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## **Psychological Experiences of Covid-19 Affectees, Recovered At Home in Pakistan**

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### **ABSTRACT**

*This research was conducted on the population of Pakistan to solely understand the psychological experiences that COVID-19 patients have experienced during their recovering period while they being quarantined at home. The population that we targeted was of the category; adults from age of 20 to 50 years, affected by COVID-19 with a positive test and had recovered completely. There was no gender separation has been done hence; the sample contains mix gender i.e., Male and Female. For a more detailed and clear understanding the research was of qualitative nature and interviews have been conducted. A rough overview was given prior to interview but the participants were free to share and narrate individual and unique experiences other than the theme too. The Clarke and Braun (2006) method was used and the themes were generated. The major themes identified were psychological growth and outlook, Initial Reaction to the Disease, Challenges during Covid-19, Adaptive coping styles. This study found out that majority of the patients experience certain fears such as fear of death and fear of hereafter, Anger, anxiety, and concern were shown to be common feelings among patients. Furthermore, it was seen that family support played an important role in recovery from this virus, the shift in perceptions regarding life after surviving COVID-19 infection they valued life more and also expressed gratitude. This research will play a part in betterment of understanding, to analyze the effects on mental health of a COVID survivor and provision of further facilities at home to the affected people for the benefit of their mental health.*

**Keywords:** Psychological Experiences, Mental Health, COVID-19, Corona Virus, Pakistan, Recovered Patients.

### **Introduction**

The SARS-CoV-2, is a severe acute respiratory syndrome 2, a newly discovered Coronavirus which was identified in patients with unexplained and unknown pneumonia-like symptoms in Wuhan, China in December 2019. Later it was called 2019-nCoV. SARS-CoV-2 by the International Committee of Viral Classification on February 12, 2020. The symptoms ranged from mild, almost asymptomatic self-limiting disease to severe lung-damaging, organ failure known as systemic multiple organ failure syndrome, acute respiratory distress syndrome, and septic shock. Patients that are infected can become the source of transmission of the infection, mainly due to the droplets i.e. Aerosols that are from the nasal, mouth that is respiratory tract, but also through physical contact. COVID-19 infections have been reported in over 128 million people worldwide as of April 1, 2021, resulting in over 2.8 million deaths. COVID-19 cases have been reported in almost every country around the world. According to the World Health Organization, Coronavirus Disease As of April 1, 2021, over 30.2 million

COVID-19 cases are those that are confirmed in the United States, resulting in over 549,000 deaths. (Centers for Disease Control and Prevention, Coronavirus Disease, 2019). About 375,000 patients died in the United States in 2020 as a result of the pandemic. Behind heart failure and cancer, the age-adjusted mortality rate rose by 15.9% in 2020, making it the third most common cause of fatality. Ahmad and Cisewski (2020) America had more reported cases than other nations in the world starting in end of March 2020. In addition, America had the highest number of deaths in the world, led by Brazil and the India. Over 750 thousand confirmed positive cases, approximately 450 thousand recovery cases, and 6500 deaths were recorded in Africa., Egypt, Morocco, Nigeria, Ghana, Algeria, South Africa and have been the most affected countries, accounting for 75 percent of all cases recorded in the region (WHO) On April 2, 2020; Ethiopia became the first country to announce a recorded case of novel Coronavirus. There were 11,939 cases have been confirmed, 5645 recoveries, and 197 deaths recorded until July 24, 2020. According to Pakistan's recent update till April 22, 2021, 778,238 confirmed corona virus cases have been reported in Pakistan. 5,857 cases in the last 24 hours, 16,698 total deaths, whereas in last 24 Hours 98 deaths have been reported. (WHO).

COVID-19 is rapidly spreading across the world. Within a year, the death rate and morbidity rate has reached unbelievably high levels. The medical workers, medical workers and scientists have been working to develop treatments and vaccines to prevent this infection. The world is facing a pandemic situation, known as the novel COVID-19. This is not a normal or an ordinary situation; it has disturbed lifestyle of human beings and has set a constant stressor in action since December 2019. Mental health has become a critical concern as a result of the worldwide spread of the new coronavirus and the resulting restrictive measures. Human health isn't the only part of life that's under jeopardy. This pandemic is having a substantial influence on the frequency and severity of mental disease throughout the world. By summarizing the previous researches it is known that this virus has affected negatively on the people's mental health (Javed et al., 2020)

There is a lot of literature available on the mental health issues and experiences of COVID -19 patients admitted in hospitals and wards but there is no research conducted on the psychological experiences of COVID-19 recovered patients at home in Pakistan. To fulfill this gap, this research is conducted for the betterment of understanding, to analyze the effects on mental health of a COVID survivor and provision of further facilities at home to the affected people for the benefit of their mental health.

## **Materials and Methods**

### **Design**

This research was exploratory in nature. Exploratory research is a research conducted for a problem that has not been studied more clearly, intended to establish priorities, improve the final research design. It is directed essentially through interview, observation and meetings with the end goal that the inquiries questions are open-ended which enable the members to completely depict the experience from their very own perspective. The gathered information is subjective in nature. A sample from Pakistan was selected to collect the data. A total sample of N=10 was obtained using purposive sampling consisting of 4 females and 6 males. Sample consisted of participants belonging from different backgrounds. Inclusion criteria are as follows: (1) participants who are diagnosed according to the Diagnosis and Treatment Criteria for COVID-19 (2) Patients who volunteered and were willing to participate. 3) These patients

have recovered during their stay at home. The population is the infected and recovered at home patients of Pakistan. The average age of sample was 33.6 years. The demographics table:

**Table 1: Demographic characteristics of data (N=10)**

Variables	F	f (%)
<b>Gender</b>		
Male	6	60%
Female	4	40%
<b>Age</b>		
20-30yo	4	40%
30-40yo	2	20%
40-50yo	4	40%
<b>Qualification</b>		
Below BS	2	20%
BS	5	50%
MS	2	20%
Above MS	1	10%
<b>Any other disease than covid-19?</b>		
Yes	4	40%
No	6	60%
<b>Monthly family income</b>		
Below 50k	2	20%
50k-1lac	4	40%
1 lac above	4	40%
<b>Household members?</b>		
2	2	20%
3	2	20%
4	2	20%
5	3	30%
6 and above	1	10%
<b>family system</b>		
Nuclear	7	70%
Joint	3	30%

#### Instrument

Questionnaire was based on previous researcher's experience dealing with COVID-19 patients and those in quarantine was developed since no particular questionnaire exists to measure the different aspects of the experience of people with COVID-19 infection.

Semi-structured interviews protocol in Urdu language comprising of open-ended inquiries were utilized to investigate the objectives of research. The protocols of interview depended on past writing and the objectives of the research.

Semi structured interviews were conducted to get in-depth perceptions and interviews. Semi-structured interviews are important in light of the fact that they enable analyst to investigate abstract perspective and to assemble in-depth investigation of individuals' encounters (Flick, 2009). The previously existing writing has been looked into completely, subjects were made

by the relevant current studies and a list of inquiries was produced by that. The interviews investigated the psychological issues faced by patients who recovered from covid-19 at home. The demographic sheet was additionally included with important socio-demographic factors.

### **Procedure**

To measure the impact of psychological issues faced by COVID-19 patients recovering at home, an instrument was specifically designed. A demographic sheet was developed by the researcher which was given to all the participants before starting each interview. The purpose of using the demographic sheet was to gather basic demographic information about the participants such as gender, age, any other disease than COVID-19, joint or nuclear family and monthly household income. The participants were personally approached in different settings in order to collect data through interviews. Participants were explained the aim of the study, confidentiality protocol and their rights as a participant. Once the participants volunteered to participate, everything was explained further in detail keeping in mind the ethics of research. Researcher herself was present during interviews to facilitate the participants.

A semi-structured interview was conducted from the participants these interviews were conducted after providing a basic outline or theme of ideas that can be discussed however no structured interview form is taken. The participant was free to share all the experiences he/she faced during the recovery period. The focus was to obtain as detail and accurate data of the experiences as possible. The dimensions that were studied are mainly the psychological experiences that patients had gone through while recovering from COVID-19 while staying at home they were then told to share stories of themselves about experiencing the psychological issues faced during recovery period. Some pre-formulated questions were asked regarding the stories and then detailed discussion took place. All the participants were acknowledged for their cooperation.

### **Data Analysis Plan**

Thematic analysis aims to identify themes out of the gathered information moreover, make use of information for a given set of data (Clarke and Braun, 2006). Theoretical thematic (bottom-up) analysis was used to analyze the transcriptions to generate themes out of the information gathered through the interviews. The semantic thematic analysis helped in identifying the themes.

This approach was useful in exploring the awareness and other related necessary details. Semantic thematic analysis aims to understand the meaning of the gathered data which are explicitly stated. The data is interpreted according to the participant's interpretative lens (Smith, 2015). Semantic thematic analysis was done for the emerged themes in which the data was interpreted through the participant's lens

### **Results:**

Four themes were identified from the interviews conducted these themes were :

#### **Initial Reaction to the Disease:**

Most of the patients showed denial towards the disease saying that they at experiencing the symptoms first thought was minor flu but later found out it to be covid. As a participant quoted "mjhe yehi laga tha k light sa flu hi ha" stating that yes I thought it was a minor flu and nothing else. Another participant reported 'hum logo ko Laga ke wo normal sa ek viral flu hua hai' and the same response was given by most of the participants except for the one who was very scared since the beginning he said I always had the doubt of getting corona infected. All

of the participants reported the fear that was present at the time of getting the corona test positive as a participant said “mjhe agay ka soch k bohat dar lag raha tha”, as in I was scared offered will happen next. Most of the patients got more scared after getting diagnosed they were concerned about their health as well as their families health. Some of the participants hardly believe that the disease actually exist before getting diagnosed and had zero fear regarding it. While the other half of the participants we're very precautious and followed all the SOPs due to the fear of getting infected. It was very mentally stressing in the starting of the viral infection it was straining on the mind and participants experience increased stress and anxiety. Some of the participants reported that they had fear of dying to extremes such that as a participant reported “mene apne kafi dosto ko keh dia tha k akhri dafa phone krrha hu shaid dobara naseeb na h” that he is contacting his friends for the last time and maybe he will not ever contact them again. Another participant had recorded” Or main yahi sooch rha tha ky ab main nahi bachoon ga” stating that I was thinking that I will not survive now. However other parties have been reported that I kept thinking about my family that what will happen to them after I am gone as I am the only person who earns bread in my home. However some patients had zero fear of dying and they were pretty confident that they're going to recover but they were strongly concerned about their families, their old parents and are there family members who were immuno compromised. It was noted among majority of the participants were resistant towards getting hospitalized and had a certain kind of fear in getting treated in the hospital. a participant said ‘log kehty thy k jo log hospital jaty hyn onhyn jaan boogh ky maar diya jata hy. Ya loog bachty nai hyn’ that he had heard people saying that whoever goes to hospital is killed on purpose and they don't come back ever again. So because of this fact the family did not let participant get hospitalized. Whereas another participant expressed that he was sure about have getting recovered at home instead of her getting hospitalize. Even though the condition got bad but he refused to get hospitalized cause of the hospital vibes under stressing environment were too much for him and he could not survive it. Whereas some of the participants we're pretty neutral about getting hospitalized and had no bias towards it on.

### **Challenges during Covid-19:**

There were number of stressors expressed by the participants such as set as physical stressors psychological stressors stress due to quarantine.

Almost all the participants reported discomfort physically making it to be a leading physiological stressor that causes stress mentally as well. A participant reported “body pain Or wo fever zada houta hai To phr pata chalta hai ke ye viral wlay se kaffi different hai Kyuke isme body pain bohot zada hai Or fever bohot zada houta hay” that the discomfort caused by this virus was more than the normal viral infection the body pain was severe and the fever was extreme. The participants had a common stance that after getting affected by this virus it made them physically weak even while they were affected by it they felt helpless and could not do much to do to get recovered from it but only wait. a participant reported it was very hard do not be able to breathe and it felt like the world is coming to an end I cannot tell you how stressing it was that's the bare minimum a person can do is to breathe and I was unable to catch my breath. The participants who had comorbid diseases were greatly affected and it was a major stressor for them to recover and fight with two diseases at a time. Another stressor that was mainly identified common between the participants was the news and



repeated information about the current death toll. A participant reported “ khabro me ye dekhna k kitni amwaat horhi hain poori dunya me aur Pakistan me bhi isne mere dimag pe shaded zehni dabao dala hoa tha” states that watching news I'm getting informed about how many deaths are occurring across the world as well as in Pakistan give me intense mental pressure and stress. Another stressor that was identified was staying in isolation while being in house and having the thought of infecting others. A participant reported “aik kamre me band rehna koi asaan kaam nai ha sub kuch krke bhi krne kk liye kuch nai hota ha aur insaan bus sochta rehta ha negatively” staying in one room is not easy there is nothing to do even after you've done everything end a person just keeps thinking negatively. Another participant reported how it was very lonely and stressing to stay alone in quarantine saying that, “isolation main Rehna bohut mushkil hai different thoughts aty hen ke mere Sath esa Kyun houra hai or main Sara time akelay Guzarun” hard to stay alone in isolation and thinking that why is this happening to me and why should I spend all the time alone. The patients were in isolation very precautious that's it or infect any other family member as a participant said’ mjhe disposable bartano me hi khana de aur kisi kisam ka contact na ho mere kamre se kisi ka” I want the food to be delivered in disposable utensils so that I can dispose of and nobody should have any contact with my room. However it was noted that the people who got their family members infected also or at least one in number did not face this stressor and were relaxed a bit. Most of the participants felt loneliness in quarantine.

#### **Adaptive coping styles:**

There were certain factors that helped in recovery such as family support, talking to a friend, use of technology and belief in God. All of the participants reported higher family support, love care and concern regarding the health of the affected family member. a participant reported that ‘mere in laws Main shayad bohut zada khayal rakhty thay Tou obviously bohut Acha feel houta tha Or thanks to my husband unhone bohut zada care Ki bohut zada khayal rakha tou bohut Acha feel houta tha” said that intense love and care was given by my in-laws and thanks for my husband who used to take care of me so much it felt very nice. it was noted that when the family what's going through this corona virus they became more be there for each other and supported immensely however participant reported that the housemaid take care of the family in a very good way and did not make them realize that they were sick all fighting a global pandemic. Many participants reported that talking to a friend a close family member or a person they love made them feel better and gave them hope, while some family members made them feel sad and pity on themselves which gave them bad vibes and they avoided such calls. A factor that most of the participants talked about was technology use. It helped them kill time in quarantine by watching a movie, surfing or simply scrolling. As a participant reported “Netflix movies waghera dekh k time pass hojata tha kyunke mobile laptop to sub tha pas farig rehne se behtar tha aur negative thoughts bhi avoid hojatay thay”

#### **Psychological growth and outlook:**

Amongst the psychological growth all of the participants had a new thought about life and was more grateful towards what they have. The corona virus and used a sense of value towards health iron family members that the patients have been taking for granted. Most of the participants expressed thankfulness towards their family members as they have been taking care of them. as a participant expressed “meri ammi ki khud tbyt nai theek thi par wo mera itna khayal rkhengi me soch nai skti thi wo itna pyaar krti ha mjhse ye tb andaza hoa tha

mijhe” said my mother was not very healthy but she took care of me when I was suffering from COVID I had no idea that she loved me so much till that day. Participants realized the worth of living life to the fullest as a participant reported “ Mein bhr careless tha har cheez k baray me par tab itna time mila sub k baray me sochne ka to ehsaas hogya k agar yaha hi sub khtm hogya to kia hoga tb socha k zindagi ko aik nae andaaz me jiyonga” I was very careless about everything but all the time I spent in quarantine made me realize that what if this was the end and what will happen next there I realized I'm going to spend the life in a better and more productive way. Another participant expressed “ye changes Hui ha ke Zindagi ki apko zada qadar feel Hona shru hoge hai Apko apni family ki qadar Hona Karna zada shuru kardi hai. Or haan or ye kahoungi ke health ki bohota zada value hogai Hai bohota zada qadar hogai hai” the changes that I felt were importance of life importance of family and importance of health was increased a lot after facing this. These participants had the same view on increased gratitude towards everything. Many participants felt that this virus made them mentally and emotionally strong. As a participant reported “ me ab kisi se bhi bemari se lar skti hu jitna khouf tha khtm hogya” I can fight any disease all the fear that I had is no more.

### Discussion

The study's aim was to look into the psychological experiences of covid recovered patients in Pakistan who were living at home. The participants did not have to go to the hospital when recovering from covid because they stayed at home. Since the start of the global pandemic, everyone has experienced certain lifestyle adjustments, as well as emotional and psychological alterations. Patients who healed at home from this lethal illness were an important topic to explore because the family interaction and home environment differed from that of a ward or hospital. The study found that the most common emotional reactions to a COVID-19 diagnosis were shock, anxiety, and panic/anxiety (Islam et al., 2020; Pfefferbaum and North, 2020). Patients also reported feelings of anger, loneliness, helplessness, and despair (James et al., 2019; Mak et al., 2009; Shultz et al., 2016; Hossain et al., 2020). These emotional reactions can be explained by the stress of the illness, the fear of death, and the isolation of quarantine (Bavel et al., 2020). Family support was found to be an important factor in helping patients cope with the psychological challenges of COVID-19 (Huang, et al., 2018; Schwerdtle et al., 2017). Many patients reported a shift in their priorities after recovering from the disease, with a greater emphasis on personal relationships and faith. Patients also reported feeling stronger and more resilient after recovering from COVID-19 (Schwerdtle et al., 2017). In conclusion, the study found that the psychological impact of COVID-19 can be significant. However, family support and a shift in priorities can help patients cope with the challenges of the disease and emerge stronger and more resilient.

### Limitations of the study:

The current study has some limitations that should be considered when evaluating the results. The evaluation of the psychological experiences patients faced, are after they recovered so they might have forgotten some important experiences. The bulk of the study participants were mildly symptomatic or moderately symptomatic for COVID-19 infection, and the sample size was limited. After getting recovered, patients' experiences were assessed the. This may be considered a retrospective evaluation in the true sense of the word. The study's weakness was that it only looked into people who had recently had a psychological encounter. COVID-

19 patients' long-term psychological experiences will need to be observed and assessed in future studies.

### **Implications of the study**

There is a lot of literature available on the mental health issues and experiences of COVID -19 patients admitted in hospitals and wards but there is no research conducted on the psychological experiences of COVID-19 recovered patients at home in Pakistan. Implication of this study is to fulfill this gap, this research for the betterment of understanding, for the record of new researchers and provision of further facilities at home to the affected people for the benefit of their mental health

### **Conclusion**

To summarize, the current study demonstrates that going through the entire COVID-19 infection experience, including residing at home with uninfected family members, could be quite stressful, even for patients who are just moderate symptomatic or mildly symptomatic. Some adaptive coping strategies and factors that helped in recovery such as remembering and praying to God, talking to family and friends, and interacting with mental health specialists, may be used to alleviate discomfort. The majority of patient's eventually exercised self-growth caused by the condition and actively steered this growth to improve short- and long-term physical and mental healing.

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