**COVID-19, personality and quality of life: Self-enhancement in the time of pandemic**

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The pandemic affected humans lives on enormous scale, both directly (by infections) and indirectly (by desorganization of everyday life). The main research problem of the project is to explain psychological determinants of the quality of life as a result of experiencing the COVID-19 pandemic with particular focus on behaviors and medical beliefs (following the Health Beliefs Model).

Aim of the project:

**Cross-cultural, online**. This study will examine cultural influences of social behaviors (e.g., trust in government, affluence, political culture, pandemic severity) in relation to the COVID-19 pandemic.

Research goals: to test a sequential model linking personality variables to general and specific psychological mediators to actions undertaken as a reaction to COVID-19 to quality of life (Figure 1).

Personality factors: Dark Triad, Type D, grandiose narcissism (agentic and communal).

Other factors: cynical hostility, fear toward COVID, general anxiety, COVID-19 related Health Beliefs, conspiracy-based COVID-19 beliefs.

Minimal sample size for each country: *N* = 250, convenience sample of adults in each participating country (following Schönbrot *&* Perugini*,* 2013 recommendation).

**Methodology and Measures:**

Data collection will use an online survey. We plan to disseminate the survey links (in different language versions) to our network of collaborators and post the links in our lab website. We have received ethical approval for the project (KEiB10/2018) and it will be supplemented later by additional approval.

The measures to be included in the survey include the following: Dark Triad Dirty Dozen (Jonason & Webster, 2010), The Type-D Scale DS-14 (Denollet, 2005), 6-item STAI (Tluczek et al., 2009), fear against COVID-19 scale (Ahorsu et al., 2020), cynical hostility (8-item; Clarke et al., 2008), COVID-19 Health Belief Scale, magical and conspiracy-based COVID-19 beliefs (Pennycock et al., 2020), behaviors during pandemic checklist (the final list will be adapted to each cultural context), Personal Wellbeing Index-A 9-item (International Wellbeing Group, 2013), Mental Health Continuum-SF (Keyes, 1998); Perceived Stress Scale 4 (Cohen et al., 1983); grandiose narcissism (Narcissististic Admiration and Rivalry Questionnare; Back et al., 2013, 6-item version), Narcissistic Sanctity and Heroism Scale (Żemojtel-Piotrowska et al., 2019), collective narcissism (CNS, Golec de Zavala et al., 2009, CCNI Żemojtel-Piotrowska et al., 2020). The scale order will be randomized to avoid common method bias.

We propose to modify the Health Belief Model (Alsulaiman & Rentner, 2018; Rosenstock, 1974) assuming the link between beliefs, health motivation and preventive measures, to explain the impact of personality, global and specific psychological factors on the crucial activities of the individuals during the pandemic and their short-term and long-term effects on quality of life. Among personality factors we focus on that personal traits which are associated with intra- and inter-personal problems resulting in irrational beliefs and maladaptive behaviours, namely the Dark Triad and Type D. They both indicate higher levels of cynical hostility, characterized by mistrusting others, malevolence, and problematic (too high or too low) levels of anxiety, which in turn affects the motivation toward following governmental restrictions. Within psychological mechanisms we focus on global (anxiety and cynical hostility) and specific (“magical” versus healthy beliefs toward COVID-19) factors resulting in specific activities crucial for quality of life during pandemic.

**Personality**

 **factors**

**Global**

**emotional and congitive factors**

**Specific**

**emotional and congitive factors**

**Behaviours**

**Short/Long-term outcomes**

Dark

 Triad

Type D personality

Cynical hostility

Anxiety

„Magical” beliefs about health

COVID-19 related pro-health beliefs

Hoarding

Self-protection behaviors

**Quality**

**of life**

*Figure 1*. Conceptual model linking personality, global and specific emotional and cognitive factors, behaviors, and outcomes of COVID-19 experience.

Basic assumptions and hypotheses:

1. We include in the project three main kinds of behaviors as a reaction toward the pandemic: preventive, hoarding and prosocial. Preventive behaviors and hoarding are self-serving, focused on protecting self, therefore they are interrelated.
2. Preventive and hoarding behaviors are strictly related to health beliefs about coronavirus, among them perceived barriers are main factor responsible for refraining from self-protection (both preventive and hoarding behaviors).
3. We expect Dark Triad people (Machiavellians and Psychopaths) to perceive more barriers for implementing preventive behaviors against COVID-19, and by it indicate less levels of preventive behaviors (recommended by government).
4. We expect that Type D overestimate the chance of being affected, and by it engage in all kinds of protective actions, both preventive and hoarding.
5. We expect that Dark Triad and Type D people are antagonistic and manifest higher levels of cynical hostility, which leads to antagonistic reactions, like lower number of prosocial behaviors and endorsing conspiracy-based beliefs.
6. We expect narcissistic people to be self-focused, therefore they will be engaged in hoarding behaviors and preventive behaviors, but indicate lower levels of prosocial behaviors.
7. Communal narcissists will manifest higher prosocial behaviors due to communal self-enhancement.
8. Collective narcissists engage more in preventive behaviors as they hold beliefs about usefulness of prevention. This effect is moderated by country policy, as collective narcissists follow that rules which are supported by ingroups and authorities.
9. We expect that number of infected, national policy regarding anti-COVID restrictions, and national-level conspiracy beliefs will moderate relation between personality and beliefs.

Currently in the project participate researchers from: Algeria, Armenia, Austria, Australia, Bangladesh, Bosnia & Hercegovina, Bulgaria, Brasil, China, Chile, Colombia, Croatia, Czech Republic, Ecuador, Egypt, Ethiopia, Estonia, France, Germany, Ghana, Hungary, India, Indonesia, Iran, Iraq, Italy, Japan, Jordan, Kazakhstan, Latvia, Myanmar, Netherlands, Norway, Macedonia, Malaysia, Mauritius, Mexico, Myanmar, Nigeria, New Zealand, Pakistan, Palestine, Philippines, Poland, Portugal, Peru, Romania, Russia, Serbia, Slovakia, Slovenia, South Africa (RSA), Thailand; Togo, Turkey; Ukraine, the United Arab Emirates, the United Kingdom, Uruguay, the US, Vietnam.

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