

From Diagnosis to Recovery: Unraveling the Interplay of Emotions, Social Support and Belief Systems in the Face of COVID-19 in India

Neha Gahlot¹, Rejani Thudalikunnil Gopalan²

¹M.Phil. Clinical Psychology, Mahatma Gandhi Medical College & Hospital, Jaipur (Rajasthan)
Corresponding Author Email: [gahlotneha13\[at\]gmail.com](mailto:gahlotneha13[at]gmail.com)

²Dean & Professor), Clinical Psychology, Apex University, Jaipur (Rajasthan)
Email: [rejanigopal\[at\]yahoo.co.in](mailto:rejanigopal[at]yahoo.co.in)

Abstract: Introduction: The global Covid-19 pandemic had a significant impact on individual's health and well-being that was not only limited to physical health but greatly affected the psychological health of people as well. Aim: The study aimed at examining the social, emotional, and lived experiences of those diagnosed with third wave of Covid-19 pandemic. Method: A total sample of 60 participants was selected which were further divided into two age groups i.e., 18-40 years and 41-60 years. A semi-structured interview was administered to both groups and 5 themes were derived from it: emotions related to the pandemic, social support, sources of strength, spiritual-religious beliefs, and experience of living with the pandemic. Thematic analysis of the participant interviews was done. Results: The findings indicated that by the third wave of Covid-19 a normal attitude towards the pandemic was developed. Greater social support was found to be perceived from family members and friends for both the groups. Additionally, group 2 relied more on spiritual-religious beliefs as a way of coping with the distress caused during pandemic. As for living with the pandemic, with the third wave it was seen that fewer people required hospitalization, and for a majority of the sample the symptoms were tolerable and the emotional journey of diagnosis through recovery was less distressing. Conclusion: With the third wave, the overall shift in how individuals perceive, deal and adapt to the pandemic has significantly changed as compared to first and second waves. Having a strong social support, and other sources of strength are vital in overcoming global epidemics like the Covid-19 pandemic.

Keywords: Covid-19, third wave, emotions, social support, experience of living with pandemic, qualitative analysis

1. Introduction and Review

The COVID-19 pandemic has had a negative influence on many people's health and well-being in addition to the direct effects of the coronavirus. The pandemic took an emotional toll on the entire world from the beginning of its arrival in 2019. Due to the fast-spreading nature of the virus, it did not take much time for the virus to spread and infect people quickly, resulting in a worldwide lock down and imposition of social distancing rules. Since the rules and regulations were enforced within a fortnight of the virus entering the country, it did not give people enough time to psychologically prepare them for the pandemic. As the restrictions on movement were enforced, individuals felt confined and powerless to carry out even the most basic of the daily tasks without following proper guidelines e.g., going to the grocery store. The uncertainty of disease progression, risk, job loss and financial difficulties, difficulty in getting basic essentials and exaggerated or miscommunications through social media made the situation more vulnerable (Maunder et al., 2003; Hawryluck et al., 2004; Brooks et al., 2020). Many researchers pointed out that quarantine related to previous outbreaks lead to fear (fear of getting illness and spreading illness), sadness, irritability, anger, anxiety, depression and suicide (Brooks et al., 2020; Robertson et al., 2004; Barbisch, Koenig & Shih, 2015; Jeong et al., 2016; Liu et al., 2012).

By the second wave of COVID-19, it was seen that people had begun to have a more neutral attitude towards the new variant, as more awareness and knowledge about the virus, its course, typical symptoms, prognosis and information

about vaccination was received by the masses. The COVID-19 outbreak may also give rise to stigmatising factors like fear of isolation, racism, discrimination, and marginalisation with all its social and economic ramifications (Siu, 2008).

The pandemic can be seen to be a shared life challenge that individuals all over the world have been facing and continue to face till now. Through the two waves of COVID-19 it was seen that since for many who were diagnosed with it and for those whose family members were diagnosed, being resilient and drawing on their inner strength and outer social support had proved to be crucial in fighting with the pandemic. Having social support is crucial for preserving both mental and physical well-being. All things considered, it seems that strong, supportive social networks can increase stress tolerance, guard against the emergence of trauma-related psychopathology, lessen the functional ramifications of trauma-related illnesses like post-traumatic stress disorder (PTSD), and lower morbidity and mortality rates (Ozbay et al., 2007). Social support in terms of pandemic can be informational (advice and suggestions from family about how to get better quickly), emotional (listening to the person suffering from the illness and letting them vent out, boosting morale) and instrumental (taking care of their family members, by cooking nutritious food, providing medicines etc.) in nature, but nevertheless, a very important aspect of dealing with it and becoming psychologically and physiologically resilient (Tardy, 1985).

Religion has also been seen to serve as a protective factor for a myriad of psychological and physiological issues. People frequently look to religion for respite from hardships

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and unexpected life occurrences; this is commonly understood to mean that religion provides comfort and hope in the midst of catastrophe, instability, and unpredictability. Studies show that stressful life events—like a serious illness, the death of a close relative, divorce, a serious accident, or the advent of a natural disaster—often cause people to become more religious (Pargament, 2001; Ano & Vasconcelles, 2005; Bentzen, 2019). It helps the individual deal with various adversities, including giving meaning to suffering, accepting injustices, and overcoming everyday difficulties (Weber, 1993). Religiosity and spirituality also help in dealing with several physiological issues such as kidney disease, chronic pain, pulmonary disease, diabetes, general medical illness, psychiatric illnesses, end-of-life issues, bereavement and other adverse life situations (Koenig, 2012). In times like a global pandemic, where everyone is scared, fighting for their own lives or the lives of their family members, turning to religious practices such as praying, aids in elevation of psychological and physical well-being. As this pandemic has proved to be not only stressful, but life-threatening to some people, religion was seen to be a big contributor in overall emotional and physical health.

Rationale for the Study

The literature found for the pandemic has been mostly from countries such as China, Japan and European countries. Only few studies have been done in the Indian context and more studies are needed in India to fully understand the impact of the pandemic on the population, in terms of the socio-demographic variables as well. Experience of impact of COVID-19 and how the individuals dealt with the pandemic has also been explored in the study by analysing the themes to better understand the overall effect on each individual.

2. Method

Objective: To explore the emotions, social support, sources of strength, spiritual-religious beliefs, and experience of living with Covid-19 during the third wave.

Research questions:

- 1) What are the predominant emotions experienced by individuals of different age groups related to their diagnosis during the third wave of Covid-19?
- 2) What types of social support did individuals receive from their social networks during the third wave of Covid-19?
- 3) What personal strengths and coping mechanisms do individuals draw upon to navigate the challenges of the third wave of Covid-19?
- 4) To what extent do spiritual or religious beliefs serve as a source of comfort and coping for individuals during the third wave of Covid-19?
- 5) What are the lived experiences of individuals diagnosed with COVID-19 during the third wave, including their symptoms, treatment, and recovery process?

Research design: An exploratory qualitative research methodology was chosen for the research. Thematic analysis was primarily utilised to assess the interview data.

Sample: A sample of sixty individuals had been diagnosed and recovered from the 3rd wave of COVID-19. The sample is recruited through purposive sampling, targeting individuals who are currently experiencing the third wave of COVID-19. Diversity in terms of age is sought to capture a range of perspectives. Inclusion criteria require participants to be in the age group of 18-40 years and 41-60 years old and able to provide informed consent. The sample was selected from North-Indian population, with 30 participants in each group. Additionally, it requires individuals who have had a diagnosis of COVID-19 within the last 3 months.

Sampling method: Snowball sampling method was used.

Sampling procedure: For the study, the investigator contacted individuals who had been diagnosed with COVID-19 within the last three months and were informed of the purpose of the study. These individuals then provided information of other individuals who have been tested and diagnosed with COVID-19 in the past 3 months. The semi-structured interview was administered face to face or over the phone based on the accessibility. The procedure went on in the same way till the targeted sample size (N=60) was obtained.

Tools: The research included the use of a socio-demographic datasheet and a semi structured interview. The socio-demographic datasheet listed the socio-demographic details of the participants including name, age, sex, educational qualification, socio-economic status, marital status. The semi structured interview was constructed to explore the experiences of the individuals diagnosed with covid-19 with regards to the emotions, social support, sources of strength, spiritual-religious beliefs, and experience of living with the pandemic. A questionnaire comprised of ten open-ended questions was developed by the researcher and their supervisor for the purpose of qualitative study.

Procedure of study: The procedure and purpose of the study was explained to the participants and proper consent was taken, after which the interview was administered to collect data. The participants were contacted through snowball sampling and the same procedure was repeated until the targeted sample size had been achieved.

Ethical considerations: For the present study, approval from the Ethical Committee of Mahatma Gandhi Medical College & Hospital was taken. Informed written and verbal consent was taken from the individuals participating in the study. They were informed of their right to confidentiality, anonymity and withdrawal from the study at any point of the time. The participants' responses were recorded through an audio recording application to be transcribed, verbatim, later. Consent from the participants to record their responses was also taken.

Data analysis: After interviewing the participants, their responses were recorded for transcription. The participants' verbatim were transcribed to derive recurrent themes that would lay the foundation of the research process. The recurrent themes were extracted and derived through thematic analysis of the respondent's answers. The frequency of the responses was then noted and converted to

quantitative data for easy understanding of the analysed data, and representation through pie charts.

3. Results and Discussion

Thematic analysis was conducted to analyse the participant responses that were elicited through a semi-structured interview consisting of 10 open-ended questions. From the 10 questions, 5 themes were extracted which were seen on the two groups i.e., group 1 (18-40 years) and group 2 (41-60 years) and these themes were: emotions related to covid-19 diagnosis, social support during COVID-19, sources of strength, spiritual-religious beliefs during COVID and experiences of living with COVID -19. In this section, the themes derived from the interview have been transformed into research questions, to study and explore their effect on those diagnosed with COVID -19. The said research questions that drive the research are explored in this section along with the results obtained from the thematic analysis.

RQ 1: What are the predominant emotions experienced by individuals of different age groups related to their diagnosis during the third wave of COVID -19?

As per the data analysed, the findings revealed that Individuals in the younger age group i.e., 18-40 years showed more feelings of normality (28%) and anxiety (21%) according to other emotions related to diagnosis. On the other hand, those belonging to the age group of 41-60 years, represented a more normal (31%) attitude towards their diagnosis, succeeded by hopeful (21%) and anxious (17%) following optimistic attitude. This theme describes the variety of emotions related to receiving a diagnosis of COVID -19 such as anxiety, shock, disbelief, and sadness. Sample of the excerpts as follows:

Question: What was your feeling when you came to know about your diagnosis?

"I was anxious, being in joint family I was scared of spreading illness" (Female, 19).

"I was expecting it but it wasn't immediate feeling of sadness because I knew I had to be quarantined after. But then it was an okay feeling because by the third wave it was a used to feeling of everyone getting a

COVID diagnosis. All my family was affected by us knew that eventually we're going to be okay" (Female, 24).

Question: Did anybody (family or friends) get infected because of you? If so, how did you deal with the guilt feelings?

"yes...my wife was taking care of me and later she was got confirmation of illness that broke my heart and felt guilty of spreading illness. But I started taking care of her , yea , that's one way of handling my guilt" (Male, 35).

"yes... my wife got infected because of me... I felt guilt as she was as constantly taking care of me and then she also got diagnosed, therefore, it became difficult... but then I tried to overcome that guilt by caring for her...and she gets better... so caring for her was the best way according to me to deal with the guilt feelings..." (Male, 35).

The above-mentioned statements depict how people dealt with their feelings. Figure 1 represents the bar graph for this theme with both age groups. The results from this theme is supported by a qualitative study done on the Israeli public to assess the psychological impact of the pandemic by Levkovich and Shinan-Altman (2021), where it was seen that about 48% of the population selected for the study had experienced negative emotions out of which 20% perceived likelihood of contracting the virus, along with three major themes viz. fears and concern for family members and self, a sense of shock and chaos and gradual adjustment to new reality. Another study by Yarrington et al. (2021) supported the findings in which it was seen that from the pre-acute to the acute periods, anxiety elevated while fatigue, serenity, happiness, and optimism decreased. Sadness, melancholy, and gratitude rose as the phases went from acute to prolonged stress, fatigue, and anxiety all lessened. Sadness and depression increased as well as happiness and tranquillity between the pre and sustained periods. Stress and anxiety diminished. Anxiety was one of the symptoms that originally rose from the pre to acute periods before returning to baseline.

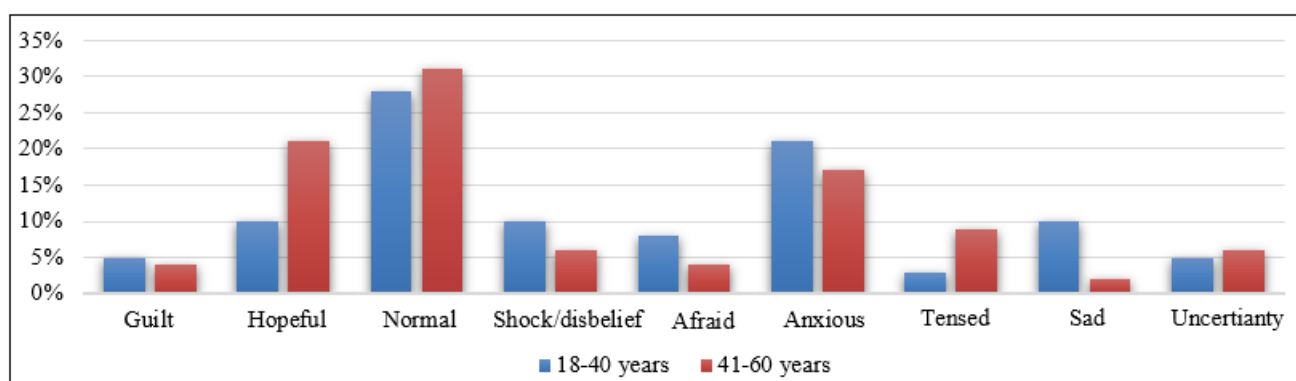


Figure 1: Emotions related to Covid-19 diagnosis

RQ 2: What types of social support did individuals receive from their social networks during the third wave of Covid-19?

The results reveal that, according to the participant responses, the major source of social support for the 18-40 age group individuals were seen to be given more by family

(46%) and friends (40%). For those in the 41-60 years age group, it was found that social support in times of COVID was received more from family which includes parents and siblings (30%), followed by spouse (28%), and friends (22%). This theme is defined by the level of social support received by the participants which includes social support from family, friends, and colleagues. Figure 2 represents the bar graph for types of social supports experienced by both age groups. Few excerpts from the interview that throw light on the evidence are mentioned here.

Question: How did your family react to COVID and how supportive were they?

"They were like, you also got diagnosed? (laughs). They came to meet me later on... 'cause my symptoms weren't that severe that they would cause me distress ...they also had it before in the earlier waves of COVID ... they were

more dangerous, I didn't get infected in them, but I got infected in the third wave. So I didn't have a lot of problem... my family members were also chill. They used to ask me and provided for me as well ... my uncle lives nearby, so I talked to them, if there was any need" (Male, 24).

Question: Were your friends/peers supportive of you during this tough time?

"Yes, very supportive. They were also more proactive during that time because they knew that I had lost my grandfather recently, so they called me multiple times a day just to know how I was keeping" (Female, 22). "Yes, they were very supportive, like they would call me and ask me how your health was, when can we meet, were asking what you are eating, because they had gone through same thing" (Female, 24).

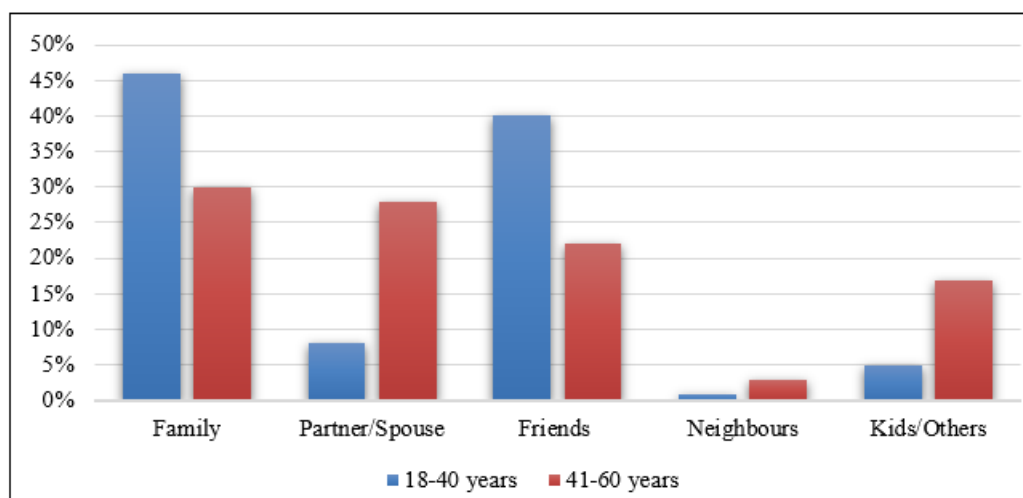


Figure 2: Social support during Covid-19

These results are supported by similar study done on this theme by Li et al. (2021) where it was found that resilience and sources of support (friends or small groups, family, organizations, communities or society as a whole) was significantly linked with mental health during Covid-19 times. It was also found that those who belonged to low social support class, predominantly remote support class, moderate social support class, and high social support class had received fairly equal amount of social support from family, friends or small groups, institutions, communities, whole society, whereas those in the predominantly proximal support class received most support from family, and friends and least overall support from communities and institutions/organizations. For some, social media acted as social support in remaining connected to others. In a research study conducted on focus groups of adult UK participants, Goodyear, Armour, and Wood (2018) discovered numerous individuals used social media to regulate their diet, exercise routine, and quality of life throughout the COVID-19 lockdown time by giving them access to new recipes, virtual opportunities to connect with friends and family, and workout routines.

RQ 3: What personal strengths and coping mechanisms do individuals draw upon to navigate the challenges of the third wave of COVID-19?

The participants revealed majority of their sources of strength to be related to the following areas. For the individuals in the age group of 18-40 years, family (25%) and friends (21%) were seen to be approximately equal and major sources of strength during this time. Participants in the age group of 41-60 years reported family support (30%) and positive attitude (25%) to be the most important factors to getting emotionally healthier during the time of distress. This theme intended to explore the different ways individuals were able to gather strength during the pandemic and overcome their illness. Figure 3 represents the bar graph for the various sources of strength for both age groups. The following excerpts throw light on the various sources of strengths that the participants had.

Question: Who gave you emotional support during the active phase of Covid-19?

Participant: "Firstly, my roommate who was there all the time when I felt lonely and cried and then my family too, they also gave me a lot of support in whichever way they could, by boosting my morale, continuously motivate me to stay positive and asked at times how my mood state was. So, in a way my roommate, my friends and my mother really helped me through it, through this tough time" (Female, 24).

Question: What gave you the strength to endure COVID-19?

Participants: "Family works as a unit... we sisters live far away but over phone we daily share day to day experiences about covid and what precautions will we take we share" (Female, 55); "Family, friends, optimistic attitude, seeing other people fight and recover from this" (Male, 19).

The results obtained from this theme are supported by a qualitative study on sources of resilience in study done by Brown et al. (2021) on health care workers from Australia where similar results were obtained. It was seen in the study that majorly three sources of resilience were identified viz. relational, organizational and personal. Relational resilience included altruism, social support from friends and family members and teamwork. Organizational resilience included effective implementation of COVID-19 policies, leadership and effective communication. Finally, personal resilience included factors such as self-care behaviours, a positive mindset and a sense of purpose.

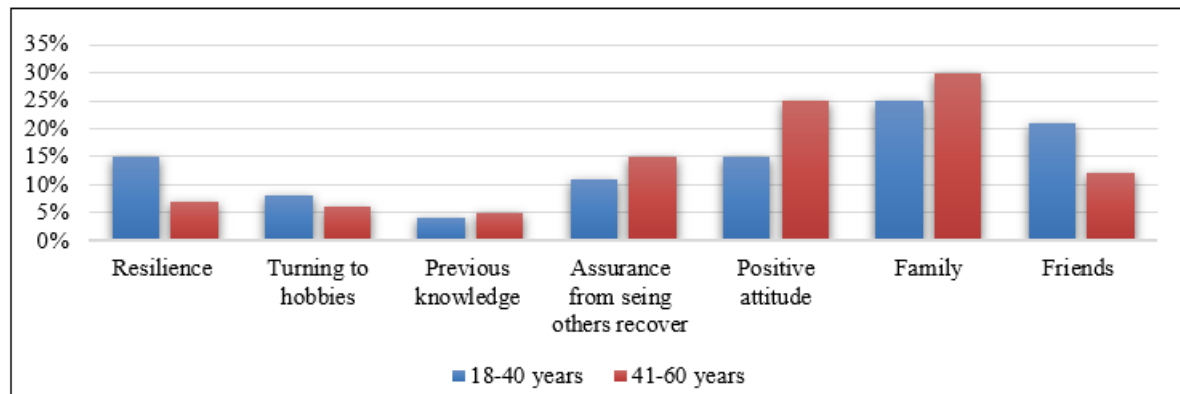


Figure 3: Sources of strength for Covid-19

RQ 4: To what extent do spiritual or religious beliefs serve as a source of comfort and coping for individuals during the third wave of COVID-19?

Results obtained reveal that the participants' responses in the younger age group revealed about approximately equal level of reliance (53%) and non-reliance (47%) on religiosity in terms of finding strength within God. For the older group, however, it was seen that about 87% of the respondents relied on God during the tough time and considered it to be a source of major improvement in their illness, while only 13% did not rely on God. This theme describes the individuals' reliance on their spirituality and religiosity and the impact these beliefs had on the outcome of their illness and reduction of their symptoms.

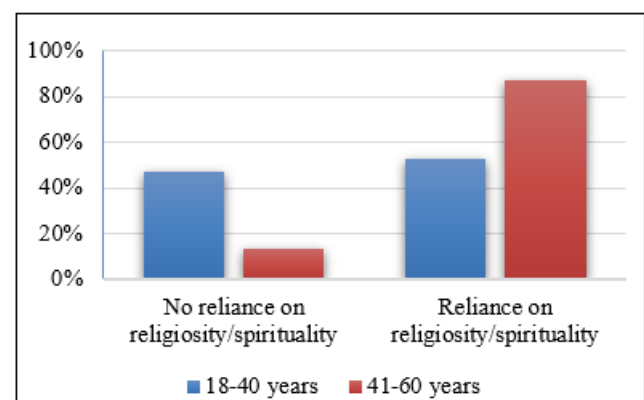


Figure 4: Reliance on spiritual-religious beliefs

Question: During this time, did you feel connected to God more so than usual and do you think that this made you stronger?

"Yes, I was connected more, and I had belief that everything and everyone will get better. Yes, you can say that in a way that it gave me a lot of strength" (Male, 25).

"Yes, I did lot of prayers that calm down me So yes, and also, you can say that my faith in God has given me the strength to get better quickly..." (Female, 40).

Figure 4 represents the bar graph for the spiritual-religious beliefs experienced by both age groups.

These findings were supported by a review done by Imran et al. (2022) where it was found that faith in religion could be associated with mental peace in situations of crises and chronic illness. Intrinsic religiousness, faith in God and positive religious coping were linked with greater positive outcome and lower levels of anxiety whereas, distrust in God and negative religious coping were associated to increased levels of anxiety and more negative outcome. In another study by Patias et al. (2021) on undergraduate students during COVID-19, had similar results where it was seen that undergraduates that practices religious activity of any kind had lower scores on depressive symptoms as compared to those who did not practice it. The research also shows that during the Covid pandemic, about 21.3% of respondents said they were praying and participating in other religious activities more often than they had in the past. It's interesting to note that religious observance increased among those who used to participate only occasionally (15.9%) compared to those who had never engaged in such practices at all (7.4%). Up to 61.3% of people who had

formerly engaged in religious beliefs more than once a week spent greater amounts of time on these activities (Boguszewski et al., 2020).

RQ 5: What are the lived experiences of individuals diagnosed with COVID19 during the third wave, including their symptoms, treatment, and recovery process?

This theme defines the individuals' experiences of living with their symptoms and the emotional journey that they faced throughout their diagnosis. According to the interview data for both the age groups, it was seen that only a few respondents reported having an emotionally taxing and overwhelming journey as a result of the pandemic (14% of respondents in both of the groups) whereas the rest reported slight discomfort, but overall ability to tolerate their symptoms and get better. For both 18-40 years and 41-60 years age groups, the symptoms were tolerable to a majority of degree (83% and 69% respectively) and did not result in much distress.

Question: How was your experience when you were suffering from the Covid-19 symptoms? Was it difficult for you to endure the physical symptoms?

"Yes, definitely it was difficult for me, because again, as I said, there were a lot of factors, first of all, what if my kids fell sick, how it is going to affect my studies, how it is going to affect my whole, you know...whole daily life and schedule, and all that. It was a little bit difficult for me to endure the physical symptoms, not much because it wasn't that severe, so yeah. Not very difficult to endure the symptoms" (Female, 33).

"It was difficult at first... I couldn't believe that I got the positive diagnosis because I was keeping proper precautions at the time, washed hands, wore mask, kept social distance from others... so I felt shocked and disbelief. That despite keeping all the precautions how I still got covid...but I accepted it that it has happened...isolated myself. Since I didn't have severe physical symptoms... they were tolerable and overall, I was able to overcome it and recover well" (Female, 55).

The findings, however, do reveal that for a significant minority of 41-60 years age groups the COVID-19 symptoms were physically and emotionally (14%) not tolerable, and some even had to be hospitalized. Fig. 5 represents the percentages of the subjects' experience in both groups.

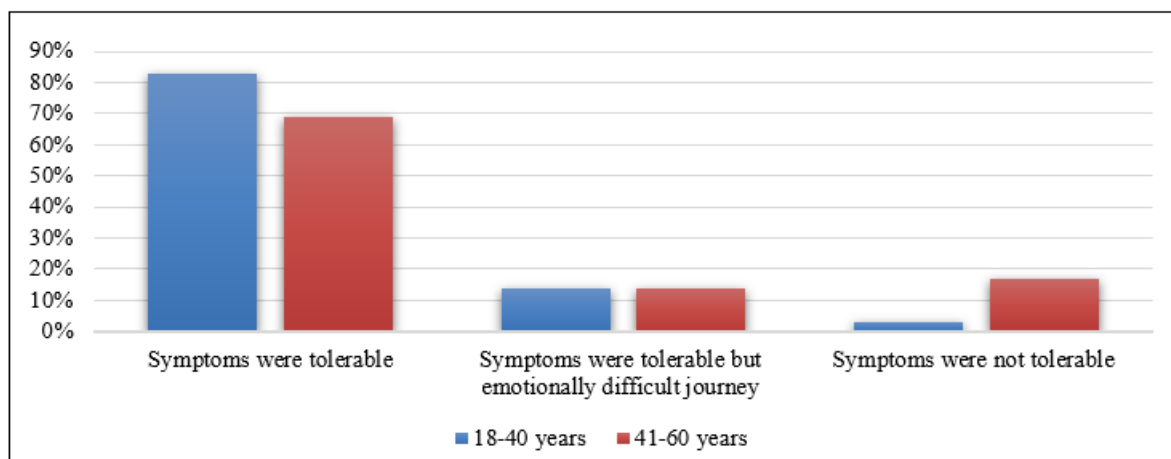


Figure 5: Experience of living with Covid-19

Consistent with the results of this theme is the study by Buttery et. al (2021), where results showed that several symptoms described by the participants were disabling and seriously disrupted their day-to-day life and living. Psychological and physiological symptoms both were common and frequently overlapped with each other. Qualitative analysis showed three themes which were identified: unpredictable physical and psychological symptoms while living with COVID-19 unsatisfactory interactions with healthcare; and consequences for the future, including their own condition, society, the healthcare system.

4. Conclusion

The study aimed at exploring the journey of participants from diagnosis to recovery from COVID-19 (3rd wave). Semi-structured interview on two groups (18-40 years and 41-60 years of age) was administered and analysed through qualitative methods of thematic analysis. The analysis

revealed that the majority of the individuals in both the groups described the current wave of COVID-19 and their reaction towards the diagnosis as normal followed by anxiety and optimistic attitude. The major area of social support as seen for group 1 and group 2 was family members, friends and spouse. Family members and friends were also identified as key sources of strength, along with having a positive attitude and being resilient. Religiosity and/or spirituality as coping strategies were seen more in group 2 than group 1. Symptoms and their intensity in the third wave were found to be more tolerable as compared with first and second waves, and fewer individuals had to be hospitalized because of it.

5. Implications, Limitations and Scope

The study highlighted the importance of social and emotional well-being of individuals during pandemic in addition to the medical management. Patient's emotions related to the pandemic, social support, sources of strength,

spiritual-religious beliefs, and experience of living with the pandemic were found to be important while battling with illness and pandemic. As the understanding of illness is more, more adjusting to the illness happens that's what exactly happens in third wave where infected individuals were not panic but maintained normal attitude and increased social support also helped the patients as indicated by the study which again emphasising the social connectivity while battling with pandemics. Some individuals preferred to use spiritual-religious beliefs as a way of coping with the distress caused during pandemic as found in this study and it can be used as adjunct modality in future too. Furthermore, relaxation techniques to ease their autonomic nervous system response could also be taught to the individuals suffering from severe anxiety and stress as a result of the pandemic.

To fully understand the impact of the illness, family members could be interviewed to gain deeper knowledge and further validate the individual's account of illness, their personality style, and fundamental coping strategies. Moreover, as the study was conducted amongst north Indian population, further studies could focus on a holistic view, by examining the impact in the rest of the Indian population as well, especially in areas where the effect of the pandemic has been the most. The sample size was small and future studies can use large sample size to understand the process more deeply. Lastly, the future studies could also focus on the level of anxiety before and after receiving information related to COVID-19 and the effect this knowledge had on their perception and expectations from the pandemic.

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