



UDC 616.98:578.834-06:616.8-009.831:616.89+615.851

[https://doi.org/10.52058/2786-5274-2025-2\(42\)-1849-1859](https://doi.org/10.52058/2786-5274-2025-2(42)-1849-1859)

Lunov Vitalii Yevheniiiovych Academician of the Ukrainian Academy of Sciences, Candidate of Psychological Sciences, Associate Professor, Associate Professor of the Department of General and Medical Psychology, Bogomolets National Medical University, Kyiv, <https://orcid.org/0000-0002-7085-8454>

POST-COVID SYNDROME AS A FACTOR COMPLICATING SENSE OF COHERENCE AND ITS INTERPLAY WITH INDIVIDUAL COGNITIVE STYLES

Abstract. In the wake of the COVID-19 pandemic, researchers and clinicians alike have turned their attention to the so-called post-COVID syndrome: a constellation of persistent symptoms - ranging from fatigue and impaired memory to mood disturbances - that can continue for months or even years after the acute infection subsides. Beyond its biological underpinnings, post-COVID syndrome demands renewed focus on how psychosocial resources facilitate (or hinder) long-term adaptation. One lens that elucidates these challenges is Aaron Antonovsky's Sense of Coherence (SOC), which comprises three core dimensions: comprehensibility, manageability, and meaningfulness. Individuals with a high SOC are typically better equipped to confront persistent health stressors through effective coping, structured sense-making, and the conviction that their efforts remain purposeful.

In parallel, the concept of cognitive styles provides vital insights into how people habitually process and respond to information. Styles such as field dependence (FD) versus field independence (FI), cognitive flexibility (FLEX) versus rigidity (RIG), and impulsivity (IMP) versus reflectivity (REF) each influence whether one perceives novel post-COVID symptoms as surmountable challenges or insurmountable catastrophes. For instance, a field-dependent individual might be more susceptible to media-driven anxieties regarding long COVID, whereas a field-independent person may draw on internal frameworks to maintain a sense of personal control. Similarly, reflective individuals can systematically evaluate evolving medical advice but may risk overthinking; impulsive persons, by contrast, may jump to untested remedies or abandon protocols prematurely.

This theoretical analysis advocates an integrated approach, suggesting that salutogenesis depends on aligning one's dominant cognitive style with strategies that reinforce SOC. Empirical findings across diverse populations indicate that combining flexible coping mechanisms with meaningful social support fosters more positive long-term outcomes. Conversely, rigid or intolerant styles, coupled with low



SOC, can accelerate feelings of helplessness, as prolonged symptom unpredictability heightens psychological distress. Hence, interventions aiming to sustain or rebuild SOC - especially those tailored to a patient's cognitive style - can mitigate the adverse effects of post-COVID syndrome. Through acknowledging and harnessing these dynamic interactions, practitioners may design more personalized programs that not only address the enduring physical facets of post-COVID but also enhance resilience and psychological well-being.

Keywords: post-COVID syndrome, sense of coherence (SOC), cognitive styles, salutogenesis, post-viral adaptation, mental health

Луньов Віталій Євгенійович академік Української академії наук, кандидат психологічних наук, доцент, доцент кафедри загальної і медичної психології, Національний медичний університет імені О.О. Богомольця, м. Київ, тел.: (068) 865-06-13, <https://orcid.org/0000-0002-7085-8454>

ПОСТКОВІДНИЙ СИНДРОМ ЯК ФАКТОР УСКЛАДНЕННЯ ВІДЧУТТЯ ЗВ'ЯЗНОСТІ (SOC) ТА ЙОГО ВЗАЄМОДІЯ З КОГНІТИВНИМИ СТИЛЯМИ ІНДИВІДУАЛЬНОСТІ

Анотація. Після пандемії COVID-19 дослідники та клініцисти все більше зосереджуються на так званому постковідному синдромі - комплексі стійких симптомів, серед яких хронічна втома, когнітивні розлади (проблеми з пам'яттю та концентрацією), а також емоційні труднощі, що зберігаються упродовж місяців чи навіть років після гострого перебігу хвороби. Окрім суто біологічних чинників, постковідний синдром потребує додаткової уваги до того, яким чином психосоціальні ресурси сприяють (або, навпаки, заважають) тривалій адаптації. Корисною теоретичною призмою для розуміння цього явища є концепція відчуття зв'язності (Sense of Coherence, SOC) за Аароном Антоновським, що охоплює три взаємопов'язані виміри: постижність (comprehensibility), керованість (manageability) та осмисленість (meaningfulness). Особи з високим рівнем SOC зазвичай здатні ефективніше протистояти хронічним стресорам, зокрема постковідним, завдяки вмінню структурувати досвід, застосовувати дієві стратегії совладання та зберігати переконання у важливості власних зусиль.

Паралельно з цим, вивчення когнітивних стилів надає важливу інформацію про те, як люди систематично обробляють та інтерпретують нові дані. Зокрема, такі стилі, як полезалежність (FD) на противагу полenezалежності (FI), гнучкість (FLEX) проти ригідності (RIG), а також імпульсивність (IMP) на противагу рефлексивності (REF) впливають на те, чи сприйматимуться нові, часом непередбачувані, постковідні симптоми як виклики подолання, що можна подолати, чи як нездоланні загрози. Наприклад, полезалежна людина (FD) може виявляти більшу чутливість до тривожних повідомлень у медіа



щодо наслідків COVID-19, тоді як полenezалежна (FI) більшою мірою спиратиметься на внутрішні критерії, підтримуючи відчуття самоконтролю. Аналогічно, рефлексивні особи ретельно оцінюють динамічно змінювані медичні рекомендації, але можуть ризикувати «застрягти» в надмірному аналізі. Імпульсивні ж, навпаки, здатні поспіхом вдаватися до неперевіраних методів лікування чи, натомість, полишати терапію завчасно.

Цей теоретичний огляд пропонує інтегрований підхід, згідно з яким механізм салютогенезу залежить від того, наскільки домінуючий когнітивний стиль людини узгоджується зі стратегіями, що підкріплюють SOC. Емпіричні дані з різних країн свідчать, що поєднання гнучких копінг-механізмів із наданням адекватної соціальної підтримки сприяє більш позитивним довготривалим результатам. Натомість ригідність або нетолерантність до нових методів у поєднанні з низьким рівнем SOC можуть посилювати відчуття безпорадності, особливо за умов хронічної непередбачуваності перебігу постковідних симптомів. Отже, втручання, спрямовані на підтримку або відновлення SOC (з урахуванням індивідуального когнітивного стилю пацієнта), здатні суттєво зменшити негативні наслідки постковідного синдрому. Усвідомлюючи та використовуючи динаміку цих взаємодій, фахівці можуть розробляти більш персоналізовані програми, покликані не лише полегшити тривалі фізичні симптоми пост-COVID, а й сприяти підвищенню стійкості та психологічного благополуччя.

Ключові слова: постковідний синдром, відчуття зв'язності – кохерентності (SOC), когнітивні стилі, салютогенез, поствірусна адаптація, психічне здоров'я.

Problem statement. It has been a few years since the global pandemic turned life upside down, as if the world went out for a stroll without an umbrella - only to be caught in a historic torrential downpour. For many individuals, the physical and emotional aftermath of the coronavirus infection lingers long after the initial illness subsides. This phenomenon, commonly referred to as post-COVID syndrome, includes a constellation of symptoms such as persistent fatigue, cognitive difficulties (“brain fog”), and ongoing emotional distress.

From a clinical perspective, post-COVID syndrome is not merely a medical curiosity: it's a spotlight shining on our capacities for resilience, coping, and adaptation. Aaron Antonovsky's concept of Sense of Coherence (SOC) - with its components of comprehensibility, manageability, and meaningfulness - offers a salutogenic lens. Meanwhile, the cognitive styles (as measured, for instance, by CPQ-S) highlight the ways individuals interpret and respond to stressors, including potential neural and psychological changes wrought by post-COVID symptoms.

In other words, post-COVID syndrome tests the scaffolding of our sense of coherence, and one's particular cognitive style can influence whether that scaffolding wobbles, collapses, or grows stronger over time.





Analysis of recent studies and publications. Recent studies have explored the psychological and cognitive dimensions of post-COVID syndrome, emphasizing the role of Sense of Coherence (SOC) in coping with prolonged health stressors [2, 4]. Research highlights that individuals with a high SOC exhibit greater resilience in navigating uncertainty, while those with a lower SOC are more vulnerable to emotional exhaustion [15]. Additionally, cognitive styles have been examined in the context of health decision-making, including their impact on susceptibility to misinformation [9] and adaptability to evolving stressors [12]. However, the interplay between post-COVID syndrome, SOC, and cognitive styles remains underexplored, particularly in terms of how cognitive processing tendencies influence stress perception and coping effectiveness in prolonged illness.

Purpose of the article. This study aims to theoretically examine the dynamic interrelationship between post-COVID syndrome, SOC, and cognitive styles, proposing an integrative model of how cognitive tendencies shape the adaptation process. By bridging concepts from salutogenesis and cognitive psychology, the paper seeks to provide a conceptual framework that can inform tailored psychological interventions for individuals facing chronic post-viral conditions.

Presentation of the main material. Aaron Antonovsky's seminal concept of Sense of Coherence (SOC) maintains that individuals with a strong SOC are more likely to view life's stressors, including illness, as both surmountable and meaningful challenges rather than arbitrary threats [1]. This salutogenic lens revolves around three interconnected pillars: Comprehensibility, Manageability, and Meaningfulness. Although these pillars emerge separately in theory, they operate synergistically in practice, guiding how people interpret and respond to life events.

Comprehensibility refers to the perception that life events are organized, predictable, and capable of being understood. In the context of post-COVID syndrome, individuals may struggle to maintain this cognitive clarity because of fluctuating physical symptoms or "brain fog," which can disrupt the coherent narrative they hold about their health [4]. Indeed, a longitudinal study of Italian adults found that respondents experiencing stressors related to the pandemic often reported diminished clarity about their situation, reducing the likelihood that they would interpret new health concerns as comprehensible [4].

Manageability denotes the confidence that adequate resources-both personal and social-are available to meet the demands imposed by challenging circumstances [1]. Several recent studies underscore this aspect. For example, in healthcare settings, limited external resources (e.g., staff shortages, rapidly changing protocols) exacerbate burnout [15]. Similarly, a Spanish study among healthcare workers battling COVID-19 demonstrated that SOC was crucial for coping with emotional overload and uncertainty [6]. From a post-COVID standpoint, new or persistent symptoms can reduce manageability if individuals experience a mismatch between their coping strategies and the ever-evolving requirements of daily life. Moreover, waning social or professional support-whether due to stigma, economic pressures, or ongoing healthcare constraints-further compromises a person's sense of control.



Meaningfulness captures the motivational and emotional core of SOC, referring to one's perception that challenges are inherently worthy of engagement. According to Antonovsky, even difficult or traumatic events can stimulate personal growth if one has enough emotional investment to regard them as meaningful [1]. The COVID-19 crisis, however, has often undermined people's sense of purpose, with prolonged illnesses sometimes inducing existential malaise or challenging personal and professional identities [2]. In a multi-regional Italian study, participants who feared contracting COVID-19 but had high SOC found their emotional reactions complicated by the pandemic's unpredictability, which in some cases led to lower well-being [2]. Conversely, other investigations suggest that professionals who find deeper significance in caregiving roles and communal responsibility maintain stronger resilience [15].

When comprehensibility, manageability, or meaningfulness is compromised, individuals may experience increased distress, as is evident in studies spanning different populations [2, 4, 6]. Post-COVID syndrome can specifically erode comprehensibility by making symptoms unpredictable, manageability by outstripping one's usual coping strategies, and meaningfulness by breeding uncertainty about long-term recovery or life goals [13]. For instance, up to 10-15% of participants in one German study reported clinically significant increases in psychopathological symptoms during the pandemic, a rise most pronounced among those with a lower SOC at baseline [13].

Nonetheless, Antonovsky's (1979) salutogenic approach emphasizes that adversity can also strengthen SOC if individuals have access to robust support networks, stable internal resources, and adaptive coping strategies. For instance, a large-scale survey of healthcare workers in Bulgaria found that meaningfulness, as a subdimension of SOC, exhibited the highest predictive value in reducing emotional exhaustion and depersonalization [15]. Hence, the process of grappling with long-term health challenges-such as post-COVID syndrome-can become a pivot point for transforming one's worldview and reinforcing psychological resilience [4].

In sum, SOC's three pillars help explain why some individuals adapt more effectively to chronic post-viral difficulties than others. The magnitude and chronicity of post-COVID syndrome, along with the person's cognitive-emotional repertoire, appear to influence whether the experience depletes or fortifies their sense of coherence. Understanding these underlying dynamics may enable interventions that not only mitigate distress but also nurture salutogenic pathways in a post-pandemic world.

Post-COVID syndrome demands that we broaden our perspective on what constitutes "long-term stressors." Rather than a brief window of acute adversity, many individuals may grapple with persistent symptoms - ranging from fatigue and cognitive difficulties to psychological distress - for months or even years. In this way, the mind-body-environment system is repeatedly forced to recalibrate, much like a labyrinth with new twists at every turn. In clinical practice, the unpredictability





of relapses can diminish Comprehensibility (“Why are these symptoms resurfacing?”) and Manageability (“I can’t control my day because I never know what will happen!”). Over time, unrelenting concerns about employment, financial stability, or social isolation erode Meaningfulness, rendering life’s routines burdensome rather than fulfilling [10].

Still, from a salutogenic standpoint, it is possible to transform these unwelcome stressors into opportunities for re-aligning personal and organizational practices [1, 5]. On an individual level, patients with long COVID can develop new coping strategies by seeking trustworthy information, adjusting daily activities, and finding support networks that bolster recovery [7]. Indeed, recognizing that one has a measure of control - even if partial - over the post-infection environment strengthens Manageability and reduces chronic stress [10]. Some emerging interventions explicitly fuse salutogenesis with clinical techniques, such as integrated neurofeedback for late adolescents experiencing post-COVID symptoms - an approach shown to improve sense of coherence alongside mental health outcomes [3].

On the organizational level, workplaces can similarly adopt salutogenic principles by crafting environments in which employees feel informed, empowered, and purposeful as they negotiate ongoing post-pandemic changes [5]. For instance, clarifying expectations about hybrid work policies can restore Comprehensibility, ensuring that employees know what to anticipate as they return to the office. Allowing autonomy in scheduling or role definition promotes Manageability, while open dialogues about why the work matters supports Meaningfulness. Thus, even though the persistent uncertainties of post-COVID syndrome may threaten mental health, applying a salutogenic framework enables individuals and organizations alike to reimagine stressors as catalysts for growth and adaptation.

Cognitive style research seeks to explain how individuals habitually perceive, organize, and respond to incoming information. While definitions and models of these styles have varied, they generally point to enduring patterns of information processing, distinct from raw ability [14]. Indeed, early theorists argued that so-called “style” variables capture systematic individual differences in how people think, thus broadening our understanding of performance beyond the conventional IQ paradigm [8, 12]. In educational and clinical contexts, recognizing a person’s cognitive style may facilitate interventions tailored to specific modes of learning or coping [11].

Within this broader tradition, the Cognitive Styles of the Individual model delineates six core dichotomies:

- *Field Dependence (FD) vs. Field Independence (FI)*. Field-dependent individuals rely heavily on external cues, which can amplify susceptibility to social contagion or media-driven narratives [12]. In a public health crisis, such as the COVID-19 pandemic, these external influences may heighten fear around post-viral symptoms. Conversely, field-independent individuals may exhibit stronger internal frames of reference, potentially preserving a sense of control in the face of medical uncertainties [9].



- *Narrow Range of Equivalence (NRE) vs. Wide Range of Equivalence (WRE).* This spectrum describes how finely or broadly one categorizes experiences. A narrower range fosters acute attention to detail - potentially beneficial for quickly detecting shifts in post-COVID symptoms - yet risks getting “lost in the weeds.” Conversely, individuals at the broader end maintain a more holistic perspective, which can be advantageous for adaptive problem-solving, albeit at the cost of sometimes overlooking subtle but significant health cues [14].

- *Flexibility of Cognitive Control (FLEX) vs. Rigidity (RIG).* Flexibility allows for rapid adjustment to novel circumstances, critical for adapting coping strategies when symptoms fluctuate [11]. By contrast, rigid thinkers may struggle when established routines fail, leading to frustration or a reduced capacity to manage emerging challenges in post-COVID rehabilitation. Research suggests that flexible cognitive control tends to correlate with better overall adaptation during times of sustained stress [12].

- *Impulsivity (IMP) vs. Reflectivity (REF).* Impulsive styles facilitate swift decision-making but can result in ill-advised self-treatment or sporadic changes in routine. Reflective individuals systematically gather information and deliberate - potentially a boon in ambiguous medical conditions - though they may risk “analysis paralysis” when confronted with conflicting health guidelines [9, 14].

- *Concrete Conceptualization (CONC) vs. Abstract Conceptualization (ABSC).* Concrete conceptualizers thrive on direct, tangible solutions, such as detailed protocols from healthcare professionals (Guilford, 1980). Although this preference can expedite action, it may stifle creative responses to complex, evolving post-COVID scenarios. Abstract conceptualizers, on the other hand, excel at synthesizing broader trends and emerging data, but may struggle to implement practical changes or become lost in theoretical possibilities [11].

- *Tolerance (TOL) vs. Intolerance (INTOL) for Unrealistic Experiences.* In medical contexts, individuals tolerant of unconventional information may stay open to experimental therapies or new research findings. The intolerant, however, often reject deviations from established norms, potentially dismissing alternative treatments that could prove beneficial [14]. Whether tolerance or intolerance is more adaptive can vary by situation, as seen in the rapid pivot toward novel interventions throughout the COVID-19 crisis [9].

Importantly, these polarities are not strictly “good” or “bad” but reflect context-dependent strategies [12]. Scholars have long noted that certain styles show clear benefits in structured environments (e.g., a conventional classroom), whereas others excel in settings requiring innovation or resilience [14]. The evolving challenges of post-COVID recovery underscore the importance of mapping these cognitive styles to match supportive interventions - be it encouraging more flexible mindsets, providing concrete coping protocols, or guiding reflective personalities to



avoid inaction. By recognizing these individual distinctions, practitioners and educators can offer more nuanced and effective support, facilitating adaptive outcomes under the uncertain conditions of long-term health stressors.

Interrelationship Among Post-COVID Syndrome, SOC, and Cognitive Styles. Understanding post-COVID syndrome, sense of coherence (SOC), and cognitive styles as an interrelated system sheds light on why some individuals adjust more successfully than others following protracted illness. Each concept influences and is influenced by the others, generating a nuanced, dynamic interplay.

- *SOC as mediator.* In line with Antonovsky's [1] original framework, a robust SOC can mediate how one perceives and responds to chronic health challenges. Individuals with high SOC tend to see post-COVID symptoms as comprehensible, manageable, and even meaningful [15]. In practice, cognitive styles that emphasize flexibility (FLEX) or a wide categorization (WRE) strengthen the comprehensibility facet by facilitating the integration of new information into a coherent narrative [12]. Similarly, those who are field dependent (FD) may benefit from social support structures - if these structures are accessible - to bolster manageability. Such alignment between style and supportive resources can promote a salutogenic pathway, where persistent health issues are reframed as challenges rather than insurmountable obstacles [2].

- *Cognitive style as filter.* Each individual's cognitive style also functions as a lens through which post-COVID experiences are interpreted. For instance, an abstract conceptualizer (ABSC) might transform debilitating fatigue into an existential inquiry, thus fueling the meaningfulness component of SOC by uncovering deeper life purpose in the adversity [8, 11]. By contrast, a rigid (RIG) or intolerant (INTOL) style may undermine such reframing, magnifying stress by casting post-COVID symptoms as catastrophic and unchangeable. In these cases, even a potentially high baseline SOC could be jeopardized if an inflexible filter discourages adaptive re-interpretation of recurring setbacks [9].

- *Post-COVID syndrome as stress test.* The protracted, unpredictable course of post-COVID itself places ongoing "stress tests" on both SOC and cognitive styles. When individuals employ adaptive styles - like reflectivity (REF) or field independence (FI) - they may effectively problem-solve and prevent emotional overload. Studies have shown, for instance, that reflective thinking can mitigate misguided decisions in the context of health misinformation [9]. Conversely, styles characterized by impulsivity or extreme concreteness could falter when symptom fluctuations demand consistent re-evaluation of coping strategies. Over time, the mismatch between an overly rigid style and ever-changing post-COVID demands can erode SOC's manageability dimension, leading to heightened feelings of helplessness [4].



Taken together, post-COVID syndrome, SOC, and cognitive styles form a dynamic triad. Their interplay is not static; rather, it unfolds continually as individuals navigate shifting symptoms, environmental constraints, and personal resources. Research suggests that salutogenesis - in other words, the movement toward improved well-being - hinges on aligning one's cognitive style with interventions that reinforce SOC [10, 15]. This alignment may involve teaching more flexible or reflective habits of mind, offering structured yet adaptable coping strategies, and ensuring sufficient social support to those who rely on external cues (FD).

Ultimately, recognizing the bidirectional influences among these constructs can inform both clinical practice and psychosocial interventions. Such awareness enables personalized support - matching, for instance, a narrower range of equivalence (NRE) individual with specific symptom-tracking tools or tailoring mindfulness exercises to impulsive individuals - to nurture a stronger sense of coherence and foster better outcomes in the uncertain terrain of post-COVID recovery.

Future Directions. Clinicians might consider routine *cognitive style profiles* and *SOC screenings* for individuals presenting with post-COVID symptoms. Identifying extremes - like high rigidity or extremely low manageability - can help tailor interventions (e.g., pivoting to motivational interviewing for the rigid, or facilitating external resource networks for the field-dependent). Personalized psychoeducation modules can help individuals detect their cognitive style proclivities and understand how these tendencies might hamper or fortify their SOC during post-COVID. For instance, an impulsive individual might benefit from structured reflection exercises before trying new therapies, while someone with a narrow range of equivalence might need guidance in broadening perspectives to avoid hyper-focusing on minor symptoms. Tailored CBT approaches could integrate the dynamic of post-COVID challenges, sense of coherence concepts, and one's style-based vulnerabilities (e.g., teaching flexible coping strategies to rigid individuals, or re-framing unpredictability as an opportunity for discovering new meaning). Given the shared nature of major health challenges, communities can bolster sense of coherence through robust social support structures. From an Oxford vantage point, one might say we need a new generation of public health “common rooms” for those with post-COVID, where supportive discussions, resource-sharing, and communal problem-solving can enhance manageability and meaning. Just as COVID-19 itself prompted existential reevaluations, post-COVID syndrome continues to do so on a grand scale. Encouraging an open-minded, growth-oriented perspective - especially among those with high intolerance for novel or uncertain experiences - may cultivate the sort of flexible sense-making that fosters resilience. In sum, future research and clinical practice ought to weave these threads together: the evolving medical realities of post-COVID, the salutogenic vantage of sense of coherence, and the nuance provided by understanding individual cognitive style.

Conclusion. Post-COVID syndrome can erode our sense of coherence, turning predictability into perplexity, manageability into frustration, and meaningfulness





into a question mark. Yet, from a salutogenic perspective, these trials can also spur deeper resilience. Whether individuals adapt or falter hinges on the synergy between their default cognitive styles and the resources at hand.

Antonovsky's concept of SOC underscores that the outcome of stress is not predestined by the severity of the stressor but by how we interpret and respond to it. Meanwhile, the CPQ-S lens shows us that no single cognitive style is universally advantageous; rather, each style has strengths and pitfalls when grappling with chronic, unpredictable stress.

Ultimately, while the unpredictable trajectories of post-COVID can make life feel more like a cunning puzzle than a straightforward journey, awareness of our cognitive proclivities, cultivation of coherence, and strategic resource-mobilization can open pathways to adaptation - even growth. Perhaps the best legacy of this crisis will be a renewed commitment to understanding how mind, body, and society can collaborate to face the future with vigor and grace.

After all, if there's one thing we academics love, it's turning a global fiasco into a reason for optimism and further research. We may, indeed, have a bright future in store - provided we mindfully shape it.

References:

1. Antonovsky, A. (1979). *Health, stress, and coping*. Jossey-Bass.
2. Barni, D., Danioni, F., Canzi, E., Ferrari, L., Ranieri, S., Lanz, M., ... & Rosnati, R. (2020). Facing the COVID-19 pandemic: The role of sense of coherence. *Frontiers in Psychology*, 11, 578440. <https://doi.org/10.3389/fpsyg.2020.578440>
3. Cho, Y., & Park, W. (2023). The Effects of Integrated Neurofeedback and Salutogenesis Nursing Intervention to Relieve Post-COVID-19 Symptoms in Late Adolescents. *Journal of Korean Academy of Psychiatric and Mental Health Nursing*, 32(4), 402–420. <https://doi.org/10.9758/jkapmhn.2023.32.4.402>
4. Danioni, F., Sorgente, A., Barni, D., Canzi, E., Ferrari, L., Ranieri, S., ... & Lanz, M. (2021). Sense of coherence and COVID-19: A longitudinal study. *The Journal of Psychology*, 155(7), 657–677. <https://doi.org/10.1080/00223980.2021.1928755>
5. Drayton, M., & Kuster, M. (2022). Healthy organizations post Covid 19 need a sense of coherence. *Occupational Medicine*, 72(2), 109–109. <https://doi.org/10.1093/occmed/kqab178>
6. Gómez-Salgado, J., Domínguez-Salas, S., Romero-Martín, M., Ortega-Moreno, M., García-Iglesias, J. J., & Ruiz-Frutos, C. (2020). Sense of coherence and psychological distress among healthcare workers during the COVID-19 pandemic in Spain. *Sustainability*, 12(17), 6855. <https://doi.org/10.3390/su12176855>
7. Gosch, E. (2023). *Exploring the complexities of long covid: An analysis of illness narratives through antonovsky's sense of coherence theory* (Master's thesis, University of Twente).
8. Guilford, J. P. (1980). Cognitive styles: What are they? *Educational and Psychological Measurement*, 40(3), 715–735. <https://doi.org/10.1177/001316448004000331>
9. Lee, S. J., Lee, C. J., & Hwang, H. (2023). The role of deliberative cognitive styles in preventing belief in politicized COVID-19 misinformation. *Health Communication*, 38(13), 2904–2914. <https://doi.org/10.1080/10410236.2022.2131815>
10. Mana, A., Catz, O., Mana, Y., Neuman, M., Benheim, S., & Sagy, S. (2021). How do people cope during the COVID-19 pandemic and stay well? A salutogenic longitudinal study in Israel. *Frontiers in Psychology*, 12, 729543. <https://doi.org/10.3389/fpsyg.2021.729543>



11. Miller, A. (1987). Cognitive styles: An integrated model. *Educational Psychology*, 7(4), 251–268. <https://doi.org/10.1080/0144341870070401>
12. Riding, R., & Cheema, I. (1991). Cognitive styles - an overview and integration. *Educational Psychology*, 11(3–4), 193–215. <https://doi.org/10.1080/0144341910110301>
13. Schäfer, S. K., Sopp, M. R., Schanz, C. G., Staginnus, M., Göritz, A. S., & Michael, T. (2020). Impact of COVID-19 on public mental health and the buffering effect of a sense of coherence. *Psychotherapy and Psychosomatics*, 89(6), 386–392. <https://doi.org/10.1159/000510752>
14. Sternberg, R. J., & Grigorenko, E. L. (1997). Are cognitive styles still in style? *American Psychologist*, 52(7), 700–712. <https://doi.org/10.1037/0003-066X.52.7.700>
15. Stoyanova, K., & Stoyanov, D. S. (2021). Sense of coherence and burnout in healthcare professionals in the COVID-19 era. *Frontiers in Psychiatry*, 12, 709587. <https://doi.org/10.3389/fpsy.2021.709587>

Література:

1. Antonovsky, A. (1979). *Health, stress, and coping*. Jossey-Bass.
2. Barni, D., Danioni, F., Canzi, E., Ferrari, L., Ranieri, S., Lanz, M., ... & Rosnati, R. (2020). Facing the COVID-19 pandemic: The role of sense of coherence. *Frontiers in Psychology*, 11, 578440. <https://doi.org/10.3389/fpsyg.2020.578440>
3. Cho, Y., & Park, W. (2023). The Effects of Integrated Neurofeedback and Salutogenesis Nursing Intervention to Relieve Post-COVID-19 Symptoms in Late Adolescents. *Journal of Korean Academy of Psychiatric and Mental Health Nursing*, 32(4), 402–420. <https://doi.org/10.9758/jkapmhn.2023.32.4.402>
4. Danioni, F., Sorgente, A., Barni, D., Canzi, E., Ferrari, L., Ranieri, S., ... & Lanz, M. (2021). Sense of coherence and COVID-19: A longitudinal study. *The Journal of Psychology*, 155(7), 657–677. <https://doi.org/10.1080/00223980.2021.1928755>
5. Drayton, M., & Kuster, M. (2022). Healthy organizations post Covid 19 need a sense of coherence. *Occupational Medicine*, 72(2), 109–109. <https://doi.org/10.1093/occmed/kqab178>
6. Gómez-Salgado, J., Domínguez-Salas, S., Romero-Martín, M., Ortega-Moreno, M., García-Iglesias, J. J., & Ruiz-Frutos, C. (2020). Sense of coherence and psychological distress among healthcare workers during the COVID-19 pandemic in Spain. *Sustainability*, 12(17), 6855. <https://doi.org/10.3390/su12176855>
7. Gosch, E. (2023). *Exploring the complexities of long covid: An analysis of illness narratives through antonovsky's sense of coherence theory* (Master's thesis, University of Twente).
8. Guilford, J. P. (1980). Cognitive styles: What are they? *Educational and Psychological Measurement*, 40(3), 715–735. <https://doi.org/10.1177/001316448004000331>
9. Lee, S. J., Lee, C. J., & Hwang, H. (2023). The role of deliberative cognitive styles in preventing belief in politicized COVID-19 misinformation. *Health Communication*, 38(13), 2904–2914. <https://doi.org/10.1080/10410236.2022.2131815>
10. Mana, A., Catz, O., Mana, Y., Neuman, M., Benheim, S., & Sagy, S. (2021). How do people cope during the COVID-19 pandemic and stay well? A salutogenic longitudinal study in Israel. *Frontiers in Psychology*, 12, 729543. <https://doi.org/10.3389/fpsyg.2021.729543>
11. Miller, A. (1987). Cognitive styles: An integrated model. *Educational Psychology*, 7(4), 251–268. <https://doi.org/10.1080/0144341870070401>
12. Riding, R., & Cheema, I. (1991). Cognitive styles - an overview and integration. *Educational Psychology*, 11(3–4), 193–215. <https://doi.org/10.1080/0144341910110301>
13. Schäfer, S. K., Sopp, M. R., Schanz, C. G., Staginnus, M., Göritz, A. S., & Michael, T. (2020). Impact of COVID-19 on public mental health and the buffering effect of a sense of coherence. *Psychotherapy and Psychosomatics*, 89(6), 386–392. <https://doi.org/10.1159/000510752>
14. Sternberg, R. J., & Grigorenko, E. L. (1997). Are cognitive styles still in style? *American Psychologist*, 52(7), 700–712. <https://doi.org/10.1037/0003-066X.52.7.700>
15. Stoyanova, K., & Stoyanov, D. S. (2021). Sense of coherence and burnout in healthcare professionals in the COVID-19 era. *Frontiers in Psychiatry*, 12, 709587. <https://doi.org/10.3389/fpsy.2021.709587>