

The Role of Faith in the Lived Experiences of Patients with Covid-19

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Abstract

The Covid-19 pandemic has caused so much suffering, uncertainties, and disruptions in people's lives worldwide. Everyone has a personal story related to this pandemic. But those who survived the disease have specific stories to tell. This phenomenological study tried to understand the lived experience of patients with Covid-19. An interpretive analysis of data gathered through in-depth interviews of six participants revealed four themes that describe the participants' experiences, namely: constant fear, intense pain and suffering, test of resilience, and moment of faith. This study further revealed that participants' fear is focused not only on the negative effects of the disease to themselves but also on the effect of their being sick to their loved ones. Likewise, this study revealed that the participants' suffering is both physical and emotional which served as a test for their resilience and led them to a deeper spiritual realization and closer relationship with God. Thus, this study surmised that the participants' faith made them resilient in coping with suffering while their pain and suffering served as opportunities for spiritual growth and further faith development. Finally, this study provides additional information and suggestions to improve the treatment and supervision of Covid-19 patients.

Keywords: Covid-19 patients, pandemic, faith, resilience, phenomenological

Introduction

When Covid-19 was first documented in December 2019 in Wuhan, China, people did not expect how much it will disrupt the way of life of people around the world. This virus caught the world by surprise that even the WHO initially called the virus "novel corona virus" for lack of an official name for it. It was only in February 2020 that the disease was given the official name of Covid-19 and the virus was called SARS-CoV-2 (Severe Acute Respiratory Syndrome Corona Virus 2). A few weeks later, on March 11, 2020, WHO declared the unimaginable in this modern era, a global pandemic due to the spread of Covid-19 (WHO, 2020a). Pandemics are described as "large-scale outbreaks of infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption" (Madhav, et al., 2017). The ensuing uncertainties brought about by this pandemic and the disruption in the way of life of people understandably caused an unimaginable fear and anxiety to many people (CDC, 2020) that even the school kids were not exempted (UNICEF, 2020). To date, the World Health Organization (WHO) considers the current Covid-19 pandemic a major global health issue and calls it the "most daunting challenge since the Second World War" (WHO, 2020b). But one can expect that the level of stress is higher among those who are not only experiencing the social, economic, or political effects of the pandemic but at the same time suffering from the disease. Contracting Covid-19 is extra problematic particularly during the earlier months of 2020 when there were more uncertainties on what the virus can do to the human body and medical experts were still unsure on how to handle Covid-19 cases (Haghighat, 2020). In the Philippines, the situation was made worse due to a

shortage in hospital beds and medical personnel for handling severe and critical Covid-19 cases (UP COVID-19 Pandemic Response Team, 2020). Consequently, the situation of patients with Covid-19 is characterized by fear and anxiety – a stressful situation. Thus, to be able to improve the way patients with Covid-19 are treated, it is imperative that those who take care of them and their family members understand what they are going through. Their experience is by no means an ordinary one and a better understanding of their experiences is relevant and indispensable in the effort to provide optimum health services to them. A recent review of the existing literature show that there is an existing gap on this topic, hence, this study.

Importance of “Knowing the Patient”

“Knowing the patient” is an important concept in health care which is centered on the principle that every patient is a unique person (Beyea, 2006) and an adequate “knowledge” of the patient is imperative to an effective and safe health care. A landmark paper in nursing literature by Carper (1978, as cited in Mantzorou and Mastrogiannis, 2011) highlighted the importance of “knowing” the patient and presented “patterns of knowing” the patient. For Carper, knowing the patient involves four patterns, namely: empirics, aesthetics, ethics, and personal. Empirics gives importance to empirical information – those that can be perceived using our senses. Facts, descriptions, and other empirical information are important to properly understand the situation of the patient. However, empirical facts must be appreciated together with other non-empirical information for an adequate and safe care of patients (Mantzorou and Mastrogiannis, 2011). Aesthetics is described by Carper as the art of nursing which is based on the “direct feeling of experience” (Mantzorou and Mastrogiannis, 2011). It involves “human presence, showing respect to different opinions that a client may hold, and connecting with him” (Parse, 1987, as cited in Mantzorou and Mastrogiannis, 2011). The third pattern of knowing is ethics. Ethics is the moral component of knowing and caring for the patient. It involves “advocating for their patients and clarifying the meaning of life and living” which is expressed through “codes, standards, normative ethical theories as well as through descriptions of ethical decision making” (Mantzorou and Mastrogiannis, 2011). The fourth pattern is personal knowing. It involves a personal encounter between the health care provider and the patient. It is accepting and engaging with the patient as a fellow person, not just a patient with Covid-19 but as a person with a name, a history and personal stories and experiences to share. In the words of Martin Buber (1937), it is an engagement in an I-Thou relationship instead of the I-It.

This study is focused primarily on the fourth pattern of knowing. It is an attempt to better understand the patient (personal knowing) through a phenomenological inquiry on the patients’ description of their experience as patients with the Covid-19 disease.

“Knowing” the Patients with Covid-19

Being sick in itself is already stressful but it is extra challenging to be sick during this pandemic. Pandemics increase the stress level of people (Mak, et al., 2009) but the challenges are doubly stressful to those who contracted the disease that caused the pandemic. But aside from the disease itself, patients with Covid-19 experience other difficulties that cause them additional anxiety. Some of these are the uncertainties due to the current situations, the need to be isolated, the discrimination and social stigma they experience, and the fact that Covid-19 could be fatal to some people.

Uncertainty

One of the major stressors to patients with Covid-19 is the uncertainty connected with the new disease. During the first few weeks of the spread of the virus, everybody was at a loss. It was something new and even medical experts are just starting to gather more information about this new disease. This lack of information gave rise to an increase in the proliferation of myths and fake news about Covid-19 which was intensified by the availability of different social media. This spread of fake news further fueled the uncertainty that people felt. Uncertainty has been considered as a major stressor. In the study of Graeco and Roger (2003) they investigated the relationship between uncertainty and health and they found out that uncertainty is a major cause of stress. Another study by Yang, et al. (2018) highlighted the harmful effects of uncertainty stress on illness and disease.

Isolation

The second cause of stress among patients with Covid-19 is the experience of isolation. Being sick and alone in a hospital is a stressful situation. Several studies provide evidences on the adverse impact of isolation on a person's well-being, particularly on mental health (Imran, et al., 2020; Guo, et al., 2020; Groarke, et al., 2020, Saraswathi, et al., 2020). Correspondingly, Boyle (2015) highlighted the critical role of the physical presence of family members in a patient's well-being. Although they may maintain communication with their family members during isolation through internet-based social media, it is still not an adequate substitute to the physical presence of family members. Hari (2018) wrote that the mere physical presence of loved ones in the hospital is therapeutic while their absence creates a "disconnection" that could cause further stress and mental anxiety to the patient.

Discrimination and Social Stigma

The third cause of stress among patients with Covid-19 is discrimination and social stigma. Fake news, lack of proper information, and fear of contracting the disease gave rise to instances of discrimination and social stigma against patients with Covid-19. In the Philippines, they have to endure discrimination, exclusion and social stigma from their community (Catolico, 2020). This situation prompted two Philippine Catholic bishops to call on the people not to "stigmatize" those afflicted with Covid-19 (Gomes, 2020).

Possibility of Imminent Death

The fourth cause of stress is the possibility of imminent death. The fear and anxiety of patients with Covid-19 due to the uncertainties with the disease, isolation, and discrimination are further intensified by the possibility of imminent death. Covid-19 has been described as a possibly fatal disease and different media platforms provide daily report on the number of deaths due to Covid-19. Thus, patients with Covid-19 must deal with the thought of the possibility of their own death within the duration of their sickness.

In the midst of all the uncertainties, isolation, discrimination, fear, and anxieties, how do patients with Covid-19 understand and describe their experiences? We believe that the experience of contracting Covid-19 is an intensely emotional albeit stressful phenomenon that must be explored and clearly described. To date, there are relatively very few articles published on the experiences of patients afflicted with Covid-19, thus, a phenomenological study focused on the lived experiences of selected patients with Covid-19 is most timely and appropriate. Consequently, the main objective of this paper is to describe the lived experience of being a patient with Covid-19. The primary question that this study asks is "What is the essence of the experience of being a patient with Covid-19?" We believe that this study would impart salient information that could help medical experts, health care providers and the family members of the patients in their effort to better understand the situation of patients with Covid-19.

Methodology

This research work is a qualitative study with phenomenology as the specific research design. "Basically, phenomenology studies the structure of various types of experience ranging from perception, thought, memory, imagination, emotion, desire, and volition to bodily awareness, embodied action, and social activity, including linguistic activity" (Husserl, 2001). Phenomenologists like Merleau-Ponty and Husserl talk of "pure description of lived experience" while Heidegger "spoke of hermeneutics, the art of interpretation in context" (Smith, 2018). Other contemporary authors such as Ramirez (2021) describe phenomenology as representative of a new empiricism which "contrasts with traditional empiricism in [its] epistemological acceptance of intuitive experience, [its] emphasis on the concreteness of 'lived experience', [its] radical openness to modes of consciousness, and [its] inclination to interpret 'essences'" (Ramirez, 2012). In this study, we followed the process of doing a phenomenological study as suggested by Moustakas' (1994) and Creswell (2007).

Participants of the study

We purposively chose six participants for this study. All the participants contracted Covid-19 and experienced moderate to severe symptoms of the disease. All of them had to remain in isolation within the duration of their sickness ranging from 14 to 21 days. Five of the participants were hospitalized while one underwent home care. All of them have already fully recovered from the sickness at the time of the study. Table 1 presents the profile of the participants.

Table 1. Profile of Participants

| Pseudonyms | Age | Civil Status | Work | Place |
|------------|-----|--------------|------------------------|---------------|
| Sara | 44 | Single | Medical Technologist | Novaliches |
| Bads | 45 | Married | Electrician Technician | Qatar |
| Melay | 27 | Single | Café Manager | New York |
| Rey | 45 | Married | Businessman | Puerto Galera |
| Mading | 52 | Married | Mechanical Technician | Dubai |
| Len | 40 | Married | Nurse | Riyadh |

Data Generation

The data for this study were collected through the use of internet-based applications specifically Facebook Messenger and Zoom. The individual interviews were conducted virtually in an in-depth, story-telling, and conversational manner (Braud,1998). The interview sessions were audio recorded, transcribed, collected and became the subject for data analysis. The languages used in the interview were both English and Filipino. Although the questions were in English,we used both Filipino and English during the actual interview based on the preference of the participants. During the follow up interviews, the questions were more on clarifications regarding the initial results of the analysis.

Before the interview, all the participants were informed of the nature and purpose of the study and their informed consent was acquired. They were informed that since their participation is voluntary, they may refuse to answer any question and they can withdraw from the study anytime they want to. They were also assured that confidentiality and anonymity will be maintained and the data collected will be for the sole purpose of this research.

Data Analysis

All the authors were involved in the data analysis process. The data analysis was done following the steps suggested by Morrissey and Higgs (2006) and Creswell (2007). First, we read all the transcripts gathered through the interviews. We read each transcript several times for us to have a more in-depth grasp of the participants' experiences. Then we identified the significant statements and discussed the statements among ourselves. After which we formulated the meaning of each significant statement based on its original context to better grasp the experiences of the respondents. Table 2 shows some examples of the significant statements and their formulated meaning.

Table 2. Sample Significant Statements and Their Meaning

| Significant Statements | Meaning |
|--|---|
| I wasn't paying attention to myself. | The participant's attention/concern is focused more on the welfare of the other family members, particularly the parents instead of his/her own welfare. |
| Every moment I breath, I was thankful. | It was difficult for the participants to breath. Every breath was considered a gift from God and areason to be grateful. |
| This experience left me with a big scar. | The participant, although already physically healed, was still recovering from the trauma of the experience. Although physically the participant is alright, inside, the participant is still recuperating. |
| I was drowning without water. | The disease affected the participants' lungs and it was difficult for them to breath. This experience was very traumatic since they cannot do anything with it. Breathing is being associated to being alive and finding oneself in a situation where it is difficult to breath is traumatic. |
| This is nothing. It is just Covid. | This is an expression of resilience and determination to survive. A statement showing the participant's resolve not to give up. For the participants they will do everything they can to get cured not only for themselves but also for their families. |
| I cannot thank God enough. | The participants attribute their healing to God. They believe that it is God who gave them strength and accompanied them throughout their ordeal. |
| I was prepared for whatever may happen. | The participants are ready for any possibility. They have accepted the uncertainty of their situation. |

Related meanings were then put together into clusters to form the different themes. After which, a description of the participants' experiences based on the identified themes was formulated. To ensure the validity of the findings, we presented the results of our analysis to the participants themselves for them to judge the accuracy and credibility of the descriptions based on their own experiences. This part of the process is called "member checking". Lincoln and Guba (1985, as cited in Creswell, 2007) considers it as the "most critical technique of establishing credibility" since the best persons to judge the credibility of the study are the participants themselves.

Findings

An analysis of the experiences of the participants revealed four major themes that characterize their experiences as patients with Covid-19. These themes are: (a) constant fear; (b) intense pain and suffering; (c) test of resilience, and (d) moment of faith.

Constant Fear

The feeling of fear was common among all the participants. It was their first reaction upon knowing that they tested positive to Covid-19. The participants talked about being afraid for themselves. But the participants

also worry for the welfare of their loved ones. They are afraid of the disease but they also fear for the health and well-being of their loved ones whom they might have infected. They also fear what might happen to their loved ones if ever their sickness would lead to their untimely death. This is because the participants have family members who are dependent upon them either for financial matters, being the breadwinners of the family, or for other forms of assistance like in the case of one participant whose parents are already old and need the participant's presence and support. Thus, their fear is basically focused on these two: fear for themselves and fear for their family. To their mind, Covid-19 is a deadly disease. This is evident in the statement of Bads when he said "I was scared and I really thought this could be the end for me." Similarly, Rey shared that he was so scared because he really thought he was already dying. He thought he will not wake up the next morning. However, the findings of this study reveal that the participants are more concerned for the welfare of their loved ones than their own welfare. This is evident in the words of Sara: "What immediately entered my mind was my mother. I was more worried for her because we had close contact." This is similar to the feelings of Melay who said she was not paying attention to herself because she was more worried for her parents who are already old and with underlying health issues. Melay further shared that "To say I was terrified was an understatement . . . My worry is that my mom can be sick as well and I cannot handle the fact that I cannot do anything about it."

Intense Pain and Suffering

The participants suffered not only physically but also emotionally. Covid-19 caused physical pain to the participants' whole body. Len described her experience by saying that "The pain was excruciating. My joints felt like they were on fire, combined with the pounding headache." This experience of pain was common to all the participants. The participants also talked about the difficulty in breathing. Mading described it as a "constant pressure on my lungs" while Melay described it as "drowning in bed but there's no water". But aside from these physical suffering, the participants also suffered emotionally. They felt depressed and lonely. This emotional suffering is not only due to the fact that they are sick but also because they are isolated. Bads narrated that "When I was brought to the hospital, it was so painful and difficult because I was alone. I felt so alone and it was so painful, not just physically. But I told myself, I have to be brave." Len shared a similar experience when she said that "the worries of my family is killing me emotionally". For Melay, the emotional suffering was so intense that the experience left her emotionally scarred. She said

Covid-19 isolates you to the point that even answering a text message can make you out of breath. . . . This experience left me with a big scar. The scar that it left was deep and hard to heal. It is still hard to sleep at night . . . My body has recovered but my mind hasn't.

Test of Resilience

For the participants, the experience of having Covid-19 disease was also a test of resilience. They said they needed to be tough to win the battle against the disease. This "never-give-up attitude" is common among all the participants. For instance, Rey narrated that "It was so difficult, but I had to be strong and fight. I've been through a lot and I told myself I won't give up." Furthermore, all the participants said that they had to be strong not only for themselves but also for their family. Mading shared that he needed a lot of patience to overcome it. He was scared but he had to hold on for his family. Similarly, Bads narrated that he had to be tough because being an OFW, he is far from his family and he does not want to die alone in a foreign land. He kept of telling himself that "This is nothing. It is just Covid." The participants manifested their resilience through their positive outlook and belief that they will get healed and by doing everything they can to get healed. They strived to do things that will boost their immune system, they forced themselves to eat nutritious foods even if they have lost their sense of taste and smell. Some of them even prepared traditional medicines just to make sure that they will survive. The participants attribute their survival partly to their resilience – their unwillingness to give up. Bads clearly stated this resilience when he said that "I thought I was really going to die. I would not be here anymore if not because of my courage and my refusal to give up."

Moment of Faith

Aside from their strong will to survive, the participants also attribute their survival to their faith in God, so much so that they consider their experience as a faith experience. All of them shared about surrendering their

The Role of Faith in the Lived Experiences of Patients with Covid-19

situation to God. They believed that God was with them throughout their battle with Covid-19. Common to them is the experience of praying fervently during their ordeal and the belief that God was the real reason for their healing. The participants also shared that their experience brought them closer to God and strengthened their faith. This is evident in the words of Bads who said that “My faith and trust in God became deeper and I became more prayerful.” Rey shared the same thing when he said that “Definitely, if not because of my faith in God, I would be dead now. This experience made my faith in Him become stronger. I survived because of my faith.” All the participants believe that what they had was a deeply spiritual experience. For them, God was with them. Their being sick was a test of faith that made them stronger. They firmly believe that it was God who healed them as revealed in the sharing of Len who believed that her healing started when she fully entrusted her life to God. Melay summed it up when she said that

God did spare my life . . . A sickness with no cure can only be cured by God himself . . . I cannot imagine going through it without Him. He was the only one with me on those nights when I cannot sleep nor breath.

The participants’ experiences also made them reflect on the meaning and purpose of their own life and what truly matters in life. Being alone and quarantined, they had ample time to reflect on these matters. Participants also shared that they asked God for the forgiveness of their sins. Bads shared “I asked for forgiveness for all my iniquities. Maybe this is a reminder for me because sometimes I forget Him.” Similarly, Mading said that “It made me realize how vulnerable I am and how great our God is.”

The participants are also thankful not just for getting healed. They are grateful that their experience reminded them of the need to improve their relationship with God. They all consider themselves fortunate to be closer to God now. Moreover, for Len, this gratefulness helped her to remain calm which led her to “greater clarity of love”. She also added that being grateful helped her change how she accepted and experienced the suffering she went through.

Figure 1 shows the four themes and the respective subthemes identified in this study.



Figure 1. Four themes and the respective sub-themes identified in this study

Discussion

The current study sought to understand the lived experiences of selected patients with Covid-19. Thus, its major objective is to acquire a better understanding of the experience that patients with Covid-19 went through which will somehow inform medical practitioners, family members, and the general populace who may have limited or inadequate understanding of the situation of patients with Covid-19. Thus, this study provides an improved level of “knowing” the patients which is an essential factor in health care (Mantzorou & Mastrogiannis, 2011). Furthermore, it can be observed that the findings of this study are connected to previous literature mentioned. Firstly, the participants highlighted the suffering they went through for being isolated. Isolation deprives the patient with needed human presence and connection which could have negative effects on

their physical and emotional well-being. This is in line with the findings of several researches such as the works of Imran, et al. (2020), Guo, et al. (2020), Groarke, et al. (2020), and Saraswathi, et al. (2020) who found out that isolation is detrimental to a person's well-being. Secondly, it can be gleaned from the study that the participants were in constant fear and anxiety throughout their battle with the disease. This fear may be attributed to the uncertainty of their situation which includes the possibility of death. This is a major cause of stress to the participants which could have harmful effects to their health (Graeco & Roger, 2003; Yang, et al., 2008). This study also revealed that although the participants are afraid of what might happen to them, this fear is lesser compared to their fear on what might happen to their family members. It somehow indicates the typical Filipino values of caring for the family members and close family ties. This may also be due to the fact that the participants are either breadwinners to their family or have family members who are dependent on them for other forms of support.

Moreover, it is evident in the findings of the study that the participants' experience has positive implications to their spiritual life, particularly, to their faith and relationship with God. Instead of losing their faith or questioning God for what happened to them, the participants' faith in God help them find meaning and purpose in their own suffering. The participants' deep faith in God is evident when they all attributed their getting healed to the mercy of God whom they believe was with them in their suffering. They also opined that their faith helped them find meaning in an otherwise meaningless suffering. This is related to the findings of Hustoft, et al. (2013) that highlights the vital role of one's faith in overcoming suffering. Several other studies present similar findings such as the study of Encarnação, et al. (2016), and the study of Cecil, et al. (2018). These researches assert that a person's faith is an important factor that helps the person cope with stressful and difficult situations. Thus, faith is essential in helping patients with Covid-19 to cope with the challenges of their situation.

Synthesis

Four major themes characterize the experiences of the participants. These themes are: constant fear, intense pain and suffering, test of resilience and moment of faith. This study further unveiled that the participants' fear is primarily focused on the possible consequences of their sickness to their family members and only secondarily to the negative effects of the disease to themselves. It is also revealed that the participants' suffering is not only physical but also emotional. Furthermore, the participants manifested resilience in the fight against the disease, and finally, their experience brought them into a deeper spiritual realization and closer relationship with God. Thus, the participants' experience may be described as a process of personal growth from fear and intense suffering to a deeper faith.

Additionally, based on the foregoing descriptions of the participants' experiences, it can be surmised that pain and suffering may be viewed as opportunities for spiritual growth and faith development and healing must not entail physical healing alone but emotional and spiritual healing as well. Consequently, faith maybe viewed as resilience that enables a person to cope with pain and suffering. Because of their faith the participants were able to transcend their suffering and transform it into moments of grace that provide reasons to hold on, to be thankful and to believe.

Implications and Recommendations

There are at least two immediate implications of this study on dealing with patients with Covid-19. First is on the impact of isolating the patients. This study reveals that isolation may cause additional stress and burden to the participants. Although isolation is deemed necessary, the participants shared that it would be easier for patients if they have continuous interactions with other people particularly with their family members. Being alone added to their suffering and it would be less difficult for them if they have unbridled communications with their loved ones. Thus, it would be beneficial if those who take care of patients with Covid-19 will look into the possibility of providing more social interactions to the patients while at the same time maintaining the necessary health safety protocols to avoid transmission. One possible way is to ensure a strong internet connection and the availability of gadgets/devices that the patients can use to communicate with their family members. Second, this study highlights the essential role of faith in coping with the disease. In this regard, health care providers may consider providing the patients with opportunities or conditions that would help them do spiritual activities such as prayers, spiritual consultations, meditations, attending Holy Mass, prayer services, playing of religious

songs, or other spiritual expressions while at the same time maintaining proper social distancing and other health safety protocols.

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