cognitive adaptation to a long duration of the pandemic needs further exploration. Our results indicate that anticipating a longer duration was related to better adaptation and wellbeing during the COVID-19 pandemic. However, our study was not suited to generalise. Future mixed-method and (longitudinal) quantitative research using larger and representative samples may want to further explore these relationships and possible confounders. Furthermore, future research could explore how messaging, transparency in policies and rules, and social measures are related to public trust in governments and policies, feelings of stress and uncertainty, and social cohesion.

Conclusions

This study's findings highlight the long-terms risks and challenges of pandemics and other social challenges. Our data show stark differences between individuals' experiences, coping and wellbeing throughout the COVID-19 pandemic which were closely linked to their contexts. While more structural support is needed for certain groups, such as key workers, young people, and parents of young children, we also recommend preparing the public for the event of long-term disruptions to their lives, provide clarity in rules, and tackling their unequal impacts in society.

Author Contribution VS designed the study with the help of GD, HL and AR; VS and GD conducted and analysed the study with the help of HL and AR; VS and GD wrote the first draft of the manuscript, all authors revised the manuscript.

Declarations

Ethics approval This study was performed in line with the principles of the Declaration of Helsinki and was granted ethics approval by the FernUniversität in Hagen ethics committee (EA_463_2022). Informed consent was obtained from all individual participants included in the study. The data are not publicly available due to privacy and ethical restrictions.

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

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