

"From Recovery to Resilience: Exploring the Lived Experiences of COVID-19 Survivors in Malaybalay City"

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ABSTRACT

This study aims to explore the lived experiences of COVID-19 survivors, with a particular focus on their psychological, emotional, and social adjustments. Employing a qualitative approach, semi-structured interviews were conducted with survivors in Malaybalay City, which employs Interpretative Phenomenological Analysis (IPA) to delve into the multifaceted experiences of COVID-19 survivors, revealing the physiological, psychological, and emotional impacts of the pandemic. The findings highlight how survivors' pre-existing beliefs about immunity and health were challenged, particularly among those who presumed immunity due to asymptomatic status or healthy lifestyles. While the negative implications of COVID-19 are evident, the study also points to the potential for personal growth, recovery from depressive states, and transformation. The emotional challenges faced by survivors—such as fears, anxieties, and the psychological effects of isolation, quarantine, grief, and medical care—underscore the critical need for comprehensive mental health support during crises. Behavioral practices like prayer, mindfulness, and exercise are identified as effective in reducing stress and psychological distress. Additionally, the study emphasizes the necessary role of family and social networks in strengthening self-worth, providing emotional and practical support, enhancing resilience, and aiding recovery. However, the enduring psychological challenges, particularly anxiety, remain significant. Overall, this research enriches the understanding of COVID-19 survivor experiences in a resource-limited region, highlighting the need for integrated mental health services within the healthcare system. It provides crucial insights into the limited qualitative research on COVID-19 survivors, underscoring the importance of holistic mental health care in the post-pandemic era.

Keywords: COVID-19 survivors, Lived Experiences, COVID-19 positive

INTRODUCTION

Background Information:

In 2020, a global pandemic was declared due to the COVID-19 outbreak. It has infected numerous people around the world and has taken multiple lives within the year. According to ASEAN Briefing (2022), 3,648 925 COVID-19 cases in the Philippines were totaled as of February 22, 2022. Due to insufficient evidence-based research on viral disease, global collaborative research has been made. Hence, the study's data helped combat the pandemic by discovering the dynamics of viral disease transmission, symptoms, and preventive measures. Alongside its clinical and epidemiological effects, findings on the impact on mental health brought by COVID-19 also expanded. According to Sun et al. (2020), COVID-19 has resulted in having a long-term effect on one's mental health and needs to have further observation and assessment.

Different studies emphasized the psychological experiences of people about the pandemic. The survey of Tee, Tee, Anlacan, Aligam, Reyes, Kuruchittham & Ho (2020) revealed through an online survey that Philippine society is having moderate to severe levels of stress, depression, and anxiety. These psychiatric symptoms were believed to be a threat to society's mental health. Psychological experiences of individuals who were infected by the virus were also uncovered.

Arias, Pedrozo, & Herazo (2021) revealed that COVID-19 survivors are at risk of developing post-traumatic stress disorder (PTSD). People who were infected by the virus are commonly known as COVID-19 survivors,

and some researchers coined this term for their research. Wu, Cheng, Zou, Duan, & Campbell (2021) defined the term COVID-19 survivors as having successful stories regarding their virus experiences.

Moreover, studies have also revealed the lived experiences of COVID-19 survivors. Exploring the lived experiences of COVID-19 survivors can generate an in-depth understanding of the essence of their experiences and perceptions aside from knowing the physical symptoms of the virus. The research of Yi, N.P., Lagniton, Ye, Li, & Xu (2020) suggests that COVID-19 patients should be provided with mental health care as part of their treatment aside from pharmacotherapy. As studies revealed psychological disturbances from the pandemic or being infected by the virus, self-management and protective factors were also explored. Some individuals have abilities to adapt to stressful which Sun, Wei, Wang, Wang, Gao, Hu, & Shib (2020) called psychological adaptation.

Additionally, the study on the lived experiences of 12 COVID-19 survivors in community-based isolation centers in Cebu City, Philippines— whose cases were mild and asymptomatic revealed that these survivors have faced more substantial impacts from separation and discrimination than from the disease's physiological effects (Romulo & Urbano, 2023).

Additionally, the study on the lived experiences of 12 COVID-19 survivors in community-based isolation centers in Cebu City, Philippines— whose cases were mild and asymptomatic revealed that these survivors have faced more substantial impacts from separation and discrimination than from the disease's physiological effects (Romulo & Urbano, 2023). Similarly, Roberts, Knestrick, and Resick (2021) have explored the lived experiences of their participants during the first wave of the pandemic. Accordingly, participants experienced extreme fatigue, loss of taste and smell, fever, brain fog, and weight loss, as well as psychological issues such as loss of control, fear, isolation, anger, guilt, shame, anxiety, and embarrassment. Data analysis identified two main themes: physical and emotional experiences from interviews with 13 nonhospitalized COVID-19 patients and one hospitalized patient.

Coping strategies of the survivors were also identified by several researchers. The study by Sun et al. (2020) highlighted the coping strategies of caregivers for COVID-19 patients, namely breathing relaxation, music, meditation, and mindfulness practices. Moreover, the latter's study revealed that cognitive evaluation and social support are protective factors. Hence, gleaning toward the lifeworld, self-management techniques, and protective factors of COVID-19 survivors may create or improve such evidenced-based clinical interventions, given its long-term effect on one's mental health. Since many studies have discovered varied psychological effects as impacts of the COVID-19 pandemic, studying the lived experiences of people with COVID-19 is crucial because it provides a comprehensive understanding of the psychological and emotional challenges faced by survivors. This understanding can inform targeted mental health interventions and support. Additionally, this research can uncover insights into how individuals cope with and adapt to disease, enhancing our overall approach to pandemic recovery and resilience.

Despite increased studies on the lived experiences of COVID-19 survivors, highlighted experiences were commonly from hospitalized patients or those expressly admitted to the ICU or patients with severe symptoms lived experiences of patients during the first phase of the pandemic ([Sun et al., 2021](#); [Sun et al., 2020b](#); [Wang et al., 2020](#)) lived experiences of nurses or front liners ([Liu et al., 2020](#); [Sun et al., 2020a](#)), and other research through the quantitative study method (Rahman et al., 2021; Sharif et al., 2022; Tee et al., 2020). Additionally, western studies dominated the currently available literature about COVID-19. Hence, studies relating to COVID-19 are limited in the Mindanao area of the Philippines. This further suggests that participants of underrepresented groups have few studies in published literature. This allows exploration and discovery if the same findings emerge from the previously published literature given to the new participants and site for the study.

Moreover, according to Mindanews (2021), Malaybalay City, Bukidnon, was one of the cities that have experienced being at a critical risk for COVID-19 infections. Hence, with several COVID-19 cases in a limited resource community, Malaybalay City, Bukidnon, Philippines, this study seeks to portray and explore the survivors' firsthand experiences of COVID-19. Moreover, Bukidnon has the highest cases in Northern Mindanao, Region 10, with a positive COVID-19 case of 32,011 (Department of Health [DOH], 2022).

Malaybalay City, as the capital of Bukidnon, holds a special place in the hearts of its residents. It is the venue for the Kaamulan Festival, an annual event that the people eagerly anticipate. Unfortunately, this festival was put on hold due to the COVID-19 pandemic. Known as the "City in the Forest," Malaybalay attracts many visitors with its beautiful natural scenery and cool, breezy weather. The pandemic brought many changes that we were unprepared for, especially given the limited healthcare facilities in Malaybalay. Many people were struggling to find hospitals for their family members to be admitted, especially those who are marginalized. Doctors attested that since oxygen tanks were limited, rich people hoarded them, resulting in those most in need not being able to avail themselves of the oxygen. Some of those went to waste since owners would not want to share them with others due to scarcity.

Having lived in this city for 29 years, I have seen firsthand the significance of studying these impacts. As a test specialist at the DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon, I witnessed our facility transform into a quarantine site for mild to moderate COVID-19 patients due to its ample dormitory space. However, due to its overflowing admissions in the hospital, some of the patients who have severe symptoms were also admitted in the said facility. This change significantly affected our work system. We were unprepared, and the entire city was unprepared for the challenges brought by the pandemic.

Additionally, as mentioned in the previous paragraph, most studies explored participants having severe symptoms from COVID-19; those with mild to moderate symptoms were understudied or among the undocumented masses (Prioleau, 2021). This is given importance since around 80% of the population in the United States of America and China that were affected by the virus experienced mild to moderate symptoms, which is equally valid in the Philippines (CNN, 2020).

Research Objectives:

- To explore the personal experiences, and recovery processes among COVID-19 survivors.

Statement of the Problem

In general, this study aims to explore the general lived experiences of covid-19 survivors. Specifically, it intends to answer the questions:

1. What lived experiences surfaced among COVID-19 survivors?
2. How do they make sense of these experiences?

METHODS:

Research Design:

The study used a qualitative research design with the Interpretative Phenomenological Analysis (IPA) method to gain an in-depth understanding of the participants' experiences with COVID-19. Although the qualitative approach had been used in several studies, there were few qualitative studies compared to the number of quantitative studies. In this connection, the study's research question aimed to discover and understand the participants' perceptions of their experiences of the phenomenon, necessitating a detailed description of the experience to gather data. Consequently, the data needed to be quantifiable, and the limitations of the quantitative approach were addressed through a qualitative approach.

Moreover, since the study conducted IPA, it focused on a particular few people selected purposively, allowing the production of detailed data on the participant's perceptions of the phenomenon (Smith & Osborn, 2003). Additionally, the selection of participants represented homogeneity in the sense that they had the same experience of the phenomenon, which in this study involved the experience of being COVID-19-positive (Creswell, 2013; Alase, 2017). Additionally, the production of detailed data was the aim of IPA rather than generating generalizations over the total population (Pietkiewicz et al.; J.A., 2012). Thus, with the aims of IPA, the research question was best addressed by the said design and method.

Principles of IPA (Interpretative Phenomenological Analysis) Interpretative Phenomenological Analysis (IPA) aligns with the research goals by studying how people define their key life events (Smith et al., 2009). IPA has philosophical underpinnings that originated from Husserl's philosophical science of consciousness, with hermeneutics and symbolic interactionism or which people's perception or interpretation toward an object developed from their social interactions with others; consequently, IPA acknowledges that a researcher's engagement with the participant has an interpretative element. It is a phenomenological approach in that it is all about exploring experience in its terms rather than boiling it down to "predefined or too abstract categories" (Smith et al. 2009, g 1). IPA is also interpretive, employing a "double hermeneutic" that involves the researcher interpreting how participants understand and make sense of their own experiences (Smith & Osborn, 2003; Smith et al., 2009). Both researcher and participant are in the business of making interpretations or making sense. However, the researcher's sense-making is second order; it depends on the account of the sense-making of the participant. In other words, the interpretative process is through the researcher's interpretation of the given meaning of the lived experiences by the participant. Hence, it makes it a double hermeneutic, or the researcher has a dual role. However, there is a needed assurance that interpretations should be expressed in their terms rather than according to "predefined categories."

Second, IPA is both phenomenological and social constructionist in that it is concerned with personal experience, interpretation, and contextual analysis. It corresponds to the researcher's epistemological viewpoint, a cross between critical realism and social constructionism. Cosgrove (2000) has also stated that while researching women's pain, a phenomenological and social constructionist approach should be used.

Finally, the idiographic nature of IPA is consistent with the study's objectives. IPA is concerned with the specific, with disclosing something about each participant's experience and being able to express something specific about the participants. Hence, Smith et al. (2009; pg 29) explain how IPAs work. The goal of IPA is not to make broad generalizations about vast groups of people too quickly but to arrive at more general claims slowly and only after a thorough examination of individual situations (Smith & Osborn, 2003; Smith et al. 2009). Smith (2004; page 42) quotes Warnock (1987) as saying, "Delving deeper into the individual also brings us closer to the universal."

Participant Selection:

- Criteria for selecting participants, including being COVID-19 survivors from Malaybalay City with mild to moderate symptoms.
- Participants in the study were identified through snowball sampling. They were further selected based on the characteristics stated in the population's inclusion and exclusion criteria and the study's objectives. Accordingly, following the fundamental principle of IPA of having homogeneous samples, the selection of participants represented homogeneity in the sense that they had the same experience of the phenomenon. In this connection, the current study involved the experience of being COVID-19-positive (Alase, 2017; Creswell, 2013).
- Further, this works through referral from the primary identified participant until it reaches the intended number of participants. This kind of sampling is consistent with the IPA orientation of having non-probability methods such as snowball sampling (Smith, Flowers & Larkin, 2009). This sampling allows access to a particular perspective on a phenomenon, thus representing a perspective rather than a population (Smith, Flowers & Larkin, 2009). Moreover, the sampling method has been used in several IPA studies Co & Canoy, 2020; McGlinchey, Hitch, Butter, McCaughey, Berry & Armour, 2021; and O'Sullivan, McGrane, Clark & Marshall, 2020.
- The study's participant recruitment process was underpinned by a strong commitment to ethical considerations. An identified participant was sent an informed consent to participate in the study. Once primary recruitment was administered, the researcher reviewed the inclusion and exclusion criteria, and once the participant met the requirements of the inclusion criteria, the researcher further discussed the procedure, risks, benefits, and other terms reflected in the informed consent. After the participants agreed to take part in the study and completed their participation, they were asked to forward study information to potential participants. However, it was noted that participants were not obligated to pass along the information about the study, and there was no penalty for not providing potential participants.

Additionally, to secure the participants from any harm or risks, they were encouraged to refer individuals who were not under their authority. Instructions for referral, as well as the identified ethical issues that needed to be considered, were presented by the researcher as included in the informed consent.

- The process of referral to potential participants was carefully structured to ensure transparency and respect for privacy. First, once the pioneer participant agreed to refer potential participants, they were provided with the inclusion and exclusion criteria for the study to ensure the target participants. Second, the participant sent the referral script to potential participants through direct messaging or contacting, not through social media or other means that might expose the potential participant's identity and pose risks to privacy and confidentiality. Third, the participant informed the potential participant to only directly message or contact the researcher. Fourth, once the potential participant agreed to take part in the study, the researcher contacted them. Fifth, the researcher scheduled an information session to explain further about the study and its ethical considerations. Sixth, once the potential participant agreed to participate in the study, the researcher and the participant discussed the schedule of the interview. This process continued until the number of participants needed was completed.
- The referral of potential participants carried risks that must be minimized to protect the participants from harm. One identified risk included the position of authority or commanding influence over the referred person. This could be inappropriate, as possible abuse of power, such as sanctions, might be imposed if one did not follow the referrer's request. To minimize this risk, the participant was required to refer potential participants who were not under their position of authority or commanding influence. Moreover, potential participants were advised to contact the researcher directly to ensure their genuine participation in the study. They were also informed about the importance of ethical risks and considerations when participating in the study. Another identified risk was the dissemination of study information. Potential participants could be exposed publicly, which might harm their privacy and confidentiality rights. To minimize this risk, the participant was required to make referrals through direct contact, not through social media or other means that could risk the participant's identity, while providing the researcher's contact information to potential participants. Current participants were advised and oriented regarding the risks of disclosing information. The study focused on a small sample size. In connection with this, Smith et al. (2009) noted that IPA primarily concerns in-depth individual experiences from a small number of cases and produces detailed data. The typical number of participants for IPA is about four to ten; Smith et al. (2009) emphasized that a higher sample size was not of importance and was not seen as "better work" (Nunn, 2009). Thus, this study recruited five participants as the sample size.

The inclusion criteria and exclusion criteria Inclusion Criteria

Inclusion Criteria

Participants had to have gone through being diagnosed as COVID-19 positive or infection, regardless of clinical signs and symptoms (Department of Health, 2020) have been quarantined for 14 days (about 2 weeks), adult, specifically in the age of 18 and above, without comorbidity or with comorbidity or diseases comorbid with COVID-19 such as chronic respiratory disease, hypertension, cardiovascular disease, chronic kidney disease, cerebrovascular disease, cancer or malignancy, diabetes, obesity, chronic liver disease, neurologic disease, tuberculosis and chronic respiratory tract infection, heart conditions, and among others (Centers for Disease Control and Prevention, 2022; Department of Health, 2021).

Moreover, one that has had mild to moderate symptoms of the virus, specifically with mild symptoms of "fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell but do not have shortness of breath, dyspnea, or abnormal chest imaging", while moderate symptoms of shortness of breath, evidence of lower respiratory disease, and more severe versions of symptoms associated with mild "(Huizen, 2021). Since most studies explored participants having severe symptoms from COVID-19, the current study is interested in exploring those who experienced mild to moderate symptoms since they are understudied or among the undocumented masses (Prioleau, 2021). Further, participants should have clinically recovered from COVID-19.

Exclusion Criteria

A person who is only suspected of having COVID-19. Clinical criteria for suspected of COVID-19 include acute onset of fever and cough or onset of fever, general weakness, fatigue, headache, myalgia, sore throat, nausea, vomiting, diarrhea and among others. The epidemiologic criteria for suspected of COVID-19 include working at a high risk of transmission any time within the 14 days before having symptoms onset or residing in or have traveled to an area with community transmission anytime within 14 days prior to symptom onset or working in a health facility such as hospitals, anytime within 14 days prior to symptom onset or having severe acute respiratory illness with a fever of greater than or equal to 38 degrees Celsius, and cough within 10 days that require hospitalization (Department of Health, 2020). Moreover, an Asymptomatic person not meeting epidemiologic criteria with a positive SARS-CoV-2 Antigen-RDT (World Health Organization, 2020).

Moreover, a probable COVID-19 case is excluded in this study. Probable COVID-19 cases include having clinical criteria that was mentioned in the earlier paragraph and is a contact of a confirmed case, a suspected case with chest imaging showing findings suggestive of COVID-19 disease and with recent onset of loss of smell or loss of taste without any other identified cause. (Department of Health, 2020; World Health Organization, 2020).

Minors are also excluded in the study since the research topic is not relevant to children and may need to have different research topics or questions involving children as perception of an experience may be different from adults. Undergraduates and vulnerable groups such as elderly, ethnic and racial minority groups, the homeless, prisoners, persons who are diagnosed with mental disorders and cognitively impaired are also excluded in the study.

In general, inclusion criteria for participants are adults diagnosed with positive COVID-19 under mild to moderate conditions and not those who were only under the criteria of suspected and probable cases.

The usual participants for IPA studies are homogenous in the sense that the defined group is significant for the research question.

Additionally, “homogeneity refers to a probable shared perspective upon the phenomenon of interest” (Larkin, Shaw & Flowers, 2018). The manner of specificity of the participants depends on the study (Smith & Osborn, 2003), hence in this study, the identified participants are based on the inclusion criteria. Accordingly, the study is concerned with the collection of insights and perceptions among the participants’ lived experiences from the phenomenon, COVID-19. Additionally, Creswell (2013) stated that “It is essential that all participants have [similar lived] experience of the phenomenon being studied” (p. 155).

Data Collection Techniques:

Data were collected through semi-structured, in-depth individual interviews. Interviews lasted up to an hour and were recorded via audio recording to produce verbatim transcriptions. This method allowed the researcher to delve deeper as unexpected information arose during the interviews. Hence, additional details often emerged as the researcher asked further questions (Pietkiewicz, I. & Smith, J.A., 2012; Smith, A. & Osborn, M., 2003). Since the interviews were semi-structured and guided by an interview schedule, unexpected data sometimes came up, necessitating further open and expansive questions. This occasionally resulted in emerging issues, as participants might have been triggered during the interview. In such cases, the researcher stopped the interview and referred the participant to a standby psychologist to provide the necessary services. The researcher also provided contact numbers and email addresses to address any concerns raised by participants. Additionally, if participants disclosed personal matters, the researcher reaffirmed consent before continuing the interview. Moreover, participants were given consent to control the use of their data, allowing them the right to decide what to cover in their data.

The researcher asked several main point questions, followed by prompt questions with a few main themes for discussion as needed, or depending on the flow of the discussion during the interview. These questions were reflected in the interview schedule, which was given in advance along with the informed consent. Questions

included the participant's physical symptoms, emotional processes, mental processes, and coping strategies. These questions were suitable for an IPA study as it focused on exploring sensory perceptions and mental phenomena such as thoughts, memories, and associations, specifically individual interpretations (Pietkiewicz, I. & Smith, J.A., 2012). Thus, they were directed towards the interview schedule aside from the general research question. The location of the interview depended on the participant's preference to promote comfort, especially if they were familiar with the setting. Any anticipated expenses were provided by the researcher during the study. A distress protocol was administered after every interview.

Since participants had signed the informed consent before the interview, a review of the consent was conducted before starting the interview, covering the expected duration of participation in the study, privacy, confidentiality, and data protection plan (Pietkiewicz, I. & Smith, J.A., 2012; Smith, J.A. & Osborn, M., 2003).

Ethical Considerations

Transparency and Conflict of interest

The researcher certifies to have no affiliations or involvement in any organization with any financial interest, or non-financial interest in the subject matter or materials discussed in this research (Nunn, 2009).

Informed consent process

Informed consent to participate was ensured by providing information about the study, including the purpose of the research, the procedures to be conducted, the responsibilities of the participant, the duration of participation in the study, the number of participants in the study, possible risks that participants might experience such as pain, discomfort, and distress, and potential benefits that the participant might acquire by taking part in the study, as well as at the community or societal level by providing information and explanation about the effects of the COVID-19 pandemic.

The participant was free to withdraw from the study without giving a reason and had the right to withhold consent. Participation was entirely voluntary without penalty, loss, or any consequences. On the other hand, participants were withdrawn from the study based on the following criteria: unwillingness to continue participating in the study, participants who requested to withdraw from the study, unanticipated events that required the participant to withdraw, whether an emergency and participants who were psychologically affected or triggered by the study.

Further, this protected the participant from risk, or any unfavorable consequences triggered by the study and maintained the integrity of the data. The participant could still receive compensation for related injuries and other anticipated expenses during the study. If the participant decided to withdraw from the study, he or she followed the study's withdrawal procedure. First, the researcher had to be informed of the participant's withdrawal through direct contact using the provided phone number or email address. Second, if the participant had completed the interview, the decision on whether to use the data in the study or to revoke authorization for the use of data depended on the participant. Either option, whether the data remained included in the study or was permanently deleted, was acceptable.

The participants' concerns regarding any aspect of the study were acknowledged by contacting the researcher through the contact information she provided. Further, the participants could reach the XU Research Ethics Committee (XU REC) regarding their rights, grievances, and complaints.

The information session occurred after the potential participant initially agreed to join the study. The researcher arranged a meeting at a location chosen by the potential participant. During this meeting, the researcher presented all relevant study information in English and Visayan. Moreover, the participant was given enough time to ask questions, seek clarification, or express concerns. After the potential participants verbally agreed to participate, they were given the informed consent sheet and enough time to read it. He or she was allowed to sign the consent form and receive a copy. The schedule for the interview, including the location and time preference, was then discussed.

Confidentiality

All information and data collected involving the participant during the research were kept strictly confidential and in the event of the study being published. However, limits of confidentiality were also discussed, and information was only disclosed if participants were at risk.

Data collection was only done through interviews, and the questions asked were related to the research objectives and presented in the interview schedule given together with the consent. Questions outside the interview schedule depended on the interview flow since it was semi-structured. However, the researcher reaffirmed or made an assurance to ask for consent for further follow-up or open-ended questions before continuing the interview. Additionally, the collected data was stored only during the study and was permanently deleted once the study was completed. The procedure for achieving the study's objectives and analyzing the data adhered only to IPA's guidelines. Moreover, the participant's identity remained confidential and was not publicly available even if the study was published.

Data Collection

Recordings of the interview were gathered using a voice recorder and typed out for a detailed examination. As Pietkiewicz, I., and Smith, J.A. (2012) argued in IPA, to produce a verbatim transcription of the data, it is necessary to audio record. Further, a professional transcription service may have been applied, and study-related documents were accessed by the researcher's mentor; thus, confidentiality agreements were conducted. The participant had the right to access the research findings and other information that was shared.

The research results were disseminated to the participants, who were integral to the study. These results, which could be utilized by guidance counselors, psychologists, and other mental health practitioners, were also made available to the wider scientific community through online publication. This not only promoted further opportunities for filling gaps in the study but also paved the way for another study that would serve as an additional contribution to the body of science.

Data management

The participants' complete anonymity and participation in the research study were kept strictly confidential throughout the investigation. The results and conclusions of the study were meant solely for academic use. Participants' personal information was handled with the utmost confidentiality and was only available to the researcher, ensuring exclusive access. Digital copies were kept in password-protected files, while all physical records and documents were code-numbered and kept securely in a locked filing cabinet. No participant names or personal information were disclosed in any transcripts or recordings. Access to the raw interview data was restricted to the researcher alone. Electronic copies of the interview notes and transcripts were kept safe on the researcher's password-protected computer, while hard copies were kept in a secure location. No names of participants were disclosed in any reports on the study's findings.

Hard copies of documents and recordings were exclusively labeled with code numbers and securely stored in a locked filing cabinet. Soft copies were stored digitally in a password-protected file. If a research participant requested a copy of the final analysis report, they could contact the researcher. After the study concluded, any data that could link to participants' personal information was securely deleted.

Risk of Participation

The following identified risks that a participant might experience during the study. Psychological or emotional risk could emerge due to being triggered by the interview, leading to negative emotions such as anxiety, sadness, guilt, insomnia, and other psychological discomforts. To minimize this risk, the researcher provided adequate protection for the participants by offering access to a mental health practitioner or professional such as a psychologist. The researcher covered the expenses for the services rendered to the participant. Moreover, the participant was offered a follow-up to provide further necessary interventions. The interview schedule was set on the participants' preferred date and time to consider their well-being. Lastly, information risk or loss of

confidentiality due to poor data storage was also considered a risk in the study, especially since collected data was audio recorded. To minimize this risk, the researcher did not include obvious identifiers of the participants. All data, such as audio records, typed-out transcripts, and other study data, were coded. The data storage was secured with encrypted codes or passwords, to which only the researcher and mentor had access.

Benefits

There are potential direct benefits that participants may gain, such as increased self-awareness of their experiences, insights, and reflections, which further promote self-processing. Additionally, they may be able to psycho-educate others, especially those who have similar experiences. On a broader scale, there are benefits that the community or society could gain from the study. Other researchers might have the opportunity to explore the study further, gaining knowledge and identifying gaps and limitations for future exploration. The study could also benefit medical and mental health professionals by helping identify appropriate interventions and develop treatments for people with similar experiences, improving their quality of life.

Furthermore, this study has the potential to significantly contribute to mental health awareness by highlighting the mental health impacts of COVID-19. The study's results could be a beacon of hope, providing valuable information and explanations about the effects of COVID-19, expanding the narrative of COVID-19 survivors, particularly in regions with limited resources, such as the Mindanao area. This contribution to mental health awareness could be a significant step forward in our collective understanding and response to the mental health impacts of COVID-19.

Rights and Responsibilities of Participants

Participants were given the right to choose the location for their interview, respecting their comfort and convenience. They also had the freedom to withdraw from the study at any time without having to give a reason and had the right to withhold consent. Participation was entirely voluntary, with no penalty, loss, or consequences. Participants could object to or withhold their consent in the event of any amendments to the information provided. Participation in the study was time-bound, meaning that all agreed consents were effective only until the study had completed its purpose. Participants had the right to access all gathered data or records, the results of the study, and any published data.

The participant ensured mutual respect with the researcher and read the consent form thoroughly. They asked questions if there were any concerns regarding the study. It was important for participants to attend scheduled appointments on time and inform the researcher within a reasonable time if rescheduling was necessary. Participants were expected to provide truthful answers to questions during the interview session and inform the researcher if further debriefing or processing was needed. They also notified the researcher if there were questions, they preferred not to answer and reported any discomfort experienced during the interview session. Additionally, participants kept the researcher informed of any changes to their contact information. Following the established withdrawal procedure, they notified the researcher if they decided to withdraw from participating in the study.

Compensation for the Participant in Case of Disability Resulting from Study- Related Injuries

Compensation for the participant in the event of disability resulting from study-related injuries is provided by the researcher. This included covering the fee of a mental health professional if psychological risks or disturbances emerged due to the study. After the interview, a token of appreciation was given to the participants for their participation in the study. Any other anticipated expenses, if necessary, were covered by the researcher during the study. Additionally, a distress protocol was administered following the interview.

Distress Protocol

There may be a risk of making the participant distressed while undergoing the interview especially to those participants who have gone through psychological distress. Thus, a distress protocol is made through allowing the participant to have a break time, the right to refuse in answering a specific question, and reiterating their

right to withdraw from the study. Although the participants did not experience distress during the interview, it was planned to be halted if they could not continue. The researcher offered a brief intervention or referred the participant to a mental health provider, with consent, to help process any distress caused by the interview. Additionally, with the participant's consent, the researcher will follow up with a courtesy call and encourage further services if the distress worsened or persisted (Nunn, 2009). The referral protocol involved contacting the researcher through the debriefing information sheet, which included contact information and the curriculum vitae (CV) of both the researcher and the mental health provider.

Waiver of Informed Consent, Justification for the involvement of vulnerable groups and Protocol

During the interview, participants disclosed mental health issues such as suicidal ideations, depression, trauma, and anxiety, which were triggered by the experience. The study might have been sensitive to others and could have elicited negative emotions. However, Draucker, Martsof, and Poole (2009) explored the development of distress protocols for research on sensitive topics and found that in-depth interviews might uncover negative emotions and traumatic memories. Although this has been a concern for some researchers, their literature review revealed that risks associated with exploring sensitive topics, including trauma, were well tolerated by most participants, and adverse reactions were rare. It was argued that research questions were less likely to trigger traumatic memories and that participants were more vulnerable when violence was portrayed visually or through mimicry. Their review also found that even if negative emotions were evoked through the research, this did not necessarily indicate psychological harm but rather a transitory negative state.

Further, research involving vulnerable groups was found to be impacted significantly by risks, especially during the COVID-19 pandemic. Given that these groups are traditionally marginalized and often difficult to include in clinical research, capturing their lived experiences could contribute to addressing their needs and help the scientific world understand the complexities of human perception and behavior (Ritchey, Simonovich, & Spurlark, 2020). Despite arguments about the safety and well-being of participants in connection with research questions asked during in-depth interviews, the ethical considerations, non-maleficence, and vulnerability of participants remained the utmost concern of this research.

Therefore, the following protocol was followed. As suggested by Burke, Martsof, and Poole (2009), although participants did not show signs of emotional distress and were not in imminent danger, the researcher offered the option to take a break or stop the interview and psychological debriefing was administered after the interview. A psychologist was available to offer interventions as needed, and follow-up sessions with the mental health provider were made available. However, if participants were identified to be in imminent danger, the researcher would contact their family member or guardian for support and offer medical and mental health assistance.

Analytical Procedure:

Phenomenology looks at how things appear to people in their experiences. It tries to find the unique aspects of experiences by setting aside preconceptions. In analyzing the data, the researcher set aside prejudgments, biases, and preconceived ideas of the shared experiences. Analysis of the data included multiple readings of the transcripts and making notes, highlighting significant statements or sentences that provided an understanding of how participants experienced the phenomenon, and clustering significant statements into themes (Pietkiewicz, I. & Smith, J.A., 2012).

Moreover, while making the notes, it was necessary to include statements involving the language used, metaphors, repetition of words, symbols, and other statements deemed necessary (Pietkiewicz, I. & Smith, J.A., 2012; Smith, J.A. & Osborn, M., 2003).

The approach utilized to analyze the data was Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009). Guidelines for guaranteeing quality in qualitative research were also used to guide the analytic process (Yardley, 2000; Spencer, Ritchie, Lewis, and Dillon, 2003).

That IPA will be:

Individual Case Analysis

Phenomenology: This principle focuses on how things appear to individuals in their experiences. It aims to identify the essential components of experiences by setting aside preconceptions. Following this principle, the necessary data was ensured to be complete, the level of transcription was at the semantic level, including all spoken words, pauses, and false starts. After the transcription was made, the initial stage of analysis involved multiple readings and making notes of the transcript. Observations about the interview experience were also included. Reading transcripts required repetition several times, and listening to the recorded audio multiple times was necessary. This allowed for immersion in the data and provided insights. Notes were written at this stage, including reflections and observations, by recalling what transpired during the interview, as well as its content and language used.

To start the analysis, a matrix was made. Recorded data were encoded, and line numbers were assigned. The transcripts were then transferred into a table, following the line numbers. A table with three columns was generated, comprising the original transcripts, exploratory comments, and emerging themes (See Appendix G) (Pietkiewicz, I. & Smith, J.A., 2012; Smith, J.A. & Osborn, M., 2003; Nunn, 2009; Willig, 2008).

Emergent Themes

Hermeneutics: This principle involves understanding a person's mindset and language to interpret their experiences. IPA researchers use this to understand and interpret the meanings participants ascribe to their experiences. This principle was applied first by turning notes into emerging themes. The focus shifted more to the notes than the transcript. The emerging themes were then grouped into sub-themes using psychological terms that reflected the participant's perspective. A three-column table showed line numbers, sub-themes, significant statements and line numbers. The sub-themes were checked against the transcript to ensure accurate interpretations, making the process iterative—repeatedly refining and revisiting each step to improve accuracy and depth. This involved reviewing and adjusting themes and sub-themes multiple times to ensure they accurately reflected the data and participant perspectives. This iterative approach allowed continuous refinement and ensured the analysis remained thorough and precise. Following this approach, the researcher understood the participants' perspectives and interpreted their meanings, creating a dynamic process involving both the participant's and the researcher's interpretations. (Pietkiewicz, I. & Smith, J.A., 2012; Smith, J.A. & Osborn, M., 2003; Nunn, 2009; Willig, 2008).

Cross Case analysis

Idiography: This principle involves an in-depth analysis of individual cases within their unique contexts. It contrasts with generalizing findings across groups, focusing instead on detailed exploration of each participant's unique perspective. This stage involved grouping the themes according to their similarities and removing themes that were not well-represented. Additionally, some themes were clustered together. The identified sub-themes were then checked against the transcript to ensure that the connections and interpretations accurately reflected the primary source data or the actual words of the participant. To acquire a clear and systematic overview of the themes that comprised clusters, as well as keywords and the positions of important quotations, a summary table was created. The table included three columns: the first for the experience, the second for the sub-theme, and the third for significant statements, with a final column for the corresponding line statements (Pietkiewicz, I. & Smith, J.A., 2012; Smith, J.A. & Osborn, M., 2003; Nunn, 2009; Willig, 2008).

Integration of Cases

The analysis of all participants was combined, and the results were compared. A matrix or table was created, reflecting the experience in one column, followed by the themes. The subsequent columns were for the participants, identified by numbers in this study, resulting in five columns. Under the participants' columns were their corresponding line numbers representing the identified themes.

RESULTS

Thematic Findings:

Experiences	Sub-themes	Meaning
Cognitive Experiences		
Perception towards immunity from COVID-19	Survivors' Beliefs and Immune System	Self-realization
Positive and Negative Perception towards COVID-19	Existential Awareness and Personal Growth	Recognition of Life's Value
	Positive interpretations of experiences as COVID-19 positive	COVID-19: A catalyst for healing and positive transformation
	Negative Interpretations of experiences as COVID-19 positive	Pervasive Anxiety and Vulnerability in the Face of Mortality
Perception towards COVID-19-Survivors	Resilience in recovery	Overcoming COVID-19: A triumph of fortitude and anticipated perseverance
Emotional Experiences		
Confidence	Misconceptions and Overconfidence in Personal Health during COVID-19	Initial assurance before emotional turmoil
Fear	Fear driven by media Influence and personal loss during the COVID-19 Pandemic	COVID-19s shades of fear

Survivors' Narratives:

Cognitive Experiences

Perception towards immunity from COVID-19

The analysis of the data provided valuable insights into how participants viewed themselves before and after their COVID-19 diagnosis, along with their broader outlook on life. Before testing positive for COVID-19, participants maintained a self-perception of being healthy, which they associated with their commitment to a

healthy lifestyle. Furthermore, they held the belief that only individuals with pre-existing health issues were susceptible to contracting the virus. As some participants stated:

“oo comorbidities ba I was not thinking na maigo ko kai sige baya kog lihok lihok fit ko nya wala na” (Line 637 of Participant

#02).

“overconfident sa akong self kai ahh conscious man gud ko sa health nako I do exercise, jogging ga muay thai pa gani ko aron akong immune system ga ano jud siya ba so naa sa akong mind na if ever mag positive ko sa covid asymptomatic lang ko (laughing) grabe ka grabe na overconfidence ba so mao na” (Lines 659-660 of Participant #03).

“tanang ahh murag feeling nako exempted ko sa covid or kung ma covid ko asymptomatic ko murag unsa, ang akoang belief na dili ko ma anohan sa covid kadto na time(...).” (Lines 834- 835 of Participant #03).

The participants' perception of being healthy also extends to a sense of confidence. This realization led them to understand that, despite maintaining a healthy lifestyle, lacking comorbidities, or not displaying

symptoms, one can still contract the virus. On the other hand, this may be a misconception about immunity from COVID-19.

Positive Perception towards COVID-19

The following statements demonstrate a recognition of the importance of life and a sense of purpose in life, following their experience with COVID-19.

“Lisod kog ginhawa maam morning naka mata pajud ko so naka ingon jud ko na second life jud ni nako ba di pajud ko patyon siguro (laughing) kanang so pagka mata nako murag murag naa siyay na affirm nako ba naa gyud koi purpose diri sa kuan na im not just a random ano naa gyud koi purpose kai sa kadaghan” (Lines 863-865 of Participant 03).

“Pero karon na nahatagan kog second chance sa ginoo na kanang i dont know unsay purpose but kanang ay naa pa diay pwede pa kanang nindot diay ang kinabuhi kanang naa pay naa papoy siguro naa poy purpose ba na gibuhi pako sa ginoo kung unsa man gali na akoanang tumanon kai akona ning e fulfill kung whatever ang ma kuan ana kai ah basin naay there kanag unsa ni ahh unsai tawag ana gani basin naay reason behind tanang ba and kanang na realize pud nako didto maam during sa isolation man gud na kanang kanang love jud diay ko sa akoang pamilya love diay ko sa akoang uyab kai bisan ug nag kina unsa na wala gyud koniya bulagi gi ana bitaw wala gyud ko byae sa akong ahh pamilya sa akong uyab mao nang siguro isa pud na sa akong purpose siguro maam nga kanang makabuhiko para sa ilaha ana ba nga ahh this is kanang ang kinabuhi is dili lang na para sa akona lang kanang selfish lang na kanang but kanang ahh need to share it with sa akong pamilya sa akong uyab or unsa man galing di kayko open gyud” (Lines 1283-1292 of Participant 04)

“Siguro uhm it reminded me ah sa uban pud na kanaang ahh siguro mubo ra ang kinabuhi and kanang dili ra gyud ta forever mabuhing kanaang mamatay diay ta, ana bitaw like sauna i don't believe in kanang mga kuan kuan man kai lage like kanang dili ta ga mind ba but karon na murag na confirm with kanang existence nako is limited lang then anytime pwede diay ko mamatay ana ba kanang ahh ang gi kuan sa covid siguro is that it reminded me nga kanaang short lang mortal lang ta na kuan being and kananaang we need to kuan siguro maam na e make use nato ang kung unsay naa sa atoa during unsai atoa” (Lines 1332-1338 of Participant 04).

Participants were able to remind themselves of their mortality and gain a new perspective on living life. Moreover, they greatly recognized and appreciated the support of others. This further suggests that the COVID-19 pandemic elicits existential appreciation as a pandemic-imposed threat to one's existence.

Experiencing COVID-19 led participants to reassess the value of life and find a new purpose. After surviving symptoms, they gained a sense of purpose and affirmed life's significance. Further, it allowed them to recognize the love and support from family, leading to a broader appreciation of life.

Positive interpretation of experiences as COVID-19 positive

The following statements depicted the participants' positive perception of being COVID-19 positive, as well as how they interpret their situation and themselves by attending to brighter perspectives while experiencing the virus. As participants stated:

“magpa stress kai sige rakag work. basin nakai time for yourself so have faith lang jud noh think positive nga think positive sa covid na positive na thought nga kani jud na time basin ipa relax ko ni lord. kai” (Lines 145- 146 of participant #01).

“gyud to siya maam,.. maka ingon ko ba nga gituyo man siguro sa ginoo na ipa covid ko (laughing) tinuod maam, tinuod akong feeling na ano naka huna huna jud ko ana ba nga basin na gituyo ni lord noh kai dili i think dili najud ko ma help maam” (Lines 892-893 of participant #03).

“akoa ha na experience kung ma covid positive ka, kadtong ako wala na nako na feel ang mga negative na mga experience nako murag nawala tanan focus sa akong pain sa akong lawas na gibati adto na time oh” (Lines 975-976 of participant #03)

“replace ang akong ang akong psychological pain with physical pain so wala nadayun ahh from day 5 to” (Line 889 of participant #03).

“Kai kung if ever man gud imo siyang e kana bitawng my god wala najud koi panguan e negative jud nimo siyag dala mas worst jud imong bation na di naka katulog at night kai before jud nako siya gi take” (Lines 233-234 of participant #01).

Participant number one managed to think positively about the situation. By using cognitive restructuring or reframing. Furthermore, being COVID-positive may have enabled her to improve her well-being and manage the challenging situation.

Participant number three's COVID-19 experience led to a profound life adjustment, enabling her to move beyond suicidal thoughts and elevate her mood from a depressive state. Despite not having an official depression diagnosis, this case highlights the varied psychological impacts of COVID-19 on individuals. For her, the experience seemed to catalyze a renewed appreciation for life, a deeper sense of purpose, and gratitude for overcoming the virus. Thus, one can view testing positive for COVID-19 as an unexpected opportunity for personal growth and recovery from depressive states.

Positive Interpretations on COVID-19

The following statements portray the participants' positive perceptions of COVID-19. This further represents the participants' positive description and definition of COVID-19. The following statements demonstrate this:

“Covid nako? na help to oy kai na heal akoang depression karon dayun murag after adto kai murag dili man jud siya totally nga nawala jud siya, kanang murag ahh nagka lesser na nagka lesser siya ba unya mao dayun to naayo na dayun ko from the ano dayun murag niana na dayun akong attitude ba nga let it go then let things be so survive lang ka ah focus in surviving each day nalang jud kai pwede jud anytime mamatay ka na dili ka maka balo dayun nausab naman dayun kai akong e compare akong feelings sa una” (Lines 913-917 of participant #03).

“oo mao lage thank you gyud sa covid ay kai during na prior to covid kai dili baya jud nako ma feel nang mga ing ana covid jud bitaw kai ani man gud to cguro maam nag change man jud akoang outlook adto na positive.” (Lines 967- 980 of participant #03), “Toward positive kai daghan man naka benefit, daghan ni

boom na economiya sa mga tao pud na ni survive ni samot napud silag ka kuan” (Lines 382-383 of participant #01)

“akoa kanang kuan siya daghan siyag mga learnings jud and tungod pud sa covid uhm mas na examine namo amoang kaugalingon and pero maskin pag ing ana siya, maskin pag sakit siya, thankful gihapon ko kay naa man gihapon koina achieve adto na mga learnings like like sa amoa naa, adto na time na isolation, nakatuon man to akong baby mag lakaw adto na time kai mas mas naa mi time na mag bond sa family and uhm though ah aside pud sa sakit siya kanang diba kai ma isolate ka and dili man kamakagawas sa inyong balay muragmas naa mi time to be with each other and mas naa mi time to get to know each other pud kai although murag minyo nami, dili man pud mi everyday ga uban before kai ga byahe byahe man siya and kuan pud siya kadto learning kuan jud siya learning process pud sa amo. ” (Lines 1411- 1415 of participant #05) “oh mao to siya ang positive na part” (Line 1421 of participant #05)

“Para sa akoa, isa ka kaning lesson siya sa akoa noh kanang siguro kung sa ako, kung unsa ko ka kaning, ahh kaning unsa ni kung kaning naay mga gapang bation, dili naka dapat na kaning agwanta lang ba ano siguro extra, natudluan ko na dapat vigilant ka sa tanan moments sa ano ahh kai si covid murag medjo kaning although medjo nihinay naman jud siya na variant pero wa ta kabalo man gud, di jud siya” (Lines 581-586 of participant #02).

Nearly all the participants, with participant number three being the most notable example, held a positive view of the COVID-19 experience. Participant number three specifically mentioned that she found healing for her mental health and an overall improvement in her well-being, despite the challenging ordeal of contracting the virus. Moreover, she highlighted a shift in her attitude and life perspective, stating, *“akong attitude ba nga let it go then let things be so survive”* and *“nag change man jud akoang outlook adto na positive.”* This indicates that prior to experiencing COVID-19, her outlook may have been less optimistic, and she may have lived with a lesser sense of appreciation or perceived her life as having lower value. After her encounter with the virus, it seems she realized the importance of cherishing life and making the most of each day by focusing on survival.

Conversely, participant number one emphasized that COVID-19 had a positive impact on the economy. This observation can be attributed to the surge in sales of items such as face masks, face shields, and other personal protective equipment (PPE) intended to safeguard individuals from the virus. Therefore, participant number one holds a positive view of the economic consequences of the pandemic. This perspective could also reflect participant number one's general outlook or orientation regarding businesses, and it may serve as an influencing or contributing factor to her perception.

Participants two and five regarded COVID-19 as a valuable source of learning. They have gained valuable insights into the importance of health and accomplishments, including experiencing significant life milestones with their families. Additionally, participant number two has become more aware of improved hygiene practices as well as the hazards and risks associated with the virus. Notably, both participants number two and five are healthcare professionals, which implies that their perceptions may be influenced by their profession, as their outlook gravitates toward emphasizing the importance of health.

Participants' statements encompassed personal growth, healing, economic benefits, enhanced family connections, and greater health awareness. Many survivors interpret COVID-19 as a catalyst for positive transformation, propelling significant change and development in their lives.

Negative Interpretations of experiences as COVID-19 positive

These statements portray the participants' negative interpretations of their experiences with COVID-19. The following statements illustrate this theme:

“hibalo nakong doc, okay rani, di ko ma dead ani? or unsa mani? Worst bani? kai syempre covid” (Line 105 of participant #01).

“ahh medjo kanang actually di ko kasabot unsa akong gakuanan at the same time man gud adto nag

positive mi, nag sunod sunod pud ang death sa family covid related in span of 2 weeks, tulo sa amoang pamilya” (Line 553- 555 of participant #02) “kuan mag sige kag ubo mag sick na hinuon ka imbis okay raka girl before then karon kalit ra dyun kag ka weak so mao jud to siya mura siyag war between yourself na unsaon nimo pag control kanang mga things na dili na nimo pwede mapugngan. Unsaon nimo imong kaugalingon, ikaw nalang mag choice” (Line 553-555 of participant

#02)

“mamatay nako kai kanang wa man gud jud ko kabalo sa akoang status gyud sa basin naa poy mga” (Line 1060 of participant

#04).

Most participants have a negative perception of their experience of being COVID-19 positive. The common thought pattern that emerged was one of death and uncertainty, particularly when they learned they were positive for the virus. The overwhelming thoughts of uncertainty further reinforced their belief that they would die. This may indicate that a sense of uncertainty and a perception of death due to COVID-19 are interrelated.

“sa covid, lamunon ko sa mga negative thoughts nako na mura bitawg ni submit naka na oh mu higda” (Line 179 of Participant

#01)

“Covid 19 is a sickness not just in health but in your mental health. ma challenge jud ka sa imong mental health” (Lines 336-337 of Participant #01)

“nga kanang pwede jud siya makapatay pero i was thinking nga kadto lang gyung sa kasagara maigo kadtong kana jung mga luya” (Lines 634-635 of Participant #02)

“oo comorbidities ba i was not thinking na maigo ko kai sige baya kog lihok lihok fit ko nya wala nabaya koi bisyo more or less makaingon ko ba nga medjo fit napud ko something ana ba pero after sa covid na realize nako nga wala jud diay pilion maskin pafit paayo ka, mag sige pa ug lalalak pakag vitamins diha pag time jud nimo maigo ug covid, maigo gyud ka, wala jud siyay ano wala jud siyay wai pili ba. kai isa sa ka, kadto pud akong uncle oh nga 70 years old, 70 plus wala jud to siyay ano, wala jud to siyay sakit, fit pa kaayo to siya. nya here comes iyang apo ang nag dala kai iyang apo sigeg inom then niuli sa iyang balay, kadto lang jud na ano bai. After one- week rajud siya, patay na dayun akong uncle. mao tong wala gyud diay masking unsa ka ka fit, ug time nimo maigo, maigo jud” (Line 638-644 of Participant #02)

“Scare sa covid grabe kaayo murag I think psychological pud to siguro oh kai grabe jud ang scare sa covid” (Line 654 of Participant

#03)

“The difference lang siguro is ang possibility na pwede ko niya ma ano mahimong casualty na pwede ko mamatay sa covid i believe in covid kai ano man jud ga tuo man kog kanang science “(Lines 827-828 of Participant #03)

“ahh COVID-19 kung sa, science lang gyud na kuan, COVID- 19 is an rna virus that causes kuan.. pero sa akoa ang COVID-19 gyud is ah kuan gyud a catastrophic nga virus na it cause kanaang ahh mas mass death sa tibuok kalibutan and kanang it caused grabe na misery with all the kanaang sa mga pamilya” (Lines 1300-1302 of Participant #04)

“kuan siya for me ang covid 19 is dili langsiya kanang sakit na mawala dayun direcho, like oo mawala iyang physical symptoms pero ang kadtong murag naa siyay scar gihapon na gihatag sa imo cos para sa” (Lines 1410-1411 of Participant #05).

“to nga pagka matay sa akoang lola kai medjo naapektuhan jud akoang kinabuhi maam kai kanang prior” (Line 1091 of Participant#04).

“oh murag ma overthinker ka besh maskin uy maskin kanang uy naay ubhon sa balay ug lahi nana imoha basin na expose ka ana bitaw” (Lines 1404-1405 of Participant #05). “mmm, ahh basin covid napud ni” (Line 1407 of Participant #05).

“madala paingon sa akong kuan balay, mga ing ana. siguro murag kung careful naka daan before, ahh murag jud ug paranoia pero extra careful lang jud ko triple times murag ing ana ba” (Lines 577-578 of Participant #02).

Most of the participants have defined COVID-19 in a negative light, and this reflects the negative impact it can have on one's mental health, as indicated by expressions like "negative thoughts" and "sickness in health but in mental health."

The participants' narratives reveal a profound and multifaceted experience of fear and uncertainty surrounding COVID-19. The immediate concern for mortality upon learning their COVID-19 status reflects a deep-seated fear of death, leading them to question the severity and potential outcomes of the virus. Participants describe a sudden decline in their health and the emotional toll of witnessing multiple COVID-19-related deaths within their family, compounding this fear and fostering a sense of helplessness. The uncertainty about their health status and pervasive anxiety about their vulnerability underscore a widespread theme of fear among participants. This emotional impact is evident, with participants grappling with feelings of helplessness, anxiety, and vulnerability. The experience of being COVID-19-positive often prompts contemplation of mortality, highlighting how the virus catalyzes a profound re-evaluation of one's survival and existential concerns.

Additionally, survivors have faced pervasive anxiety due to the loss of a family member, which significantly affected their recovery process from the virus. This anxiety emerged as a central challenge during their recovery.

“mag sige ug huna huna, kanang dili naka ka, dili naka maka relax, instead of mag wait nalang bitaw ka” (Line 94 of Participant

#01), “ahh during kadtong buhi pa si lola kanang kamulo pa siya ug ka hospital sige kog kah kahh ing adto” (Line 1145 of Participant #04), “namatay na si lola kanang gakabantayan nako na pananglitan medjo naay problem sa work or kanaang sa pag skwela dugay nahatag among grado, didto dayun mu arise dayun na kanang mag lisod napud kog ginhawa, ana bitaw murag kadto na time kai mabalak on kayko bitaw maam kanang ambot lang kai basta beyond na sa akoang control mura na dayun kog kanang mag lain akoang ginhawa, musakit gud” (Lines 1153-1156 of Participant #04).

Participant number four experienced significant anxiety following the death of his grandmother, which disrupted his studies and daily routines. This loss led him to confront feelings of impending death, which resulted in panic attacks, as he described:

“kaya every lihok lang nako naay maka kuan kai murag mura na dayun kog mamatay dayun maam ay, dayun mag lisod gyud kog ginhawa na mao tong ana ko na muundang nalang siguro kog trabaho ana” (Lines 1130-1131).

Over time, this anxiety persisted, with participant number four continuing to experience panic attacks and difficulty breathing even months after his initial recovery:

“murag na okay raman dayun ko maam pero every now and then mo balik pa gihapon siya kanang maglisod napud kog ginhawa galisod kog kuan pero kaya na nako karon na mo basag daghan, kaya na nako” (Lines 1234-1235).

Based on the participants' narratives, COVID-19 has demonstrated a long-term impact on loss and presents ongoing psychological challenges. Participants' anxiety after a family member's death indicates a relationship between grief and anxiety. Grieving during the COVID-19 pandemic appears distinct from non-pandemic losses, with the context of COVID-19 intensifying feelings of pervasive anxiety.

Perception towards COVID19-Survivors

When asked to define COVID-19, this participant provided insight into their perception of the virus and those who had contracted it. The participant stated:

“but kadtong mga naka survive is I believe strong gyud to sila not just in their health but in their mental status. kai daghan” (Lines 342-343 of Participant #01).

This statement highlights the participant's view that survivors of COVID-19 are perceived as particularly strong, both physically and mentally. The participant suggests that surviving the virus is indicative of resilience, grit, and a robust immune system, reflecting a positive and empowering outlook on individuals who have navigated this challenging experience.

In this statement, the participant emphasizes that survivors perceive COVID-19 survivors as particularly strong, both physically and mentally. The participant suggests that surviving the virus is indicative of resilience, grit, and a robust immune system, reflecting a positive and empowering outlook on individuals who have navigated this challenging experience.

Additionally, the participant's personal beliefs about overcoming adversity are evident in their view that surviving COVID-19 prepares individuals to face and overcome future challenges:

“maingon nako when you survive covid, you will survive or get through a lot of things” (Line 257 of Participant #01).

From the participant's perspective, overcoming COVID-19 is a testament to fortitude. This experience of triumph not only highlights their resilience in confronting the virus but also reinforces their strength for facing future challenges. Thus, surviving COVID-19 symbolizes the enduring qualities and inner strength needed to overcome significant adversities.

Emotional Experiences

Confidence

Their belief in their own health and well-being is the foundation of this confidence. Here are some sample statements that illustrate the sub- theme:

“swab kai basin infected ko, ing ana. Dayun confident kaayo ko kai wala koi symptoms. Very feeling good. Good jud kaayo akong na feel, kanang wala jud, walay hilanat, sip.on, ubo, so si hubby rajud siya. Naka” (Lines 7-8 of Participant #01).

“ may tawag ana maam unreachable ko sa covid. pagka covid na nako didto na dayun na “ahh okay” so” (Lines 830- 831 of Participant #03).

“ i was not thinking na maigo ko kai sige baya kog lihok lihok fit ko nya wala na baya koi bisyo more or less makaingon ko ba nga medjo fit napud ko something ana ba pero after sa” (Lines 637-638 of Participant #2).

Health beliefs and lifestyle choices influenced the participants' initial confidence, but upon confirmation of their COVID-19 status, they faced challenges and transformed into heightened concern.

For instance, her strong belief in her physical fitness and immune system influenced participant number three's assurance. On the other hand, the absence of symptoms initially underpinned participant number one's confidence.

“overconfident sa akong self kai ahh conscious man gud ko sa health nako i do exercise, jogging ga muay thai pa gani ko aron akong immune system ga ano jud siya ba so naa sa akong mind na if ever mag” and “di man kaayo ko lad-an ug mga hilanat” (Lines 257-258).

“i was not thinking na maigo ko kai sige baya kog lihok lihok fit ko nya wala na baya koi bisyo more or less makaingon ko ba nga medjo fit napud ko something ana ba pero after sa” (Lines 637-638).

The confidence of the survivors originated from their convictions, signifying the distinct emotion they felt prior to receiving a COVID-19 positive diagnosis. Furthermore, this may reflect that the absence of symptoms, as well as having a healthy lifestyle, could generate feelings of confidence in the context of COVID-19.

Fear

The fear of transmitting the virus to others, along with several contributing factors, includes concerns about mortality, isolation, uncertainty about recovery, and anxiety.

Participants expressed these fears as follows:

“kanang ako kai siyempre gaka hadlok ko kai mahadlok ko mo positive kai naa man tay mga trabaho gusto jud ko mag work kai kabalo ko na gamay rajud kaayo mi, unya if ma kulangan pagyud unsaon” (Lines 12-13 of Participant #01).

“basin ma takdan ko basin maka takod ko and aside pud ana kai before man gud kai diba kung ma expose ka or kung mag positive ka kai murag ah kanang isolate na dayun ang tanan, murag ma damay na dayun kanang unsa lugar ako napud dayun ako napud ang mahimong cause aning malabian napud ang service” (Lines 1391-1394 of Participant #05).

“ko maam what if, then gaka hadlok ko sa worst case scenario kai kadto man gud sa tv, sa internet, worst” (Line 70 of Participant

#01). “ma goosebumps pa gihapon maam still.” (Line 416 of Participant #01)

“then so here comes sa akong anak akong ga kuanon noh mahadlok ko nga basig dili makaya sa akong anak, kanang dili niya makaya mo recover then unsa akong buhaton, unsa kaong” (Lines 560-561 of Participant #02)

“direcho is that kanang mahadlok ko maam na basin mamatay ko then daghan pakog plano sa kinabuhi” (Line 1063 of Participant #04). “na dayun ko maam na ako ra isa kai basin unyag mahitabo napud to again na mutaas akong BP ana” (Line 1137 of Participant #04).

Fear of COVID-19 encompasses concerns about transmitting the virus to others, particularly within one's family, as well as worries about personal health. This fear often leads to thoughts of death and heightened anxiety due to severe breathing difficulties.

Therefore, COVID-19 fear encompasses concerns about both transmission and personal health. Overall, these narratives highlight the complex nature of COVID-19-related fear, which includes virus transmission and personal health. These fears are significantly influenced by social media and personal loss experiences.

Worry

The participants expressed concerns about the quality of the medical care they were receiving, as well as their financial resources. As reflected in their statements:

“makuan individually ba so collectively ana nalang ilang pag treat sa amoa nya gaka balaka ko kai basin”
(Line 1077 of Participant

#04),

“pero kadtong mga before siguro kanang naay mga worries ana pero pag gawas since na kuannaman gud”
(Line 1370 of Participant #05).

“sa akong anak, wala jud gitawag akong anak so mao nato medjo lahi najud ni pero hoping gihapon na mag negative ra wala ray kuan then gi approach mi nag tawag silag lain batch then didto na dayun nag start nag separate ang mga tao didto murag di ghapon ga sink in sa akoa, yatis covid nabakaha ni. or something ano lang unta kai wala man gud silay gisulti. pero murag makita man gud nimo na gi separate” (Lines 484-487 of Participant #02).

“oo wala na then financial, mahal ang mga tambal so gaka aning aning nako didto na time didto palang”
(Line 68 of Participant

#01), *“If ever ma hospital unsay bayad, asa mi mag kuan”* (Line 86 of Participant #01).

These statements highlight concerns about medical care, family health, and financial strain. Survivors' worries stem from collective care, intrusive health thoughts, family issues, and resource constraints.

High case volumes and strict protocols exacerbate participants' worries about the adequacy and personal attention of their medical care during quarantine. The procedures for confirmatory tests and isolation heighten worry, while the costs of medications and hospital expenses add further stress. Hence, the pandemic's impact extends beyond the immediate health concerns or the recovery from physiological impacts itself.

Guilt

The following extracts illustrate the participants' feelings of guilt concerning the potential transmission of the virus to others:

“unya paspas kaayo ang spread unya gakahadlok ko na ako ang cause akoy nag dala sa balay na gaka guilty ko kai ga work ko diri then positive ka then if muuli ka sa balay kai syempre bisag unsaon pa nakog kaligo sa gawas noh di jud siya matangtang unya na guilty jud ko in the first place ako feeling nako” (Lines 58- 60 of Participant #01).

“oo mother guilt kai syempre ikaw nag dala” (Line 88 of Participant #01), *“murag guilt, nagnong akong anak na ako nlng unta to kana”* (Line 594 of Participant #02).

“wala jud unta ko to intentionally nga ing ana nga maka kuan ko sa ilaha nga possible risk sa ilaha murag ing anaba gaka kuan akong guilt adto mao to nga nihangyo napud dayun nagitawagan sa amoang” (Lines 1047-1048 of Participant #04).

Parents may experience unique "parent guilt" over concerns for their children's well-being. Work-related guilt stems from concerns about transmitting the virus to colleagues and affecting workplace operations. COVID-19 guilt also involves feelings related to one's role in the family, particularly as a parent, as well as the potential transmission of the virus in the workplace. These feelings often stem from an awareness of the risks and potential consequences of spreading the virus to others. Overall, survivors of COVID-19 commonly feel guilty about both their role in the family and their impact on others.

Frustrated

This experience highlights the participants' frustration stemming from their desire to regain control over the situation. As stated by the participants:

“nga kung naa lang ko didto ma control lang nako ang situation but naa man ko sa layo wala gyud koi ma” (Line 1151 of Participant#04)”

usahay di pajud mao ang madala, kanang samot ka na gaka frustrate ka” (Line 565 of Participant #02)

“gyud which is mao jud unta to akong goal from the start na gikan pa diri nga mu tabang with my lola mao” (Line 1090 of Participant #04).

Quarantine restrictions frustrate individuals' abilities to pursue personal and familial goals. COVID-19 frustration stems from the quarantine conditions, which further impede one's familial roles and responsibilities. Quarantine restricts individuals from engaging in their regular daily activities, thereby intensifying their frustration. This limitation adds to the general feelings of frustration from being isolated.

Denial

These statements illustrate the participants' feelings of denial upon testing positive for COVID-19. Such emotions often arise either before receiving an official diagnosis or during the confirmatory testing process. As shared by the participants:

“oo, upon that guilt and kabug.aton ng na feel nimo na hay naa najud siya, naa juy part na mo deny pajud ka “ay dili,wala pa na check sa tanan checklist napay part na”oy napay bilin diri oh” pero wala” (Lines 243-244 of Participant #01)

“then here comes kadtong gabasa, tingala ko kai nag tawag na tawag na tanan ngalan, kadtong ka batch sa akong anak, wala jud gitawag akong anak so mao nato medjo lahi najud ni pero hoping gihapon na mag negative” (Lines 483-485 of Participant #02)

“Wala jud nako gi gi embrace pa ang possibility na ma covid positive jud ko, ang akoa lang flu lang to kai” (Line 694 of Participant

#03), “covid ni pero kanang murag dili ra lage kai naulanan ko adto ... (Line 1361 of Participant #05).

Participants' denial upon testing positive for COVID-19 often arises from fear and reluctance, driven by concerns about the consequences of a positive diagnosis, such as quarantine and its impact on their daily lives and family dynamics. Protective instincts are also linked to this denial, as individuals may downplay symptoms or delay acknowledging their diagnosis to protect their families. Factors influencing this denial include guilt and emotional burden, as seen in Participant #01, who experiences compounded denial due to feelings of guilt and personal responsibilities. Additionally, the perceived similarity between flu symptoms and COVID-19 symptoms influences Participant #03's denial and affects her acceptance of the diagnosis.

Overall, COVID-19 denial means a psychological buffer from the fear of the impact or consequences if one is tested positive for the virus. Moreover, this also means that denial can serve as a psychological buffer from negative emotions.

Behavioral Experiences

Praying

The following illustrates how participants have employed prayer or recognized the existence of a higher power as a coping mechanism. It underscores their belief in the efficacy of prayer as a helpful practice during their experiences. As stated by the participants:

“mi dayun kuan nako imong coping mechanism mag pray” (Line 150 of Participant #01)

“ano lang siguro, ako na tao man gud medjo number one jud prayer jud, prayer jud akong gisaligan,” (Line 596 of Participant #02)

“ka palayo oh so kadto lugar na covid ko nag sige ralog concentrate na maayo ko unya maka ana maka talk man jud ko kang god, lord ngano unsay ing ani dayun murag kadto na dayun murag na closer nag balik ba kai naay murag unsay tawag gani ana maam? ahh spiritual dryness.. oo (laughing) so” (Lines 923-925 of Participant #03).

Most participants reported using prayer as a coping strategy to manage stress. When feeling overwhelmed, participant #01 turns to prayer, emphasizing faith in God and suggesting prayer as a source of comfort during intense distress. Participant #02 also relies on prayer, indicating trust in a higher power. After a period of "spiritual dryness," Participant #03's diagnosis with COVID-19 prompted her to reconnect with God, thereby integrating spirituality back into her life.

Prayer reflects how, in the face of adversity, people turn to their faith and belief in a higher power for strength, solace, and perseverance. Survivors' encounter with COVID-19 served as a catalyst for them to reintegrate spirituality into their lives. As a result, COVID-19 forces one to turn to spiritual practice, especially in situations on the verge of trouble, such as the pandemic.

Mindfulness Breathing

This experience portrays the participants' use of breathing exercises as one of their coping strategies for experiencing anxiety. The significance of the statements lies in their application of an evidence-based strategy to counteract the psychological effects of COVID-19. As participants stated:

“labanan ang emosyon dai, relax girl mag mindfulness sa ta ginhawa sa ta gamay dayun. kai feeling man gud nimo murag na down naka kai wow naigo ko sa covid murag nganong sa tanan ako pajud, then ma feel nimo na oy girl kanang, ani man gud maam ang nahitabo man gud sa among mga neighbors, naa na kulba jud akong na feel so mao to na mao najud ni basin simbako unsa kaha ni lord, unta ako” (Lines 130-134 of Participant #01)

“stress ana ba so pagka third day na dayun nag balik na dayun kog trabaho dayun medjo stress pud to diri pero gapaminaw lang pud kog music maam na kadtong meditation and yoga bitaw ana ba basta kanang murag ang kuan adto sa spotify kai murag kanang linaw imohang paminaw ana so murag ma gaan gaan ang kuan so bisag ahh naay mga problema gamay diri sa work medjo ma kuan ra ko maka ginhawa rako” (Lines 1184-1188 of Participant

#04).

The emergence of mindfulness meditation as a coping mechanism among individuals with COVID-19 highlights the significance of self-regulation and emotional resilience during the pandemic. Participants turning to mindfulness practices and breathing exercises to manage anxiety and psychological distress underscores the efficacy of these evidence-based strategies in reducing anxiety and stress.

This suggests that COVID-19 survivors turn to mindfulness breathing exercises to improve mental well-being, particularly when dealing with COVID-19-related anxiety. Additionally, this behavior not only manages the physiological symptoms of COVID-19 but also addresses psychological difficulties like anxiety-induced shortness of breath.

Exercise

This behavior highlights how participants turned to exercise as a coping strategy during the pandemic. The pandemic imposed public health measures and restrictions, which limited opportunities for physical activities and social interactions. Despite these challenges, the participants found ways to engage in physical activities within the confines of their homes, even while under quarantine. As some participants stated:

“noh then mugawas kamag exercise every morning coping at least kanang imong e think kai mo improve bitaw kai kung mag sige man pud kag lukong sa kwarto kai mag movie, wa nai circulation sa dugo wala” (Lines 169

to 170 of Participant #01)”

“morning exercise para dili jud kaayo ing ana na mag sigeg huna huna na covid nani covid nani and mag luksa na nagka covid variant na naka delta nako, so lumalaban kahit nasa bahay.” (Lines 176 to 177 of Participant #01),

“dayun sa balay kanang walay gabuhaton man naliman kag 2 weeks ka, exercise exercise whole morning sa kanang medjo layo layo taman lang sa makayag exercise, lihok lihok jud ba kanang dili ko magpakita na kanang mag lubog lang gyud ko, at least man lang bahalag hinay hinay kanang maanad akong lawas na mag lihok lihok jud, murag mo bounce back ko balik. Kai wala man jud koy mabuhat sa balay jud” (Lines 612 to 615 of Participant #02).

As highlighted in the quote above, participants recognize the significance of incorporating exercise into their recovery process from the virus. Participant number one emphasizes the importance of maintaining healthy blood circulation and suggests that engaging in exercise is a more constructive use of time than fixating on the virus. She tries to reframe her thoughts positively by focusing on exercise.

Participant number two's motivation for exercise is closely tied to his children's well-being and productivity during their quarantine period. His statements primarily revolve around his children's welfare. It suggests that participant number two believes that children can adapt to coping strategies such as exercise or other activities when they observe their parents doing so.

Hence, COVID- The COVID-19 restriction encourages survivors to engage in physical activities as a means of fostering positive thoughts and behaviors in themselves and others.

Family and Social Support

This experience illustrates the significance of family and social support as sources of coping for the participants. It highlights how participants managed to overcome challenges with the valuable support and contributions of their families.

“nimo e talk ang mga people. the people na magpa feel ug positive. mama, igsuon, akong mother in-law, gina cheer jud ko nila. kai sailang country pud nastruggle pud ghapon ang covid. pero sige ghapon ko nilag gina remind na ayaw pagka balaka kai daghan ni survive dinhi so survive jud ka ana jud kai naa man” (Lines 304-306 of Participant #01).

“ana so sila pud jud akong kauban. akong family jud ang murag core jud nako na sila jud ang nag hatag sa akoa ug kalipay, motivation, positive thoughts, nga ma okay rako oy, dili ko magpadala, gina condition” (Lines 400-401 of Participant #01).

“ano then akong kuan sa nga kung mag akong drive pud akong kanang sa akong wife kung magluya luya” (Line 597 of Participant #02)

“ number 1 jud akoa jung family. oo family jud nako” (Line 965 of Participant #03).

“kanang naa pa silang mama ug papa akoang mga manghud na kanang ma sad pud ba if ever mawala ko ma sad siguro di ko sure ah basta kai naa pud koi pamilya na nag love sa akoa dayun para pud na naa papud koi mga dreams pud then naa pud akong uyab naa pud akong kuan ba na future namong duha” (Lines 1194-1196 of Participant #04).

“koi mga friends and families na gatabang pud sa amoa di man mi kagawas para mag palit ug pagkaon naa sila para mag hatod maskin didto lang sa gawas and biskan kadtong taga lagyo muanha pero maskin sa gawas ra sila okay rajud kaayo” (Lines 1428-1431 of Participant #05).

“mahimuot nalang mi aron e share man pud namo among ginabuhat sa among silingan kai ing ana man pud ilang na feel “oh sige kaon ani tii basin maulian ka so naay mga times na gipadad-an mi ug food para tilawan

oh diba nahimo nami ug tig tilaw sa ilang luto or manghatag lang jud sila kai para mabaskog sad mi” (Lines 238-241 of Participant #01),

“overwhelmed sad kaayo ko sa ilang support kai kadtong pag ingon na mag hulam ko ug nebulizer naa gyuy nag hatod sa balay, wa jud sila nahadlok ug adto didto nga kuan dayun ahh uhm ahh kuan kani siya ako man gud wala ko ma used na tabangan i mean managyog tabang, ako is akoy muhatag permininti murag murag ano siguro experience na the way na unsay tawag ana childhood trauma so kadto dyung time na mag quarantine ko nakahilak ko na overwhelm ko sa ilahang financial support, naay mga kanang mga pagkaon gipang hatod sa balay so maka ana ka hay naa pa diay nag care sa mga colleagues nako abi nakog alone in the world najud ko ani murag ing ana na feeling ba so kadto dayun support nila na unsa man sige silag monitor nga unsa man ipa reserve ka namo diri sa kuan kai naa koi kuan, willing jud kaayo sila mutabang unsa man pa ano tag oxygen ana so ahh dayun nag hatag silag vitamins hatod sa balay”. (Participant #03).

Participant number one emphasizes the act of offering food as a gesture of care, implying that modest acts of kindness, even in the form of supplying food, can have a significant influence on people facing tough conditions. The assumption that the offered meals will aid in their recovery emphasizes the perceived importance of such assistance. The acknowledgement of support from colleagues and her coworkers by participant number three highlights the value of professional networks and workplace support during difficult times. Her gratitude for colleagues' guidance and her workplace's attention to monitoring her well-being underline the importance that colleagues and employers may play in offering emotional and practical assistance to individuals in times of crisis.

Participant number three mentioned childhood trauma as a factor impacting her response to support, indicating that prior experiences can profoundly shape how people perceive and react to help from others. Her childhood trauma may have contributed to her hesitation to seek assistance, as well as her sense of being overwhelmed by the assistance she received. Participants three and four were both motivated to recover from COVID-19's psychological impact because of the support and attention they received from people who played a role in their lives.

Because of family and social support, survivors were able to realize their worth, resulting in a sense of importance, especially when they received encouragement from others. Furthermore, social support motivates people to recover from the virus's effects. Hence, social support enhances the self-worth of COVID-19 survivors, and they were able to recognize personal significance through social support.

Physiological Experiences

According to the study's findings, COVID-19's physical symptoms may cause people to perceive common symptoms like fever and body pain differently than they would with other illnesses.

“hilanat na hastang grabe ka grabe ka init nga hastang grabe ka grabe ka init nga basta grabe siya.” (Line 1011 of Participant #04)

“galisod ko galisod ko sa akoang pag ginhawa everyday jud na maam ay na as in kanang ginaihap jud.” (Line 1072 of Participant

#04)

“dayun nawala naman dayun to akong panglasa.” (Line 733 of Participant #02)

“pero ing ana lage kanang lisod jud gihapon e ginhawa dayun ang akong sense of smell adto maam kai ang akong sense of smell adto maam kai murag almost one month jud ayha nabalik oh di najud ka kai nanghaplas ko usually kai gapanghaplas man kog kanang efficascent ana bitaw pag kuan nako hala dili na nako mapanimaho and wala nay lasa.” (Line 1053-1055 of Participant #04).

“diay mamatay ang mga naay mga mga comorb kai lisod lisod manjud kaayo iginhawa unya kung ma”
(Line 778 of participant

#03)

“feel adto na time, di nako ma describe ang pain mura kog mura ko ug gi giligiran ug truck akong lawas sa kasakit” (Line 782-783 of participant #03)

“kuan pero kadtong the moment na lisod na e ginahwa maam, gi entertain na nako to na thought na “basin di nako magdugay” basin di nako mabuntagan” (Lines 798-799 of participant #03)

“(laughing) di nako ma kuan so mao dayun to pero ang akoa lang adto basin na stress lang ko or what ba i don't know unsa basin sa effect sa covid or sa kabalaka nako didto pero ing ana na akong gaka batian na kanang ga lisod nako ug ginhawa pero kanang ga ga in denial pa gihapon ko sa akong self na nakuan ko naigo siguro ko pero pagka kuan dayun adto pagka udto kai di najud nako makaya maam ba di na”
(Lines 1016-1018 of participant#04)

oo murag, before nawala tong panimhot kai diba mao jud siya ang sign na hallmark na sign so ahh kanang kuan flu rajud ni siya pero kadto pag kuan positive najud siya” (Lines 1376-1377 of participant #05)

“Covid 19 nadyud ni siya. di najud ni ubo na kanang kalagol lang ang kaya or hilot lang kai panuhot”
(Lines 165 of participant

#01) *“kadto kai the struggle is real, pangit jud di mugawas dayun mas ma aning ka kai murag pag mo contract imong chest, oo so mo worry ka, sa symptoms, na murag mao nagyud ni “* (Lines 162-163 of participant #01)

The use of words such as "grabe" (extreme) for fever, as well as the emphasis on pain or "sakit," suggest that symptoms may be more intense or distinct than in other illnesses. This could be related to the virus's nature in the body.

The struggle with chest tightness and coughing ultimately led to the realization that the symptoms were indicative of COVID-19 rather than a common cold or minor ailment. As symptoms intensified, acceptance of the diagnosis became clear, underscoring how intensified physical symptoms can confirm the presence of the virus.

Therefore, COVID-19 survivors came to recognize that common flu- like symptoms differ significantly from COVID-19 symptoms, as their perception changed due to the intensity of the symptoms.

DISCUSSION

Cognitive experiences have several explanations related to the survivors' beliefs and the influence of these beliefs on their emotions. Participants who believe they have a strong immune system due to their physical activities may feel confident, as indicated by the results. It may suggest that some individuals may have misconceptions about how immunity works in relation to the virus, leading to confidence. The study by da Silveira, da Silva Fagundes, Bizuti, Starck, Rossi, and Silva (2020), an integrative literature review on physical exercise as a tool to help the immune system fight COVID-19, may support this perception. Accordingly, physical exercise serves as a regulator of the immune system, which could enhance the body's response to viral communicable diseases. Moreover, they recommended regular exercise as a supplementary activity to prepare the immune system against COVID-19. However, further research is necessary to establish a direct link between physical exercise and the SARS-CoV-2 infection. Consequently, the study's findings suggest that the new virus may have complex effects on the body, indicating that even with a strengthened immune system, one may still be susceptible to infection.

In the same experience, the pandemic has given some people a heightened existential sense of life and mortality. This unique viewpoint prompts an acknowledgment of the fragility and shortness of life, emphasizing the importance of recognizing and fully experiencing it. Some studies have explained this by making similar discoveries. Todorova et al. (2021) found that people create meanings during the COVID-19 pandemic. They identified rediscovery as a major theme and personal growth as a sub- theme. Accordingly, the pandemic was a time for existential awareness, such as the shortness of life and the importance of valuing it. Moreover, as mentioned in the related literature and discovered by several studies, post- traumatic growth (PTG) and post-traumatic stress can develop in the long run if one perceives an event as threatening (Karanci et al., 2012; Vazquez, Valiente, Garcia, Contreras, Peinado, Trucharte & Bentall, 2021; Matos, McEwan, Kanovsky, Halamova, Steindl, Ferreira, Linharelhos, Rijo, Asano, Vilas, Marquez, Gregorio, Brito-Pons & Gilber, 2021). Since appreciation of life is one of the domains of the PTG American Psychological Association (2016), this is evident in the participants' statements.

Participants viewed COVID-19 as a catalyst for healing and positive transformation. According to participant three's statement about COVID- 19, it was an aid that alleviated her suicidal thoughts and depressive state. This contrasted with the studies reflected in the related literature, which highlighted the risk of depression among COVID-19 patients and their families (Ma, Li, Deng, Wang, Wang, Bo, Cao, Wang, Zhu, Yang, Cheung, Ng, Wu & Xiang, 2020; Saidi, Koumeka, Batahar & Amro, 2021). This suggests that COVID-19 may pose a psychological risk to some, but it can also help others overcome their psychological difficulties. This further suggests that COVID-19 has a complex impact on an individual's life.

Individuals who interpret the COVID-19 pandemic positively may have shown resilience and adaptability in the face of adversity. Participant number one, for instance, had the ability to think positively about the situation. The process of cognitive restructuring, also known as reframing, involves individuals adopting a positive outlook or changing their perspective on a situation, thereby making it more manageable. This is consistent with the findings of Gurvich, Thomas, Hudaib, Sood, Fabiatos, Suttin, Arunogiri, Sharp, and Kulkarni (2021), wherein positive reframing is one of the associated adaptive coping strategies that could lead towards better mental health outcomes.

This positive shift in attitude can be attributed to their ability to find purpose, personal growth, and worth in their pandemic experiences. Evidently, some individuals, for instance, participant number three, may have had a significant adjustment in her life, and her COVID-19 experience led her to forget about her suicidal thoughts and lift her from a depressive state. This differs from many studies that highlight the risk of depression in COVID-19 patients (Ma, Li, Deng, Wang, Wang, Bo, Cao, Wang, Zhu, Yang, Cheung, Ng, Wu & Xiang, 2020; Saidi, Koumeka, Batahar & Amro, 2021). On the other hand, this is also in contrast with the findings of Johnson, Ebrahimi, and Hoffart (2020) and Einvik, Dammen, Ghanima, Heir, and Stavem (2021), who found that individuals with pre- existing mental health conditions, such as anxiety and depression, are more susceptible to developing PTSD during the pandemic. However, though participant number three was not officially diagnosed with depression, this may indicate that the psychological effects of COVID-19 vary among individuals.

Similarly, the related literature notes that the participants' experiences could align with one of the five domains of post-traumatic growth: appreciation of life, relating to others, personal strength, new possibilities, and spiritual growth (American Psychological Association, 2016; Karanci et al., 2012; Matos et al., 2021; Vazquez et al., 2021).

Further, participants' positive perception of COVID-19 may be due to the positive life events they have undergone during the pandemic despite isolation. This perception is consistent with the study of Ajduković, Bagarić, and Ajduković (2022). According to their study's quantitative results using the Resilience Evaluation Scale (RES), the Depression, Anxiety, and Stress Scale (DASS-21), and the Five Well-being Index (WHO-5), there are three aspects that contribute to participants' positive experiences with the COVID-19 pandemic, namely: awareness of life values, more time for oneself, and new job opportunities. Participants who were more aware of these three qualities of COVID-19 were also associated with significantly higher subjective well-being and resilience. Additionally, they delved into qualitative analysis, and their answers to an open-

ended question about the pandemic's benefits revealed the emergence of seven themes: enhanced family relationships, introspection and personal development, social well-being, digitization of work and education, enhanced personal life, environmental impacts, and pandemic management components.

The participants' negative definition and perception of COVID-19 may suggest that it stems from the virus's potential health hazards, uncertainty, and fear. Bulut's (2022) study, aiming to uncover potential causes behind pandemic-related fear of death, found a link between intolerance of uncertainty and a greater fear of dying. The ongoing investigation of the coronavirus, a new kind of infectious disease, contributes to this uncertainty. Uncertainty is stressful as it often inhibits individuals from progressing in life, making plans, meeting needs, and managing challenges. It affects emotional and experiential processes, creating an uneasy experience and significantly impacting people's behaviors. Personal uncertainty influences implicit and explicit emotions, as well as other subjective reactions that arise from feelings of uncertainty. Excessive uncertainty undermines the value of one's existence, as reflected in participants' statements (Van den Bos & Lind, 2022, as cited in Bulut, 2022).

Moreover, fear of death, an unsettling, dreadful, and emotionally frightening feeling, likely correlates with personal uncertainty (Sorrentino et al., 2009, as cited in Bulut, 2022). This aligns with findings by Moradi et al. (2020) and Liu & Liu (2020) on feelings of uncertainty. Liu & Liu (2020) noted this theme during patients' hospitalization, indicating that uncertainty can arise regardless of whether a person experiences COVID-19 while hospitalized. Participants became vigilant and cautious to protect themselves and others from potential infections. Similarly, Čvirik's (2020) study indicates that health consciousness tends to develop more rapidly during pandemics compared to normal conditions.

Interestingly, participant three's statement about COVID-19 alleviating her suicidal thoughts and depressive state contrasts with related literature highlighting the risk of depression in COVID-19 patients and their families (Ma et al., 2020; Gurvich et al., 2020; Saidi et al., 2021). This suggests that while COVID-19 may pose a psychological risk to some, it can also help others overcome psychological difficulties, indicating the complex impact of COVID-19 on individuals' lives.

People who have survived COVID-19 may exhibit increased mental strength and resilience in addition to physical resistance. Participant one's statement suggests that several factors contribute to the mental strength of COVID-19 survivors, including coping skills, appreciation for life, support networks, and a sense of accomplishment from overcoming a challenging experience. Additionally, surviving a serious illness like COVID-19 can boost self-confidence when facing difficult situations. Similarly, the related literature reflects Camitan IV and Bajin's (2021) study, which found a link between resilience in quarantined Filipino adults and well-being factors such as positive emotion, engagement, relationships, meaning, and accomplishment (PERMA).

Several participants expressed their fears and concerns about the potential outcomes of COVID-19. The anxieties and worries about the virus vary, including economic concerns, transmission fears, stigmatization, and health consequences. Some individuals may hesitate to get tested for COVID-19 due to the fear of testing positive, which could lead to job loss or financial difficulties. Additionally, the fear of spreading the virus, along with concerns about social isolation or stigma, might deter people from disclosing their COVID-19 status or seeking treatment. Exposure to social media, such as television and the internet, can exacerbate worry and anxiety, as continuous exposure to COVID-19-related content can lead to persistent fear, as reflected in the participant's statement: "ma goosebumps pa gihapon maam still." Furthermore, adults may be strongly motivated to adopt preventive measures and seek treatment if they contract COVID-19 out of concern for their children's welfare.

According to Dong & Zheng (2020), as cited in Tee et al. (2020), during the initial phase of the Philippines' lockdowns, most respondents spent an average of 1–9 hours on social media seeking information and news. While many people still desire more up-to-date information, this exposure has led to anxiety and a mild psychological impact, which could develop into "headline stress disorder."

The emotional experience of "worry" has several implications and explanations. Firstly, when individuals with COVID-19 receive collective rather than individual treatment, their personal needs and concerns may not receive appropriate attention, leading to heightened worry and anxiety. Secondly, these individuals may be more prone to intrusive health-related thoughts, exacerbating their concern and anxiety. Thirdly, concerns about family members significantly contribute to the overall anxiety felt by COVID-19 patients. Fourthly, worries about resource constraints, both financially and in terms of medical services, can substantially impact people's mental health during the pandemic. The study by Muazzam, Naseem, Shakil, Visvizi, and Klemens (2023), which found that COVID-19 patients were also more concerned about the medical costs they would have to bear for their recovery, as well as death anxiety, supports this. Lastly, the psychological impact of waiting for test results and the uncertainty it brings can heighten worry and anxiety.

The emotional experience of "guilt" encompasses several key points. Firstly, parents who contract COVID-19 may experience a distinct type of guilt, referred to by participant number one as "mother guilt," driven by extreme concern for their children's well-being. Secondly, work-related guilt can be a significant emotional response during a pandemic, especially when maintaining employment is critical. Third, the nature of one's job and responsibilities can significantly impact their sense of guilt in relation to COVID-19 transmission. For instance, parents may feel guilty about their children's health, while workers may feel guilty about negatively affecting their colleagues and office operations. Overall, individuals may feel guilty not only about themselves but also about their broader social networks and communities. This is consistent with findings from Sahoo, Mehra, Suri, Malhotra, Narayana, Yaddanapudi, Puri, and Grover (2020) and Liu & Liu (2021), which were based on hospitalized COVID-19 patients. These findings imply that feelings of guilt are consistently present among individuals who test positive for COVID-19, regardless of their location.

The emotional experience of "frustration" as expressed by participants suggests that it stems primarily from the inability to pursue personal goals due to quarantine restrictions. This frustration often extends to family concerns, with many participants expressing a strong desire to support their families in addition to themselves. The emotional impact of quarantine varies depending on familial roles, as some participants are primary providers while others are single and working. Additionally, the inability to engage in normal everyday activities, such as buying necessities, exacerbates the frustration and contributes to a broader sense of frustration and isolation. The study by Brooks, Webster, Smith, et al. (2020), which found that confinement, disruption of routines, and reduced social and physical interactions can lead to boredom, frustration, and a sense of isolation, supports this notion.

When faced with the possibility of a COVID-19 diagnosis, denial is a common initial emotional response. Fear, anxiety, and a desire to avoid the potential challenges and consequences of a positive diagnosis, such as quarantine and its impact on family members, drive this denial. The need to protect oneself and loved ones, combined with anxiety about the repercussions of a positive result, significantly contributes to these feelings of denial.

When diagnosed with COVID-19, individuals often turn to religious and spiritual coping techniques, such as prayer and acknowledging God, to manage the stress and uncertainty associated with the virus. Generally, people view this coping strategy as beneficial, and its prevalence increases during a pandemic. This assumption is supported by research from Javed & Parveen (2021), Lucchetti et al. (2020), and studies by Bentzen (2020), Dein et al. (2020), and Szaachowski & Tuszyńska-Bogucka (2021), which highlight the predominance of religious and spiritual coping during the pandemic. These studies indicate that in crisis situations, people often turn to spiritual practices for comfort and guidance.

Furthermore, studies by Rias et al. (2020), Dorman-Ilan et al. (2020), and Kim et al. (2020) as cited in Saud, Ashfaq, Abbas, Ariadi, and Mahmood (2021), have found that spiritual or religious coping provides psychological benefits, such as lower levels of anxiety and a reduced likelihood of developing depression.

The study by Vitales, Reyes, Aquino, and Senia (2020) identified different coping strategies among Filipinos during the COVID-19 pandemic in the Philippine context, with variations across generations and genders. The study categorized three main coping strategies and identified eleven specific techniques: five psychological-spiritual, three economic-political, and three social coping strategies. The top coping strategy was

psychological-spiritual, particularly the practice of praying and asking God to end the pandemic to alleviate suffering. Baby Boomers, Generation Y, and female members of Generations X and Z predominantly chose this strategy.

Aside from praying, individuals with COVID-19, who often experience significant anxiety, may find mindfulness practices and breathing exercises beneficial in managing their anxiety and psychological distress during the pandemic. Evidence-based strategies for reducing anxiety and stress support these techniques. Studies in the related literature, like Hasina, Noventi, Livana, and Hartono's (2021) research, reinforce this notion by highlighting the positive impact of mindfulness meditation and spiritual activities on reducing anxiety levels. Additionally, Zhu et al. (2021) found that individuals who practiced mindfulness experienced lower levels of pandemic-related distress, sadness, anxiety, and stress.

Exercise has also emerged as a significant coping strategy during the pandemic. Individuals facing anxiety and stress due to their COVID-19 diagnosis and the broader pandemic context utilize physical activity. Despite restrictions on public activities and interactions, participants have recognized the importance of exercising at home or on their premises to manage their condition. This aligns with previous research by Cypryaska and Nezlek (2020) and Faulkner et al. (2020), as cited in Ai, Yang, Lin, and Wang (2021), which suggests that engaging in physical activities helps mitigate the negative effects on mental health and enhances overall well-being during the pandemic.

Moreover, Yang, Gao, Li, Wang, Wang, & Wang (2022) support participant number two's emphasis on the benefits of exercise for their children. This study suggests that parental resilience and the ability to care for extended family members positively influence children's perseverance. When parents set a positive example, children are better able to adapt to the challenges of the pandemic. Thus, parental support is crucial in alleviating the impacts of COVID-19.

Additionally, Prime, Wade, and Browne (2020) emphasize the essential role of family dynamics in how children adjust to social disruptions. The study highlights that relationships, belief systems, and shared coping experiences within families contribute significantly to resilience. Values, morals, spirituality, a positive outlook, and cognitive restructuring are key elements that help families manage adversity more effectively.

Family support plays a crucial role in helping individuals cope with COVID-19 and recover from its physical and psychological impacts. During the pandemic, family members' presence, encouragement, and care significantly contributed to resilience and overall well-being. In addition to family support, assistance from neighbors, coworkers, and the broader community also plays a vital role.

Social support acts as a buffer against the negative effects of stressors. The support from their social networks enhances participants' ability to manage pandemic-related stress (Cohen & Wills, 1985, as cited in Bhattacharjee & Ghosh, 2022). Participants use both emotion-focused and problem-focused coping mechanisms. Emotion-focused coping involves seeking emotional support and comfort from others, such as feeling cared for by neighbors and coworkers. Problem-focused coping involves obtaining practical assistance, such as food and medical advice. These findings are consistent with Lazarus and Folkman's coping theory, which posits that individuals use a combination of strategies to effectively manage stress (Lazarus & Folkman, as cited in Bhattacharjee & Ghosh, 2022).

The results align with the existing literature, which underscores the significant impact of family support and community assistance in the recovery of COVID-19 survivors, along with the altruistic efforts of volunteers and the provision of emotional and informational support (Liu & Liu, 2021; Norouzadeh et al., 2021; Son et al., 2021; Zhang et al., 2020).

Participant number one's experience of anxiety, driven by intrusive thoughts and overthinking during confirmatory tests, highlights a connection between anxiety and intrusive thinking. This finding aligns with cognitive theories of anxiety, such as cognitive-behavioral theory, which posits that negative thought patterns and cognitive distortions can exacerbate anxiety. Additionally, her pre-existing beliefs about COVID-19 symptoms can explain participant number one's initial shock at testing positive despite having no symptoms.

This suggests that individuals' expectations and beliefs about health and illness can influence their emotional responses to positive test results.

Participant number four's anxiety following the loss of his grandmother illustrates the complex relationship between grief and anxiety. Petzold et al. (2020), who found that over half of their survey respondents experienced anxiety and psychological distress during the COVID-19 outbreak and reported heightened anxiety symptoms in the early stages of the pandemic (Dorman-Ilan et al., 2020), support this observation. Furthermore, research by Muazzam, Naseem, Shakil, Visvizi, and Klemens (2023) found increased death-related anxieties among individuals with relatives affected by the virus. His difficulty processing emotions and the disruption of traditional funeral rituals, crucial for the grieving process following his grandmother's death, may exacerbate the participant's anxiety. Chen (2022) suggests that individuals who lose loved ones may experience symptoms such as despair, anxiety, and functional impairments that extend beyond typical grief reactions.

CONCLUSION

The primary aim of this study was to gain an in-depth understanding of the experience of COVID-19 survivors. Interpretative Phenomenological Analysis allowed the in-depth and idiographic investigation of participants' lived experiences. Based on the findings, the study revealed that COVID-19 survivors' experiences have complexities in both physical and psychological impact, which further expands to their emotional state and perceptions.

The pandemic challenged the pre-existing beliefs of the survivors about immunity and health, revealing both the limitations and strengths of their perceptions. This suggests a need for a more nuanced understanding of COVID-19, particularly for those who believed they were immune due to being asymptomatic or due to their healthy lifestyle.

Moreover, the difficulties and experiences of the virus may prompt individuals to reflect on their lives, leading to greater mental healing and a renewed sense of value and purpose. While many have reported negative implications of COVID-19, this study has found that the pandemic can also catalyze positive personal growth and transformation.

On the other hand, the emotional challenges faced by participants underscore the critical need for comprehensive mental health support during crises. Addressing fears, anxieties, and the emotional impact of isolation, quarantine, grief, and medical care should be a fundamental component of public health responses.

Behavioral experiences such as prayer, mindfulness, and exercise can help mitigate the stress and psychological distress associated with challenges like the COVID-19 pandemic.

Family and social networks provide emotional and practical support, demonstrating the community's critical role in coping with crises. Strengthening social support systems and fostering community connections can enhance self-worth, resilience, and recovery.

As a researcher, this study has illuminated the significant psychological impact of the virus, extending beyond its physiological effects. Even individuals with mild to moderate symptoms have experienced considerable psychological distress. The nature of grief during a pandemic is uniquely challenging due to the restrictions imposed. Having recently experienced the loss of a parent; I can personally relate to the intensity of the participants' grief and the difficulties they face in managing their emotions. What impacted me the most were the unique findings of the research. Despite the widespread negative implications of the pandemic, this study revealed that positivity and personal growth are possible for survivors. This insight offers hope and encouragement to those who have endured significant hardships during the pandemic, showing that flourishing amidst adversity is achievable, especially with social support.

Personally, even though I have not experienced being COVID-19 positive, the research allowed me to deeply engage as if I were a patient with COVID-19. The experiences shared by the participants prompted me to

reflect on the importance of life, particularly the connections with family and social circles. Moreover, sometimes I personally do not value health as we are more inclined to have our attention in making a living. This research has further improved my awareness on the significance of life in general, and the importance of living life to the fullest.

The research findings contribute to the field of psychology, especially in handling patients with COVID-19, since they have complex psychological and emotional experiences. Moreover, it emphasizes the need for mental health support such as processing emotional problems of isolation, grief, and medical care. Hence, mental health responses are significant in public health services in addressing future pandemics, which focuses on mental health and emotional resilience in times of crisis. On the other hand, the findings also contribute a unique and significant perspective, as pandemic was seen as a catalyst to personal growth and transformation, anchoring from Psychology's post-traumatic growth. Further, this research has also contributed to promoting adaptive coping strategies during the pandemic or during adversity, it also suggests enhancing social connections cultivate resilience and recovery, contributing to the understanding of the manner individuals cope with trauma and adversity.

Overall, this study provided an in-depth and idiographic approach to exploring the personal experiences of COVID-19 survivors. This study has contributed to the scientific world by expanding the narrative of COVID-19 survivors in the Philippines, a country with limited resources, particularly in the Mindanao area.

STUDY LIMITATIONS

The following are identified limitations of the study. The study focused on general and different aspects of COVID-19 experiences, such as symptoms, perceptions, emotions, and coping mechanisms. The study may exclude individuals who do not speak the language used in the research or belong to cultural groups with differing perceptions and emotional responses to COVID-19. Homogeneity of participants, particularly the age, gender, and quarantine conditions were not emphasized in the study.

RECOMMENDATIONS

The current study's findings demonstrate the lived experiences of five COVID-19 survivor individuals. Therefore, repeating this study with other individuals, potentially using more homogeneous groups of just one type of experience, emotion, perception, or coping mechanism, would be informative.

The study's findings suggest several recommendations for supporting individuals affected by COVID-19. First, promoting mental health interventions, such as mindfulness meditation, can help individuals cope with anxiety and stress related to the virus. Second, family and community support play a crucial role in the recovery process, so fostering a supportive environment is essential for those dealing with COVID-19. Third, public health authorities should continue to disseminate accurate information to combat negative perceptions and misinformation about COVID-19. Lastly, those who have experienced loss due to the virus should have access to grief counseling and mental health support services, as unprocessed grief can have lasting psychological impacts. Implementing these recommendations can help individuals better navigate the challenges posed by COVID-19 and promote overall well-being during this pandemic.

The following are additional recommendations for future research: First, one may undertake comparative studies to explore cultural, socioeconomic, and regional variations in perceptions and emotional responses to COVID-19. Understanding these differences can help tailor public health measures and support strategies for specific populations. Second, further investigate the experiences of vulnerable populations, such as elderly individuals and those with pre-existing mental health conditions, to assess the unique challenges they face during the pandemic and develop targeted interventions. Third, further examine the coping mechanisms employed by COVID-19 patients to identify effective strategies and inform mental health support programs. Explore the role of technology and virtual support systems in coping and recovery. Fourth, explore the concept of post-traumatic growth in COVID-19 survivors, focusing on positive changes and personal growth resulting

from their experiences with the virus. Understanding the factors contributing to post-traumatic growth can provide valuable insights for resilience-building interventions.

Fifth, examine factors contributing to resilience in COVID-19 survivors, including personal attributes, social support systems, and coping mechanisms. Understanding resilience can help inform interventions to strengthen individuals' ability to bounce back from adversity. Sixth, explore the experiences of COVID-19 survivors using quantitative research design or mixed methods to extend a broader representation of the population of individuals. The seventh step involves translating research findings into the English language to facilitate wider research references.

Finally, given the significant impact the pandemic has had on our community's mental health and well-being, we can present a draft policy that aims to raise awareness about the physical and psychological effects of COVID-19, make mental health support services accessible and affordable for residents, establish a cohesive response to mental health crises during and after the pandemic, and equip local government employees as responders and healthcare providers. Further, the policy framework could include psychoeducation on COVID-19 awareness to decrease stigma and increase mental health knowledge. Easy access to mental health services also provides inclusivity to vulnerable populations. Close coordination between LGU departments, community organizations, healthcare providers, and mental health experts will be required for the implementation of this mental health policy.

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