

Fighting a Battle Alone: Experiences of COVID-19 Survivors of Mandatory Isolation

Eric M. Raggala
College of Graduate Studies
Don Mariano Marcos Memorial State University-MLUC, Philippines



Article history:

Submitted: 24 June 2022
Revised: 18 July 2022
Accepted: 9 August 2022

Keywords:

Mental health
Isolation
COVID-19
Descriptive phenomenology
Philippines

Corresponding Author:

Eric M. Raggala
eraggala@student.dmmmsu.edu.ph

ABSTRACT. This study determined the experiences of the COVID-19 survivors during their mandatory isolation. Descriptive phenomenology is the research design used in the study. Snowball sampling was utilized to determine the 24 participants of the study. The data was gathered through an online semi-structured interview conducted via Google Meet and Zoom, two video communication applications. Thematic analysis was utilized to develop themes based on the responses from the COVID-19 survivors who served as participants. The study generated four themes with twelve sub-themes. The study revealed that mental health impacts how the participants perceive, feel, behave, and perform, as well as how they plan, handle stress, and interact with others. The participants' mental health has been compromised because of the mandatory isolation, and they expressed a wide range of psychological emotions, including stress, fear, anxiety, and loneliness, that may impact their mental health. Daily communication and entertainment, an optimistic mindset, and praying regularly are the coping mechanisms identified in the study. Coping mechanisms were developed to determine the activities made by the

participants to mitigate the impact of mandatory isolation on their mental health. Furthermore, the study also recommends that future researchers must explore the mental health of a larger group of isolated individuals.

1.0. Introduction

Human-to-human transmission of COVID-19 has been reported among close contacts since the middle of December 2019 (Li et al., 2020). The virus may spread from an infected person's mouth or nose in microscopic liquid particles when they cough, sneeze, speak or breathe. These particles range in size from larger respiratory droplets to tiny aerosols, according to the World Health Organization (WHO), (2020). Despite the differences in symptoms across the outbreaks such as SARS, MERS, and COVID-19, the COVID-19 pandemic poses similar problems to the SARS and MERS outbreaks, and the lessons learned from previous outbreaks could be applied to COVID-19 (Arabi et al., 2020).

People develop mental health problems when they cannot cope with life's stressors, and a pandemic is a stressor that few could have imagined (Lang, 2022). In the Philippines, six million Filipinos deal with depression and anxiety, making mental illness the third most frequent health condition in the country (Maravilla & Tan, 2021). Martinez et al. (2020) revealed that Filipinos, regardless of where they lived, used mental health services at a low rate, with mental health stigma serving as the main obstacle. However, qualitative research has pointed to resilience and self-reliance as coping mechanisms. According to Boherom et al. (2022), every Filipino's fundamental right to mental health services is violated by delays in implementing the Mental Health Law and mental health policies, which further worsen stigma and discrimination against those who suffer from mental health issues.

Mental health is a condition of well-being in which a person recognizes his or her skills, can cope with regular life pressures, can work effectively, and can contribute to his or her community (WHO, 2022). The COVID-19 pandemic has significantly impacted our lives and many of us face difficulties that can be stressful, overwhelming, and cause intense feelings in children and adults (CDC, 2022). According to Mayo Clinic Staff (2020), some people may experience stress, anxiety, fear, sadness, and loneliness because of the COVID-19 pandemic, and mental health issues such as anxiety and depression may intensify.

Health is a condition of complete physical, mental, and social well-being, not just the absence of



This article published by Philippine Social Science Journal (PSSJ) is licensed under a Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0). You are free to share (copy and redistribute the material in any medium or format) and adapt (remix, transform, and build upon the material). Under the following terms, you must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. You may not use the material for commercial purposes.

sickness or disability (WHO, 2022). COVID-19 significantly impacts a patient's mental health, causing various psychological disorders, including anxiety (Khademi et al., 2021). COVID-related anxiety affects emotional well-being in 56 percent of individuals (Panchal et al., 2021). Based on the study by Ho et al. (2020), 54 percent of individuals placed on lockdown had a significant psychological impact, with 16.5 percent expressing moderate to severe depression symptoms, 29 percent signs of anxiety, and 8% mild to intense, above-normal stress levels. According to the latest survey by the Indian Psychiatry Society, the number of people who have mental illness has increased by up to 20% during the COVID-19 outbreak (Loiwal, 2020).

Positive mental health, often known as mental well-being, has lately been identified as a key determinant of general health and lifespan (WHO, 2020). Several reports made during the lockdown show that mental illness has increased since the virus's emergence (Verma & Mishra, 2020). Anxiety, depression, stress, and other mental health disorders were frequent during the lockdown, according to experts from the Psychiatric Society of Goa (Herald, 2020). Scarpelli et al. (2021), Gorgoni et al. (2021), Schredl and Bulkeley (2020), and MacKay and DeCicco (2020) investigated the emotional experience of the public through the investigation of dreams gathered throughout the pandemic. According to Schredl and Bulkeley (2020) and Scarpelli et al. (2021), people who were most at risk of infection and most impacted by the pandemic and its lockdown, such as workers who had ceased working, had higher emotional characteristics.

As reported by Sun et al. (2021), patients' psychological experiences of COVID-19 during hospitalization include feelings of loneliness and self-isolation; additionally, in the early stages of the disease, they reported negative emotional attitudes toward the disease, such as fear, denial, and stigma. According to Morales-Chainé et al. (2021), avoidance, sadness, withdrawal, anger, and anxiety were linked to acute stress, which was associated with an anxiety state produced by uncertainty about attaining or sustaining overall good health. During the pandemic, hospitalized patients are isolated for long periods, significantly reducing social interactions (Scarpina et al., 2021). Anxiety symptoms in COVID-19 patients are often minor in the early stages of the disease, but they can rapidly deteriorate (Liu et al., 2020; Rajeswari & SanjeevaReddy, 2020).

Isolation removes daily items and routines, which can cause fear, anxiety, depression, and abrupt mood changes (Madeo, 2003). People with or suspected of COVID-19 may feel detached, angry, anxious, depressed mood, have sleeping problems, and have posttraumatic stress symptoms. These are results of social isolation, perceived threat, ambiguity, pain, medication side effects, worries of transmission of the virus toward others, and negative headlines on media platforms (Wu et al., 2005; Xiang et al., 2020), which may adversely impact persons' social and occupational performance, as well as their well-being (Monson et al., 2017; North et al., 2002).

Xiang et al. (2020) stated in their study that the mandatory contact tracing and 14-day isolation or quarantine, both of which are part of the public health action to the COVID-19 outbreak, may heighten patients' anxiety and guilt about the impact of infection, quarantine, and stigma on their family and peers. The authors also emphasized that fear, uncertainty, and stigma are recurrent themes in biological crises and can impede proper medical and mental health treatments. They also added that the formulation and application of mental health assessment, assistance, therapeutic interventions, and services are vital and pressing targets for the health response to the COVID-19 outbreak, based on experience from previous serious novel pneumonia outbreaks worldwide and the psychosocial impact of viral epidemics. In addition, they said that given the prevalence of mental health problems and illnesses between patients and healthcare workers in these settings, most healthcare professionals working in isolation units and hospitals receive minimal mental health care training.

Bo et al. (2021) discovered significant posttraumatic stress symptoms associated with the COVID-19 patients before they were discharged. They also stated that, given the negative effect of notable posttraumatic stress symptoms, proper crisis psychological interventions and long-term follow-up assessment procedures for patients who overcome COVID-19 should be undertaken as soon as possible. Mental well-being is more than the absence of mental disease or psychological disorder; it encompasses positivity, happiness, self-esteem, resilience, personal autonomy, and positive interpersonal connections (Huppert, 2009).

This study was designed to look at the experiences of COVID-19 survivors before their isolation, challenges that affect their mental health during their isolation, coping mechanisms with their overall isolation experience, and the awareness they acquired in COVID-19 and isolation. This study aims to

determine the mental health of COVID-19 survivors throughout their isolation period. Additionally, the result of this study may contribute to the body of knowledge on how to deal with challenges and develop coping strategies when alone. This study will provide insights into how a person's mental health influences how they interact with others, handle stress, and make wise decisions in the context of the rising number of mental health concerns that some people are experiencing due to their physical and mental isolation.

2.0. Methodology

This study used a descriptive phenomenological research design to acquire information and data about the research problem. According to Deakin University (2022), descriptive phenomenology is one of the most often utilized methodologies in qualitative research in the social and health sciences. They also revealed that descriptive phenomenology is a powerful tool for understanding subjective experience and gaining insights into people's actions and motivations, cutting through long-held assumptions and challenging conventional wisdom. Descriptive phenomenology design is appropriate in this study since the researcher looked at the experiences of COVID-19 survivors that affect their mental health during isolation.

Snowball sampling was used to determine the participants for the study. According to Parker et al. (2019), snowball sampling is amongst the most popular ways of qualitative studies and is based on networking and referral features. They said that researchers often start with a limited group of initial contacts who meet the research requirements and are invited to participate in the study. They also claimed that willing participants are asked to propose other contacts who meet the research criteria and may be willing participants, who in turn refer more possible participants, and so forth.

The researcher chose the snowball sampling method for the study since the data privacy of COVID-19 survivors was a concern. The researcher began recruiting participants from among his known COVID-19 survivors and urged them to recruit from their contacts or acquaintances to participate in the study. Fortunately, 24 COVID-19 survivors from Metro Manila, Batangas, Laguna, and La Union, Philippines, decided to participate in the study and generously shared their experiences of isolation. Snowball sampling is not a representative sample for statistical reasons due to its nature; however, it is an excellent strategy for undertaking exploratory research and qualitative research with a specialized and relatively small group that is difficult to recognize or locate (Crossman, 2019).

Informed consent was given to the participants before gathering the data. Participants were free to withdraw their participation at any time without affecting their chance to participate in future studies. The researcher emphasized that the information collected would be treated in strict confidence and would not be disclosed to others.

Due to the threat of the COVID-19 pandemic, the study used the online semi-structured interview to collect data from the participants. The information of the participants is presented in Table 1. The researcher asked five questions to the participants. Firstly, what were the challenges they faced

Table 1. Baseline Characteristics of the Study Participants

Characteristics		f
Age	18-44	21
	45-59	3
Gender	Male	8
	Female	16
Marital Status	Single	17
	Married	7
Category	Health Workers	10
	Essential Workers	7
	Student	4
	Persons with Comorbidities	3
Residential Location	La Union, Philippines	15
	Metro Manila, Philippines	6
	Batangas, Philippines	2
	Laguna, Philippines	1

that affected their mental health during their isolation? Secondly, how did they respond to these challenges? Thirdly, what were their overall experiences in their isolation? Fourthly, what have they learned about their isolation as a COVID-19 survivor? Lastly, what were the other ideas they would like to express about their isolation experience?

Thematic analysis was used to determine the mental health of COVID-19 survivors during their isolation in the study. The thematic analysis provides a flexible approach that may be changed for the demands of numerous investigations, providing a rich and detailed yet complex description of data relative to its theoretical freedom (Braun & Clarke, 2006; King, 2004). The researcher develops distinct themes based on the data gathered from the participants, which generalize the commonality of the responses. Thematic analysis' flexibility comes from the fact that it allows researchers to determine themes in a variety of methods; nevertheless, researchers must be consistent in how they do so within any given analysis (Braun & Clarke, 2006).

In addition, the purpose of thematic analysis, according to Maguire and Delahunt (2017), is to find themes or relevant or intriguing patterns in data and then use these themes to address the research or say something about an issue. They also added that a competent thematic analysis does more than simply summarize the data; it interprets and makes meaning of it.

3.0. Results and Discussion

Experiences before Isolation

COVID-19 symptoms. COVID-19 is infectious and can easily be transmitted to others, regardless of how it manifests (Cornell, 2020). Based on the data, 12 participants were asymptomatic, and 12 were symptomatic. Five of the asymptomatic were unvaccinated, while two received one dose of vaccine, and five were fully vaccinated. For the symptomatic, only one was unvaccinated, and one was unsure about his dose of vaccination. The other two received the first dose of the vaccine, and eight were fully vaccinated.

Most of the participants felt the common symptoms of COVID-19. According to the Centers for Disease Control and Prevention (CDC) (2022), COVID-19 has been linked to a wide spectrum of symptoms, from minor aches and pains to serious sickness. They said that symptoms might emerge anywhere from 2 to 14 days after exposure to the virus and can range from moderate to severe. They noted that the symptoms to look out for are fever or chills; cough; shortness of breath or breathing problems; fatigue; muscle or body aches, headache, loss of taste or smell, sore throat, congestion, or runny nose, nausea or vomiting, and diarrhea. Few participants said that they only had a few symptoms like cold, fever, dry cough, blocked nose, fatigue, and sore throat. Moreover, most participants stated that they felt almost all the COVID-19 symptoms. The most prevalent COVID-19 symptoms are fever, dry cough, exhaustion, and loss of taste or smell (WHO, 2022). One confessed:

"I had a fever, body pain, headache, experienced loss of smell and taste." (Participant 2, online communication, September 26, 2021)

On the other hand, some participants stated that even if they were COVID-19 positive, they did not feel any of the COVID-19 symptoms, and they were considered asymptomatic patients. Furthermore, some participants said that aside from the common COVID-19 symptoms, they also felt additional unrelated COVID-19 symptoms like anosmia and ageusia. Anosmia has already been reported during SARS2 and other coronavirus infections (De Haro-Licer et al., 2013; Suzuki et al., 2007). Although, this is a rare case. Ageusia and anosmia are not accompanied by nasal blockage or other rhinitis symptoms in COVID-19 patients (Vaira et al., 2020). As a result, this is most likely owing to the virus's direct destruction of the olfactory and gustatory receptors (Yamagishi et al., 1994). One revealed:

"The symptoms that I felt were anosmia, ageusia, fever, dry cough, tiredness, headache, body pain, and nasal irritation." (Participant 5, online communication, September 28, 2021)

Source of COVID-19 infection. Asymptomatic carriers are a significant factor in the dispersal and development of the disease, and respiratory droplets are the primary method of transmission for COVID-19 (Rahman et al., 2020). One participant said that he was infected through his friends, while another said he had no idea where he obtained the virus. In addition, one participant claimed he took

it from a restaurant. Another said he got it from a church, and two said they had it from the market. Furthermore, 9 of the participants acquired COVID-19 while working in a hospital. Four said they acquired it through family members, and five said they got it from their travels. One emphasized:

“One of my family members had COVID-19 and I was exposed to him.” (Participant 8, online communication, September 28, 2021)

According to the World Health Organization (WHO) (2020), existing data shows that the virus is transmitted primarily between persons close to one another, generally within one meter. They also mentioned that a person could become infected if virus-containing aerosols or droplets are breathed or come into direct contact with the eyes, nose, or mouth because aerosols remain suspended in the air or move further than 1 meter, the virus can spread poorly ventilated and congested indoor areas, where individuals usually spend prolonged amounts of time. They also claimed that people could be contaminated by contacting surfaces exposed to the virus without washing their hands before contacting their eyes, nose, or mouth. As they stated, additional research is being performed to explore the virus's transmission and which circumstances are the most hazardous, as well as research into other virus variations that are developing and why some are more highly infectious than others.

COVID-19 diagnosis. Since COVID-19 symptoms are comparable to those of other respiratory disorders, lab testing is required to confirm a COVID-19 diagnosis, according to the University of Pittsburgh Medical Center (2022). Diagnostic testing is performed when a person shows signs or symptoms compatible with COVID-19 or is asymptomatic but had recently known or suspected exposure to SARS-CoV-2 (CDC, 2022). Based on the data gathered from the participants, they were placed in the isolation facility after they received the positive result from their swab test. All the participants underwent RT-PCR, but some had antigen tests before they were tested again using the RT-PCR.

“A family member tested positive for antigen, so the rest of the family immediately quarantined and waited 5 days from the last exposure and had RT-PCR swab test.” (Participant 15, online communication, September 30, 2021)

According to Hahn & Shuren (2020), an antigen test is a new FDA-approved diagnostic test designed to quickly identify the virus causing COVID-19. They claimed that each type of diagnostic test has a distinct role in the fight against the virus and that PCR testing is quite accurate, but that running the tests and evaluating the data takes time. They also stated that one of the key advantages of an antigen test is its speed, which can produce findings in minutes. However, because antigen tests do not work in the same manner as PCR testing, they may not detect all current infections. Jawerth (2020) revealed that one of the most extensively used diagnostic techniques for detecting pathogens, particularly viruses that cause diseases, including Ebola, African swine fever, and hand-foot-and-mouth disease, is polymerase chain reaction (PCR). She added that since the COVID-19 virus only includes RNA, it is detected using real-time or conventional (RT-PCR). COVID-19 tests, according to Furthermore, one of the participants was tested twice while the rest were tested once only. One mentioned:

“In my first time of being tested positive it was RT-PCR since I was considered as close contact and in my 2nd time of being COVID-19 positive, I underwent a rapid antigen test then RT-PCR.” (Participant 11, online communication, September 29, 2021)

Moreover, during the COVID-19 swab test, almost all the participants experienced feelings of discomfort. UK Research and Innovation (2020) emphasized that either the coronavirus itself or antibodies produced as part of the immunological response to it. As they added, the virus test detects active infection and works best during the first seven days of symptoms. They also stated that the antibody test reveals the previous infection and works best ten days after the onset of symptoms. They also pointed out that viral testing is mostly utilized for COVID-19 diagnosis, whereas antibody testing is primarily used for population-wide COVID-19 surveys. One of the participants had the disease twice. Finally, patients healed from COVID-19 can have detectable SARS-CoV-2 RNA in respiratory tract samples for up to 3 months after disease onset. However, the replication-competent

virus has not been reliably recovered, and infectiousness is unlikely (CDC, 2022).

"I tested positive in both swab tests, the RT-PCR and antigen test; I have different experiences with the way they do the procedure. Some are gentle and some are not, and this made me feel uncomfortable." (Participant 9, online communication, September 28, 2021)

Challenges during the isolation period

Mental health condition while in isolation. Many research in 2020 focused on the influence of COVID-19 quarantine on mental health, particularly in China, the source of the virus's initial emergence (Pancani, 2021). Mental health is essential to our ability to think, emote, connect with others, earn a living, and enjoy life on an interpersonal and intergroup level (WHO, 2022). The COVID-19 pandemic has an influence not only physically but also on mental health and well-being (Shigemura et al., 2020). The COVID-19 pandemic has increased fear, anxiety, stress, and depression (Rodríguez-Hidalgo et al., 2020). Most participants experienced anxiety, uneasiness, tension, or emotional distractions from the time they discovered they were COVID-19 positive. They also considered how they will conquer the disease, as many people die from it daily. They revealed COVID-19 was one of the most difficult problems they had ever faced. Some were not mentally prepared since they think it was just ordinary body pain, flu, or cold.

According to White & Kandola (2020), people with the flu generally have symptoms between 1–4 days, while COVID-19 symptoms can develop between 1–14 days, and the median incubation time for COVID-19 is 5.1 days. Some participants were certain they were positive even if they did not perform the swab test since they were in close contact with a COVID-19 positive. Social isolation is an objective detachment from people, as opposed to loneliness, which is a subjective sense of disconnectedness (Cacioppo & Patrick, 2008).

"I felt lonely and worried at the same time. Worried not for myself but for my family too, especially for my parents since we're on the same roof as what if they were infected." (Participant 16, online communication, September 30, 2021)

The participants felt a lot of emotions about COVID-19. Moreover, some participants were worried about their families and those with whom they were in close contact. Bitan et al. (2020) found that fear of COVID-19 is more closely linked to anxiety and stress and, to a lesser extent, depression. Worries about one's own and loved ones' health, especially those of the old or those experiencing any physical illness, as well as concerns about the future, according to Fiorillo & Gorwood (2020), can cause or exacerbate fear, sadness, and anxiety. They also stated that COVID-19 had been demonstrated in various studies to influence a person's well-being owing to its capacity to cause a full-fledged dilemma, especially in nations where the disease affects many individuals. COVID-19 symptoms include not just the primary symptoms that a COVID-19 positive may suffer but also tension, anxiety, anxiousness, and depression, according to the responses. Confined patients had a variety of psychological disorders, including acute stress symptoms, anxiety, sleeplessness, and emotional weariness (Brooks et al., 2020). One stated:

"Being positive is difficult, there are times that I feel emotional and mental breakdown not only because I tested positive but also because my family also are in danger and maybe they become symptomatic." (Participant 9, online communication, September 28, 2021)

Weight gain. According to some literature, an unsuitable living environment, such as an isolation unit, can have physical and psychological implications, threatening psychological well-being (Jones-Rounds et al., 2014). Most participants noted substantial changes in their physical features throughout their time in the isolation facility, and some did not notice any physical changes. According to the findings of Konttinen et al. (2019), depression and emotional eating were both strongly linked and predicted a greater 7-year increase in BMI ($R^2 = 0.048$) and WC ($R^2 = 0.045$). They said emotional eating influenced the effects of depression on changes in BMI and WC. Their findings back up the hypothesis that emotional eating is one of the behavioral mechanisms linking depression to obesity and abdominal obesity. Furthermore, according to Bubnis & Morales-Brown (2021), some individuals may acquire weight because of quarantine limitations, which can be caused by things including increased stress, lack of exercise, and interruptions to regular routines.

Inadequate sleep, nibbling after supper, a lack of dietary restriction, eating in reaction to stress, and limited physical activity are all risk factors for weight gain during self-quarantine (Zachary et al., 2020). The participants stated that they need to eat frequently in the isolation facility to have adequate energy and heal faster. Also, their boredom, while they were isolated, affects their eating habit according to some of the participants. According to Moynihan et al. (2015), three studies were done to explore boredom's impact on eating, two of which were naturally occurring in a diary study and two controlled. They said that the week-long diary research found that state boredom predicted calorie, fat, carbohydrate, and protein consumption favorably in study 1. They revealed that in study 2, a high (vs. low) boredom task enhanced the urge to snack rather than eat something nutritious, particularly among individuals with a high level of objective self-awareness. Furthermore, they emphasized that study 3 found that high (vs. low) boredom increased the intake of less nutritious meals and decreased the consumption of more interesting, healthy foods among persons with high objective self-awareness but this did not apply to bland, healthful meals. As an emotional state, boredom indicates that a current situation lacks meaning (Van Tilburg & Igou, 2012). Mood problems, anxiety, and weight gain are all tightly associated and widely prevalent among teenagers and young adults (Reeves et al., 2008).

In addition, according to the American Psychological Association (2021), most adults (61%) have experienced unwanted weight changes since the pandemic, with more than 2 in 5 (42%) stating they have gained more weight than they expected. According to Gerrard et al. (2008), eating distracts individuals from uncomfortable consciousness linked with a lack of purpose, and those with a high level of self-awareness should engage in eating when they experience boredom. Lastly, overweight people are more likely to suffer major diseases if they have COVID-19, which is terrible (Thompson, 2021).

"I gained weight during the isolation." (Participant 15, online communication, September 30, 2021)

Weight loss. Undernutrition is linked to physical health issues, including overweight, diabetes, cardiovascular disease, and even cancers, and there is also evidence of a link between food and mental health (Stranges et al., 2014). Some participants stated that they saw a significant reduction in their weight. According to Legg & Silver (2018), stress can directly influence weight for many people and might vary from person to person, even from circumstance to scenario whether it promotes weight reduction or weight gain. They also revealed that stress could cause missed meals and poor dietary choices in some people, and others may experience a complete loss of appetite because of stress. Depressive-anxiety conditions may lead to weight gain by influencing future changes in adiposity through their association with poor eating habits, physical inactivity, and poor adherence to prescribed lifestyle improvements (Strine et al., 2008).

"I cannot eat properly and lose some weight since I feel so stressed and worried about my health and family in the facility." (Participant 21, online communication, October 1, 2021)

Hair loss. Emotional stress has long been identified as a contributing cause of hair loss (Hadshiew et al., 2004). Aside from the bodyweight issues, some participants stated that they had hair loss while in the isolation facility. According to Hall-Flavin (2021), stress and hair loss are correlated, and three forms of hair loss are linked to high-stress levels: Telogen effluvium, Trichotillomania, and Alopecia areata. He also emphasized that abrupt hair loss might indicate an underlying medical problem that needs to be treated. According to Nathan (2020), science supports the concept that substantial emotional stress may be connected to at least one form of hair loss which is the telogen effluvium. She also mentioned that in a study on the link between significant stress and hair loss, a group of researchers intentionally subjected mice to sound stress (a type of psychosocial stress) and discovered that it induced early termination of anagen or the growth phase of the hair cycle.

Similarly, according to a post by Girma & He (2021), the researchers at Harvard, MIT, Massachusetts General Hospital, Icahn School of Medicine at Mount Sinai in New York, and University Hospital Würzburg in Germany collaborated on the study, which was helmed by Ya-Chieh Hsu, a biology professor at Harvard and faculty member at the Harvard Stem Cell Institute, found a mechanism describing how persistent stress may contribute to hair loss. They also added that according to the researchers mentioned, corticosterone, a stress hormone, reduced hair follicle stem cell production and hair growth in mice. They also reported in their post that when corticosterone levels in mice

were low, their hair follicle stem cells repaired significantly more often; yet, when corticosterone concentrations were primarily attributable to prolonged stress, the hair follicles became inactive. One declared:

"I had hair fall. As a medical professional, I think one contributory of that was the depression I experienced." (Participant 21, online communication, October 1, 2021)

Coping mechanisms

Daily communication and entertainment. According to one study, poor communication skills in older persons not only cause anxiety, sadness, and stress (Greene & Burleson, 2008) but also incline them to social isolation and loneliness (Dykstra, 2009). Some of the participants emphasized that regular communication with their loved ones and entertaining themselves using their gadgets made them feel good while they were in the isolation facility. According to Mheidly et al. (2020), the COVID-19 pandemic has resulted in a dramatic change in communication, with technological advancements playing a key part in enabling this transition. They also said people were drawn toward media apps that offer live communication and interaction between individuals, institutions, businesses, and even nations. According to the participants, when they were in an isolation facility, only medical experts monitoring their condition were permitted to visit them. Almost all the participants felt lonely as a result of this. Some of them were not accustomed to being left alone. They were grateful that smartphones were permitted in the isolation facility. Internet connection was also available there so they can still communicate with their loved ones and surf online. People with good communication skills may build more effective and durable communication, communicate accurate messages, and successfully manage household disagreements and disputes, resulting in more stable family life (Greene & Burleson, 2008), as well as reduced stress in challenging situations (Hirokawa et al., 2009).

"Checking up on my family and friends through Messenger and text messages gave me additional energy even though I was in pain." (Participant 14, online communication, September 29, 2021)

In addition, when the participants get bored in the isolation facility, they just open their gadgets and view movies or listen to music online. A systematic analysis of studies on online activity and mental health in the general population found a link between online media use and better later-life well-being (Berg-Beckhoff et al., 2017). According to Robinson & Smith (2021), we need other people's company to succeed in life, and the depth of our bonds significantly influences our mental success and well-being. They also claimed that being socially linked to people may help with stress, worry, and depression, increase self-worth, offer comfort and joy, reduce isolation, or even add years to life. On the other hand, they revealed that a lack of strong social ties might put your mental and emotional health in danger. Furthermore, Boursier et al. (2020) found that constraints imposed by the quarantine enhanced emotions of loneliness and anxiety. According to them, using digital technology to relieve stress and anxiety and reduce loneliness has been advocated in this setting. However, the overall impacts of social networking use during pandemics need to be properly examined. They noted that social media use indicates danger and opportunity in this regard.

"I didn't feel so bad because I was able to rest from work and because I was asymptomatic. Watching Korean Pop and Korean dramas helped my everyday situation not to get bored." (Participant 16, online communication, September 30, 2021)

They also stated that by the compensated paradigm of online-based activities, the internet community might be utilized to relieve bitter thoughts generated by unpleasant life situations like COVID-19, notwithstanding the potential for harmful effects. A nice conversation, a job activity, playing a musical instrument, reading a book, writing, constructing furniture, mending a bike, gardening, and sports training or performance, to mention a few, are all examples of flow (The Trustees of the University of Pennsylvania, 2022). Lastly, rapid societal change, demanding work environments, sex discrimination, unhealthy lifestyles, physical ill-health, human rights abuses, and social isolation like those who are quarantined or isolated due to COVID-19 are all linked to poor mental health (WHO, 2022).

Optimistic mindset. One of the reasons for depression, anxiety, and poor quality of life is a deficiency of a positive view of life (Shokrpour et al., 2021). On the other hand, positive thoughts and avoiding negative ideas are essential for patients to manage psychological issues and build self-efficacy (Ahadi & Asadzadeh, 2019). The next coping mechanism of the participants was to constantly think optimistically, even if they had COVID-19 and were isolated. Optimists deal better than pessimists in tough circumstances. Instead of concentrating on their disappointments or things they cannot alter, they develop a plan of action and seek help and guidance from others (Cherry, 2020). Some participants expressed that they need to think positively to cope with their negative feelings. At the isolation facility, they cried at night and felt alone whenever they remembered their family, friends, and colleagues.

"I was mindful of my anxieties, but I took time to relax and be positive." (Participant 21, online communication, October 1, 2021)

According to Johns Hopkins Medicine (2021), the reason underlying the link between health and optimism is yet unknown. However, they said that experts believe that more optimistic individuals are adequately protected against the inflammation consequences of stress. They also mentioned that hope and optimism might assist people in making better health and life decisions and focusing on long-term objectives. They also mentioned that negative emotions might impair immune response. In addition, researchers discovered that stimulation in brain regions linked to negative emotions resulted in a weakened immune response to flu vaccination in one trial (Cherry, 2020). Segerstrom & Sephton (2010) discovered that persons who have been optimistic about a specific and significant aspect of life, such as their school success, had a greater immunological response than those who were pessimistic. Lastly, positive thoughts may help overcome stress and possibly enhance health (Mayo Clinic Staff, 2020).

Praying regularly. Praying is a basic human inclination in which one becomes conscious of his relationship with the source of life (Yucel, 2010). The third coping mechanism that the participants stated was praying to God regularly. As the COVID-19 pandemic eliminates individuals and destroys billions of lives worldwide, people tend to seek help from religious organizations, relatives, acquaintances, colleagues, or even other social networks (Pew Research Center, 2021). Almost all participants mentioned that praying was one of their coping responses when they felt anxiety in the isolation facility. They claimed that when they pray, everything will be okay. As per St. Luke's Health (2020), researchers studied the impact of prayer on physical and mental health. According to Koenig et al. (2015), patients with congestive heart failure revealed that spiritual serenity was a stronger determinant of mortality risk than comorbidities and functional health. They also added that the study of Park et al. (2016) revealed that religion enhanced optimism in patients with severe depression and chronic illnesses.

"I prayed all my worries to God because I know that in everything we've been through, the Lord is always there for us." (Participant 23, online communication, October 1, 2021)

Koenig et al. (2012) mentioned that there were 239 cross-sectional studies, 19 prospective cohort studies, nine single-group experimental studies, and 32 randomized clinical trials among the previous 299 studies that researched the effects of religion and spirituality intercession on anxiety levels. They added that 9 (47%) of the 19 longitudinal research show that spirituality and religion anticipated a reduced level of anxiety over time; one research (5%) noticed an increase in anxiety among women who underwent abortion for a fetal anomaly (Korenromp et al., 2009), 7 revealed no correlation, and two reported mixed and complex outcomes. Most of the participants additionally stated that they overcame COVID-19 as a result of their trust in God. Moral views drive a feeling of meaning, and individuals who report having a sense of purpose in life live longer, are happier and have fewer health issues (Kashdan et al., 2009). The effectiveness of prayer still depends on context-specific factor-like a person's beliefs and culture (Porterfield, 2009).

"Prayer was my best weapon in the isolation facility. I know that God guided and protected me throughout my stay there." (Participant 24, online communication, October 1, 2021)

Awareness acquired in COVID-19 and isolation experience

COVID-19 is not a hoax. The COVID-19 outbreak has been accompanied by a significant volume of incorrect and misleading information regarding the virus, particularly on social media (van der Linden et al., 2020). COVID-19 is real, according to the participants. Therefore, many of them give some advice on COVID-19, especially in following the government's basic protocols. The Department of Health (DOH, 2021a) encourages the public to take precautions since it is still the most effective approach to guard against COVID-19. One said:

"All I can say is take care of yourself. Life is short and we don't know when it's our last. So, eat healthy, sleep early, pray, and hug your loved ones. Do what makes you happy. In this tough time, we need to look for each other's back. We need our family, and they need us. So, taking care of ourselves is the basic to keep everyone around us safe. Health is wealth." (Participant 6, online communication, September 28, 2021)

In addition, based on their experience, they also advise everyone to get vaccinated because, according to them, the vaccination helped them avoid serious COVID-19 infections. The Department of Health (DOH, 2021b) added that based on the available data, COVID-19 vaccinations that have been given an Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) are recognized as effective and safe. All three available vaccines made by Pfizer/BioNTech, Moderna, and Johnson & Johnson have been proven to be safe and efficacious, and any option is preferable to none (Popular Science, 2021). COVID-19 vaccine, according to the Centers for Disease Control and Prevention (CDC) (2022), lowers the risk of COVID-19 and its extremely serious consequences. They also stated that in clinical testing conditions, all COVID-19 vaccines presently approved for use in the United States managed to protect patients from COVID-19, particularly severe diseases.

"As a survivor, I can say that we should always prioritize our health. Because if you're healthy we could fight viruses like COVID-19. And, vaccination is a great help." (Participant 16, online communication, September 30, 2021)

Lessons from COVID-19. The COVID-19 outbreak reminds us that our economic, political, and social systems can only meet our needs and goals when they encourage acceptable levels of cooperation among people (Snower, 2020). Almost all of the participants stated that they had learned many things from their experience in the isolation facility. They noted that they need to become careful and aware of the existence of COVID-19 and to follow the government protocol. Some participants noted to themselves to always be vigilant and prepared since COVID-19 can be everywhere or anybody else.

"The virus is very contagious. It made me prioritize my health and safety even more and be prepared for anything: physically, mentally, and financially." (Participant 14, online communication, September 29, 2021)

Most of the participants were thankful that despite the emotional trauma and symptoms they experienced in the isolation facility, they still overcame the disease. According to the participants, COVID-19 changed their perspective in life and made them better also. They said that they will now eat healthy food for extra protection from some existing diseases around them. One shared:

"I experienced cold and anxiety which I managed so well and with the help and support of my loved ones. But the experience of having to go through those tough times made me realize a lot of things. It affected me physically, mentally, emotionally, financially, and spiritually. Some may not take it seriously, but COVID-19 is real." (Participant 6, online communication, September 28, 2021)

According to some participants, COVID-19 made them realize that health should be their top priority. They also set goals to be more cautious with their environment to protect themselves and their loved ones from COVID-19. Meaningful life was found to be positively related to various intrinsic goals, and these goals were found to be positively related to psychological well-being, implying that different approaches to happiness are associated with different types of well-being (Brdar et al., 2009).

Eidetic insight

Everyone has difficulties at some point in their lives. Like the participants of this study, they used a variety of coping mechanisms to deal with the situation they were in. Being isolated was difficult, especially because they struggled alone in the isolation facility. As a result, they experienced several emotional distractions as well as physical changes. The participants observed that being alone might harm an individual's mental and physical health, especially if they have a disease like COVID-19. Even when they were alone, the participants were able to overcome the challenges they faced. They also displayed that if you value life, you can solve any obstacles. It can be observed that participants' life is essential to them because it gives them a purpose to pursue their goals and accomplish so many delightful things and offers opportunities to share their experiences in life.

The experiences of the COVID-19 survivors in this study are tremendous chances for personal development if we take the time to reflect on them. In addition, the participants' experiences in the isolation facility will help them connect with others and become closer to them, and mold who they are as individuals in their community. The experience of being isolated was life-changing for them. The participants realized that overcoming life's obstacles requires great bravery. The participants admire themselves for their bravery in being isolated while they have COVID-19. They are the heroes of their own life. They defeated their negative emotions and focused on the positive side. They began to feel better about themselves after developing a positive attitude. This is a great example for many people that combining positivity and medication can also help you heal better.

Based on the responses of the participants, when a person is isolated, he may experience a variety of emotions that have an impact on his mental health. So, he must know how to stand up for himself since he is the only person who can help him resolve the challenges and self-barriers he is dealing with, of course, with the help of his belief and people who are always there to support and love him.

Furthermore, the mental health of the participants is extremely important, and those persons suffering from mental health difficulties must be cared for, loved, communicated with, prayed for, and understood.

Emerging framework

The emerging framework of the study was designed to determine the experiences of COVID-19 survivors during their mandatory isolation. The framework begins with the experiences of the COVID-19 survivors before their isolation and then moves on to the challenges they faced that affected their mental health during their isolation. Then came the coping mechanisms, which determined how the COVID-19 survivors overcame their overall isolation experience. Lastly, the awareness they acquired in COVID-19 and their isolation experience.

Based on the framework, there are four major themes of the study, and they are complex and interactively tied to the main purpose of the study, as seen in Figure 1. The four interconnected major themes were experiences and thoughts that influenced how participants of the study managed to stay in the isolation facility. Each major theme has subthemes, and within each subtheme, there was a range of responses, implying the views and responses of the participants about their experiences before and during their isolation.

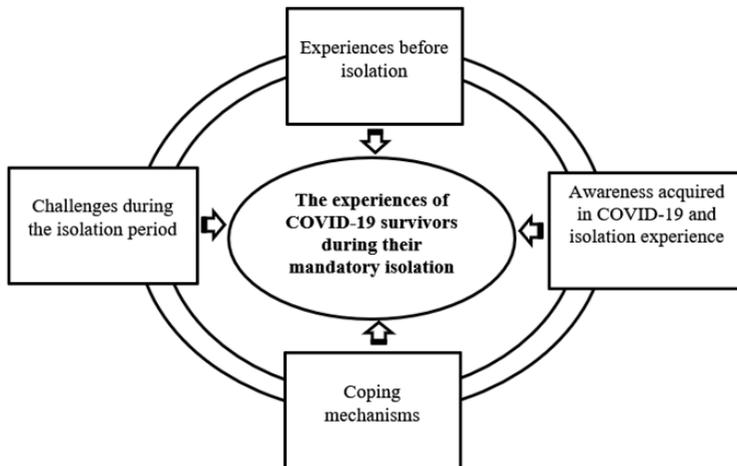


Figure 1. Diagrammatic Representation of the Emerging Framework of the Study

4.0. Conclusion

The conclusions were drawn based on the responses provided by the participants. There is no doubt that emotion has an impact on mental health, especially for COVID-19 survivors, based on their isolation experience. COVID-19 also affects a participant’s mental health, creating various emotional issues such as stress, fear, and anxiety. Through various coping methods, taking care of one’s well-being may substantially enhance one’s mental health. Establishing a powerful and well-adapted impression of well-being is critical to an individual’s overall mental health, as they enable them to overcome challenges and attain their goals in life. The coping mechanisms also vary from person to person and having strong social support may effectively protect someone from the effects of anxiety. Additionally, having a range of interactions is advantageous, and reducing the imbalance of positive and negative emotions can help prevent mental health problems. Also, having a strong faith may inspire one to live his life despite challenging circumstances.

The challenges experienced by COVID-19 survivors while in isolation might not be the same to other survivors, so researchers in the field of health science must conduct comparable studies using a qualitative approach that encourages more comprehensive data collection. This might highlight the complex and all-encompassing aspects of COVID-19 survivors’ mental health during isolation and advance further in-depth study and conclusions. For this study, only 24 COVID-19 survivors were interviewed, so findings cannot be applied and generalized to other COVID-19 patients and survivors.

5.0. Acknowledgments

The author wishes to thank Dr. Annelene Badua and Dr. Cynthia Rodriguez, his professors, for their unwavering support of his research and their inspiration, patience, and enthusiasm. Furthermore, the author wishes to thank everyone who assisted him in completing this study.

6.0. Declaration of Conflicting Interest

The author has no potential conflicts of interest regarding this article’s research, authorship, and publication.

7.0. Funding

The author received no financial support for the research, authorship, and publication of this article.

REFERENCES

- American Psychological Association (APA). (2021 March 11). One year later, a new wave of pandemic health concerns. <https://www.apa.org/news/press/releases/stress/2021/one-year-pandemic-stress>.
- Arabi, Y. M., Murthy, S., & Webb, S. (2020). COVID-19: A novel coronavirus and a novel challenge for critical care. *Intensive Care Medicine*, 46(5), 833-836. <https://doi.org/10.1007/s00134-020-05955-1>.
- Ahadi H, Asadzadeh H. Effectiveness of positive thinking skills training on depression in female students. *Iran J Educ Social*. 2019; 2:90-9.
- Berg-Beckhoff, G., Nielsen, G., & Ladekjær Larsen, E. (2017). Use of information communication technology and stress, burnout, and mental health in older, middle-aged, and younger workers - results from a systematic review. *International Journal of Occupational and Environmental Health*, 23(2), 160-171. <https://doi.org/10.1080/10773525.2018.1436015>
- Bitan, D. T., Grossman-Giron, A., Bloch, Y., Mayer, Y., Shiffman, N., & Mendlovic, S. (2020). Fear of COVID-19 scale: Psychometric characteristics, reliability, and validity in the Israeli population. *Psychiatry Research*, 289, 113100. <https://doi.org/10.1016/j.psychres.2020.113100>.
- Bo, H. X., Li, W., Yang, Y., Wang, Y., Zhang, Q., Cheung, T., Wu, X., & Xiang, Y. T. (2021). Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China. *Psychological Medicine*, 51(6), 1052-1053. <https://doi.org/10.1017/S0033291720000999>.
- Boherom, A. M. A., Caelian, M. V., & Valencia, J. G. C. (2022). Implementation, best practices, and challenges in mental health strategies among local government units in the province of Negros Occidental, Philippines. *Philippine Social Science Journal*, 5(2), 30-39. <https://doi.org/10.52006/main.v5i2.501>.
- Boursier, V., Gioia, F., Musetti, A., & Schimmenti, A. (2020). Facing loneliness and anxiety during the COVID-19 isolation: The role of excessive social media use in a sample of Italian adults. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.586222>
- Braun, V., Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. <https://doi.org/10.1191/1478088706qp0630a>.
- Brdar, I., Rijavec, M., & Miljkovic, D. (2009). Life goals and well-being: Are extrinsic aspirations always detrimental to well-being? *Psihološkijske Teme*, 18(2), 317-334.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), 912-920.
- Bubnis, D. & Morales-Brown, L. (2021). Quarantine weight gain: Causes and tips to manage and reverse it. <https://www.medicalnewstoday.com/articles/quarantine-weight-gain>.
- Cacioppo, J. T., and Patrick, W. (2008). *Loneliness: Human Nature and the Need for Social Connection*. New York, NY: Norton.
- Centers for Disease Control and Prevention (CDC). (2022). Testing overview. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>.
- Cherry, K. (2020). Benefits of positive thinking for body and mind. *verywellmind*. <https://www.verywellmind.com/benefits-of-positive-thinking-2794767>.
- Cornell R. (2020). Understanding COVID-19: Asymptomatic & symptomatic presentation. *Eurofins*. <https://www.ntd-eurofins.com/understanding-covid-19-asymptomatic-symptomatic-presentation/>.
- Crossman, A. (2019). What is a snowball sample in sociology? What it is and when and how to use it. <https://www.thoughtco.com/snowball-sampling-3026730>.
- Deakin University. 2022. Qualitative Study Design. <https://deakin.libguides.com/qualitative-study-designs>.
- de Haro-Licer, J., Roura-Moreno, J., Vizitau, A., González-Fernández, A., & González-Ares, J. A. (2013). Long term serious olfactory loss in colds and/or flu. *Acta Otorrinolaringologica (English Edition)*, 64(5), 331-338. <https://doi.org/10.1016/j.otorri.2013.04.003>.
- Department of Health (DOH). (2021). COVID-19 FAQs. <https://doh.gov.ph/COVID-19/FAQs#:~:text=DOH%20advises%20the%20public%20to,is%20well%2Dcooked>.
- Department of Health (DOH). (2021b). FAQs: VACCINES. <https://doh.gov.ph/faqs/vaccines>
- Dykstra PA. (2009). Older adult loneliness: myths and realities. *Eur J Ageing*.6(2):91-100. doi: 10.1007/s10433-009-0110-3.
- Fiorillo, A., & Gorwood, P. (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *European Psychiatry*, 63(1). <https://doi.org/10.1192/j.eurpsy.2020.35>.
- Gerrard, M., Gibbons, F. X., Houlihan, A. E., Stock, M. L., & Pomery, E. A. (2008). A dual-process approach to health risk decision making: The prototype willingness model. *Developmental Review*, 28(1), 29-61. <https://doi.org/10.1016/j.dr.2007.10.001>.
- Girma, S. & He, F. (2021). Harvard researchers elucidate the relationship between stress and hair loss. *The Harvard Crimson*. <https://www.thecrimson.com/article/2021/4/12/stress-hair-loss-research/>.
- Gorgoni, M., Scarpelli, S., Alfonsi, V., Annarumma, L., Cordone, S., Stravolo, S., & De Gennaro, L. (2021). Pandemic dreams: Quantitative and qualitative features of the oneiric activity during the lockdown due to COVID-19 in Italy. *Sleep Medicine*, 81, 20-32. <https://doi.org/10.1016/j.sleep.2021.02.006>.
- Greene JO & Burleson BR. (2008). *Handbook of communication and social interaction skills*. New Jersey: L. Erlbaum Associates.

- Hadshiew IM, Foitzik K, Arck PC, Paus R. (2004). Burden of Hair Loss: Stress and the Underestimated Psychosocial Impact of Telogen Effluvium and Androgenetic Alopecia. *Journal of Investigative Dermatology*. Volume 123. Issue 3. Pages 455-457. ISSN 0022-202X. <https://doi.org/10.1111/j.0022-202X.2004.23237.x>.
- Hahn, S. M. & Shuren, J. E. (2020 May 9). Coronavirus (COVID-19) update: FDA authorizes first antigen test to help in the rapid detection of the virus that causes COVID-19 in patients. <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-antigen-test-help-rapid-detection-virus-causes>.
- Hall-Flavin, D. K. (2021). Can stress cause hair loss? *Mayo Clinic*. <https://www.mayoclinic.org/healthy-lifestyle/stress-management/expert-answers/stress-and-hair-loss/faq-20057820>.
- Herald D. (2020). Goa: Coronavirus lockdown triggers a rise in mental health issues. <https://www.deccanherald.com/national/west/goa-coronavirus-lockdown-triggers-rise-in-mental-health-issues-823707.html>.
- Legg T. & Silver N. (2018). Stress and weight loss: What is the connection? *Healthline*. <https://www.healthline.com/health/stress/stress-weight-loss>.
- Ho, C. S., Chee, C. Y., & Ho, R. C. (2020). Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic. *Annals of the Academy of Medicine Singapore*, 49(1), 1-3.
- Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1(2), 137-164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>.
- Hirokawa K, Yagi A & Miyata Y. (2008) Effects of communication skills on stress responses while speaking Japanese and English. *Psychol Rep*.103(1):3-10. doi: 10.2466/pr0.103.1.3-10.
- Jawerth N., (2020). How is the COVID-19 virus detected using real time RT-PCR?. *International Atomic Energy Agency*. <https://www.iaea.org/newscenter/news/how-is-the-covid-19-virus-detected-using-real-time-rt-pcr>.
- Johns Hopkins Medicine (2022). The power of positive thinking. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/the-power-of-positive-thinking>.
- Jones-Rounds, M. K. L., Evans, G. W., and Braubach, M. (2014). The interactive effects of housing and neighbourhood quality on psychological well-being. *J. Epidemiol. Commun. Health* 68, 171–175. doi: 10.1136/jech-2013-202431.
- Kashdan, T., Mishra, A., Breen, W., & Jeffrey, F. (2009). Gender differences in gratitude: Examining appraisals, narratives, the willingness to express emotions, and changes in psychological needs. *Journal of Personality*, 77(3), 691-730. <https://doi.org/10.1111/j.1467-6494.2009.00562>.
- Khademi, F., Rassouli, M., Rafiei, F., Moayedi, S., Torres, M., Marzban, N., Haji, E., & Golitaleb, M. (2021). The effect of mandala colouring on anxiety in hospitalized COVID-19 patients: A randomized controlled clinical trial. *International Journal of Mental Health Nursing*, 30 Suppl 1(Suppl 1), 1437–1444. <https://doi.org/10.1111/inm.12901>.
- King, N. (2004). Using templates in the thematic analysis of text. In *Cassell, C., Symon, G. (Eds.), Essential guide to qualitative methods in organizational research* (pp. 257–270). London, UK: Sage.
- Koenig, H., Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health*. Oup USA.
- Koenig, H. G., Pearce, M. J., Nelson, B., & Daher, N. (2015). Effects of religious versus standard cognitive-behavioral therapy on optimism in persons with major depression and chronic medical illness. *Depression and Anxiety*, 32(11), 835–842. <https://doi.org/10.1002/da.22398>.
- Konttinen, H., Van Strien, T., Männistö, S., Jousilahti, P., & Haukkala, A. (2019). Depression, emotional eating and long-term weight changes: A population-based prospective study. *International Journal of Behavioral Nutrition and Physical Activity*, 16(1), 1-11. <https://doi.org/10.1186/s12966-019-0791-8>.
- Korenromp, M. J., Page-Christiaens, G. C., van den Bout, J., Mulder, E. J., & Visser, G. H. (2009). Adjustment to termination of pregnancy for fetal anomaly: A longitudinal study in women at 4, 8, and 16 months. *American Journal of Obstetrics and Gynecology*, 201(2), 160-e1. <https://doi.org/10.1016/j.ajog.2009.04.007>.
- Lang K. (2022). Pandemic impact on mental health: A global overview. *New Normal Health*. <https://www.medicalnewstoday.com/articles/pandemic-impact-on-mental-health-a-global-overview>.
- Li, Q., Guan, X., Wu, P., Wang, X., Zhou, L., Tong, Y., ...& Feng, Z. (2020). Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. *New England Journal of Medicine*. <https://doi.org/10.1056/NEJMoa.2001316>.
- Liu, S., Yang, L., Zhang, C., Xiang, Y. T., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), e17-e18. [https://doi.org/10.1016/S2215-0366\(20\)30077-8](https://doi.org/10.1016/S2215-0366(20)30077-8).
- Loiwal, M. (2020). 20% increase in patients with mental illness since coronavirus outbreak: Survey. <https://www.indiatoday.in/india/story/20-per-cent-increase-in-patients-with-mental-illness-since-coronavirus-outbreak-survey-1661584-2020-03-31>.
- MacKay, C., & DeCicco, T. L. (2020). Pandemic dreaming: The effect of COVID-19 on dream imagery, a pilot study. *Dreaming*, 30(3), 222. <https://doi.org/10.1037/drm0000148>.
- Madeo, M. (2003). The psychological impact of isolation. *Nursing Times*, 99(7), 54-55.
- Maravilla, N. M. A. T., & Tan, M. J. T. (2021). Philippine Mental Health Act: Just an act? A call to look into the bidirectionality of mental health and economy. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.706483>.
- Martinez, A. B., Co, M., Lau, J., & Brown, J. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 55(11), 1397–1413. <https://doi.org/10.1007/s00127-020-01937-2>.
- Mayo Clinic Staff. (2020). COVID-19 and your mental health. <https://www.mayoclinic.org/diseases-conditions/>

- coronavirus/in-depth/mental-health-covid-19/art-20482731.
- Mheidly, N., Fares, M. Y., & Fares, J. (2020). Coping with stress and burnout associated with telecommunication and online learning. *Frontiers in Public Health*, 672. <https://doi.org/10.3389/fpubh.2020.574969>.
- Miller, W. R., Forcehimes, A., O'Leary, M. J., & LaNoue, M. D. (2008). Spiritual direction in addiction treatment: Two clinical trials. *Journal of Substance Abuse Treatment*, 35(4), 434-442. <https://doi.org/10.1016/j.jsat.2008.02.004>.
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, 9(3).
- Monson, E., Caron, J., McCloskey, K., & Brunet, A. (2017). Longitudinal analysis of quality of life across the trauma spectrum. *Psychological Trauma: Theory, Research, Practice and Policy*, 9(5), 605-612. <https://doi.org/10.1037/tra0000254>.
- Morales-Chainé, S., López, M. A., Bosch, M. A., Beristain, A. A., Robles, G. R., Garibay, R. C. R., et al. (2021a). Mental health symptoms, binge drinking, and the experience of abuse during the COVID-19 Lockdown in Mexico. *Front. Public Health* 9:656036. doi: 10.3389/fpubh.2021.656036.
- Moynihán, A. B., Tilburg, W. A. V., Igou, E. R., Wisman, A., Donnelly, A. E., & Mulcaire, J. B. (2015). Eaten up by boredom: Consuming food to escape awareness of the bored self. *Frontiers in Psychology*, 6, 369. <https://doi.org/10.3389/fpsyg.2015.00369>.
- Nathan, N. (2020). How extreme stress causes hair loss. <https://www.forbes.com/sites/neeranathan/2020/06/30/why-extreme-stress-causes-hair-loss/?sh=7f25dce24e6f>.
- North, C. S., Tivis, L., McMillen, J. C., Pfefferbaum, B., Cox, J., Spitznagel, E. L., Bunch, K., Schorr, J., & Smith, E. M. (2002). Coping, functioning, and adjustment of rescue workers after the Oklahoma City bombing. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, 15(3), 171-175. <https://doi.org/10.1023/A:1015286909111>.
- Pancani L, Marinucci M, Aureli N and Riva P (2021) Forced Social Isolation and Mental Health: A Study on 1,006 Italians Under COVID-19 Lockdown. *Front. Psychol.* 12:663799. doi: 10.3389/fpsyg.2021.663799.
- Panchal, N., kamal, R., Cox, C. & Garfield, R. (2021). The implications of covid-19 for mental health and substance use. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.
- Park, J. I., Park, T. W., Yang, J. C., & Chung, S. K. (2016). Factors associated with depression among elderly Koreans: The role of chronic illness, subjective health status, and cognitive impairment. *Psychogeriatrics*, 16(1), 62-69. <https://doi.org/10.1111/psyg.12160>.
- Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. Sage Research Methods foundations. <https://eprints.glos.ac.uk/id/eprint/6781>.
- Pew Research Center. (2021 January 27). More Americans than people in other advanced economies say COVID-19 has strengthened religious faith. <https://www.pewresearch.org/religion/2021/01/27/more-americans-than-people-in-other-advanced-economies-say-covid-19-has-strengthened-religious-faith/>.
- Popular Science. (2021). Which COVID-19 Vaccine is the best? <https://www.popsci.com/story/health/which-covid-vaccine-is-better/>.
- Porterfield J. Islamic Customs and Culture. Rosen Pub. 2009.
- Rahman HS, Aziz MS, Hussein RH, Othman HH, Omer SHS, Khalid ES, Abdulrahman NA, Amin K, Abdullah R. (2020). The transmission modes and sources of COVID-19: A systematic review. *International Journal of Surgery Open*. Volume 26. Pages 125-136. ISSN 2405-8572. <https://doi.org/10.1016/j.ijso.2020.08.017>.
- Rajeswari, S., & SanjeevaReddy, N. (2020). Efficacy of progressive muscle relaxation on pregnancy outcome among anxious Indian primi mothers. *Iranian Journal of Nursing and Midwifery Research*, 25(1), 23. https://doi.org/10.4103/ijnmr.IJNMR_207_18.
- Reeves GM, Postolache TT, Snitker S. (2008). Childhood obesity and depression: connection between these growing problems in growing children. *Int J Child Health Hum Dev* 1(2):103-14.
- Robinson, L. & Smith, M. (2021). Social media and mental health. *HelpGuide*. <https://www.helpguide.org/articles/mental-health/social-media-and-mental-health.htm>.
- Rodríguez-Hidalgo, A. J., Pantaleón, Y., Dios, I., & Falla, D. (2020). Fear of COVID-19, stress, and anxiety in university undergraduate students: A predictive model for depression. *Frontiers in Psychology*, 11, 591797. <https://doi.org/10.3389/fpsyg.2020.591797>.
- Scarpelli, S., Alfonsi, V., Mangiaruga, A., Musetti, A., Quattropani, M. C., Lenzo, V., Freda, M. F., Lemmo, D., Vegni, E., Borghi, L., Saita, E., Cattivelli, R., Castelnuovo, G., Plazzi, G., De Gennaro, L., & Franceschini, C. (2021). Pandemic nightmares: Effects on dream activity of the COVID-19 lockdown in Italy. *Journal of Sleep Research*, 30(5). <https://doi.org/10.1111/jsr.13300>.
- Scarpina, F., Godi, M., Corna, S., Seitanidis, I., Capodaglio, P., & Mauro, A. (2021). Psychological functioning in survivors of COVID-19: Evidence from recognition of fearful facial expressions. *Plos one*, 16(7), e0254438. <https://doi.org/10.1371/journal.pone.0254438>.
- Schredl, M., & Bulkeley, K. (2020). Dreaming and the COVID-19 pandemic: A survey in a US sample. *Dreaming*, 30(3), 189. <https://doi.org/10.1037/drm0000146>.
- Segerstrom, S. C., & Sephton, S. E. (2010). Optimistic expectancies and cell-mediated immunity: The role of positive affect. *Psychological Science*, 21(3), 448-455. <https://doi.org/10.1177/0956797610362061>.
- Shigemura, J., Ursano, R. J., Morganstein, J. C., Kurosawa, M., & Benedek, D. M. (2020). Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. *Psychiatry and Clinical Neurosciences*, 74(4), 281. <https://doi.org/10.1111/pcn.12988>.

- Shokrpour, N., Sheidaie, S., Amirkhani, M., Bazrafkan, L., & Modreki, A. (2021). Effect of positive thinking training on stress, anxiety, depression, and quality of life among hemodialysis patients: A randomized controlled clinical trial. *Journal of education and health promotion*, 10, 225. https://doi.org/10.4103/jehp.jehp_1120_20.
- Snower D.J. (2020). The Covid-19 pandemic demonstrates that our economic, political, and social systems can serve our needs and purposes only when they induce us to cooperate at the appropriate scale. *Global Solutions Initiative Foundation gGmbH*. <https://www.global-solutions-initiative.org/press-news/fundamental-lessons-from-the-covid-19-pandemic-global-solutions-summit-2020-opening-address/>.
- St. Luke's Health. (2020). The power of positivity, gratitude, and prayer during the pandemic. <https://www.stlukeshealth.org/resources/power-positivity-gratitude-and-prayer-during-pandemic>.
- Stranges, S., Samaraweera, P. C., Taggart, F., Kandala, N. B., & Stewart-Brown, S. (2014). Major health-related behaviours and mental well-being in the general population: The Health Survey for England. *BMJ Open*, 4(9). <http://dx.doi.org/10.1136/bmjopen-2014-005878>.
- Strine TW, Mokdad AH, Dube SR, Balluz LS, Gonzalez O, Berry JT, et al. (2008). The association of depression and anxiety with obesity and unhealthy behaviors among community-dwelling US adults. *Gen Hosp Psychiatry*.30(2):127–37.
- Sun, N., Wei, L., Wang, H., Wang, X., Gao, M., Hu, X., & Shi, S. (2021). Qualitative study of the psychological experience of COVID-19 patients during hospitalization. *Journal of affective disorders*, 278, 15-22. <https://doi.org/10.1016/j.jad.2020.08.040>.
- Suzuki, M., Saito, K., Min, W. P., Vladau, C., Toida, K., Itoh, H., & Murakami, S. (2007). Identification of viruses in patients with postviral olfactory dysfunction. *The Laryngoscope*, 117(2), 272-277. <https://doi.org/10.1097/01.mlg.0000249922.37381.1e>.
- Thompson, S. (2021). Many have gained weight during the pandemic. Is there a link between obesity and COVID-19? *Norton Healthcare*. <https://nortonhealthcare.com/news/covid-and-weight-gain/>.
- UK Research and Innovation. (2020). What is the purpose of testing for COVID-19? <https://coronavirusexplained.ukri.org/en/article/vdt0006/>.
- University of Pittsburgh Medical Center. (2022). COVID-19 Information. <https://www.upmc.com/coronavirus/covid-19>.
- The Trustees of the University of Pennsylvania. (2022). Theory of well-being and PERMA workshops. <https://ppc.sas.upenn.edu/learn-more/perma-theory-well-being-and-perma-workshops>.
- Vaira, L. A., Salzano, G., Deiana, G., & De Riu, G. (2020). Anosmia and ageusia: common findings in COVID-19 patients. *The Laryngoscope*, 130(7), 1787-1787. <https://doi.org/10.1002/lary.28692>.
- van der Linden S, Roozenbeek J and Compton J (2020) Inoculating Against Fake News About COVID-19. *Front Psychol*. 11:566790. doi: 10.3389/fpsyg.2020.566790.
- Van Tilburg, W. A., & Igou, E. R. (2012). On boredom: Lack of challenge and meaning as distinct boredom experiences. *Motivation and Emotion*, 36(2), 181-194. <https://doi.org/10.1007/s11031-011-9234-9>.
- Verma, S., & Mishra, A. (2020). Depression, anxiety, stress, and socio-demographic correlates among the general Indian public during COVID-19. *International Journal of Social Psychiatry*, 66(8), 756-762. <https://doi.org/10.1177/0020764020934508>.
- White C. & Kandola A. (2020). New coronavirus vs. flu. *Medical News Today*. <https://www.medicalnewstoday.com/articles/coronavirus-vs-flu>.
- World Health Organization (WHO). (2020). Considerations for quarantine of contacts of COVID-19 cases. [file:///Users/apple/Downloads/WHO-2019-nCoV-IHR_Quarantine-2020.3-eng%20\(3\).pdf](file:///Users/apple/Downloads/WHO-2019-nCoV-IHR_Quarantine-2020.3-eng%20(3).pdf).
- World Health Organization (WHO). (2022). Mental health: Strengthening our response. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.
- World Health Organization (WHO). (2022). Advice for the public: Coronavirus disease (COVID-19). <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- Wu, K. K., Chan, S. K., & Ma, T. M. (2005). Posttraumatic stress after SARS. *Emerging Infectious Diseases*, 11(8), 1297. <https://doi.org/10.3201/eid1108.041083>.
- Xiang, Y. T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry*, 7(3), 228-229. [https://doi.org/10.1016/S2215-0366\(20\)30046-8](https://doi.org/10.1016/S2215-0366(20)30046-8).
- Yamagishi, M., Fujiwara, M., & Nakamura, H. (1994). Olfactory mucosal findings and clinical course in patients with olfactory disorders following upper respiratory viral infection. *Rhinology*, 32(3), 113-118.
- Yucel S. Prayer and Healing in Islam. Tughra Books. 2010.
- Zachary, Z., Brianna, F., Brianna, L., Garrett, P., Jade, W., Alyssa, D., & Mikayla, K. (2020). Self-quarantine and weight gain-related risk factors during the COVID-19 pandemic. *Obesity Research and Clinical Practice*, 14(3), 210-216. <https://doi.org/10.1016/j.orcp.2020.05.004>.

Additional Author's Information:

ERIC M. RAGPALA
 eragpala@student.dmmmsu.edu.ph
<https://orcid.org/0000-0002-4289-1679>