

Coping strategies in relation to public health crisis: A qualitative inquiry

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Abstract

The aim of this study is to provide an insight on the experience on issues related to the public health pandemic Covid-19 and individuals' ways of coping. A Qualitative method was implemented, and a purposeful sampling was used to acquire depth and richness on the study inquiries. 25 individuals participated in this study including males and females. Common themes emerged from data including feelings of anxiety and fear, feeling of loneliness and the fear of missing out. Another theme repeated by participants involved was thinking of others as a part of the theme of feelings of collective responsibility. Avoidance coping was found also to be more communal among participants through keeping their minds occupied by engaging in physical and mental practices. Participants also identified religion as a method to cope. Appreciation and blessings within the crisis were reflected in participants' theme of thriving. Implication was suggested based on research findings.

Keywords: health crisis, anxiety, loneliness, collective responsibility, religion.

Introduction

As early as ancient times, humans encountered and struggled with infectious diseases. The Covid-19 pandemic is a modern adversity; a global event involving threat of harm or death. It caused unexpected loss of resources and disrupted services and social networks. It is likely to have a long lasting physical and mental health impact (Rosen, Glassman, & Morland, 2020). While the Covid-19 crisis is first and foremost a health catastrophe, it is also an educational, employment and economic crisis. It is a calamity of hunger and poverty and, in some nations, an adversity of governance and political stability (Cooley & Linn, 2020). In addition, the high fatality and infectivity rates related to the virus have resulted in universal psychosocial outcomes linked to economic burdens, mass hysteria, and financial losses. The widespread fear of Covid-19, commonly known as "corona phobia" has led to an abundance of psychiatric symptom manifestations (Lipsitch, Swerdlow, & Finelli, 2020). For instance, at the midpoint of the pandemic, Cao et al. (2020) documented that around 24.9% of college students were afflicted with symptoms of anxiety because of the Covid-19 outbreak. The pandemic penetrated fear, emotional distress, and post-trauma stress signs (Shah et al., 2020). As reported in a study conducted by Young et al. (2021) of 1,685 participants 31% endorsed mild anxiety, and 33% clinically meaningful anxiety; 29% reported mild depressive symptoms, and 17% moderate to severe

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depressive symptoms; 5% endorsed suicidal ideation; and 14% screened positive for posttraumatic stress.

The Covid-19 pandemic has placed a great deal of stress among people around the world. Wang et al. (2020) noted most people worried about their family members contracting the disease. Moreover, having a family member or friend infected with coronavirus was significantly associated with increases in anxiety levels. People are concerned about the health of the infected and simultaneously afraid of being a suspected or confirmed case, given their level of direct contact (Duan et al., 2020). The rise of confirmed cases and deaths led individuals to be excessively concerned about physical damage to themselves and their family caused by exposure to coronavirus (Abdelfattah et al., 2021; Duan et al., 2020). Indeed, during the pandemic, behaviors like excessive cleaning were on the rise as well. The excessive attempts of control were often associated with thoughts of vulnerability to infection. When thoughts, emotions, and behaviors are aligned in this way, a repetitive cycle begins based on the belief that “There is danger and whatever I do is inadequate”. This is how individuals strive to take control over harsh conditions of Covid and associated feelings of helplessness and lacking control over the threat (Abdelfattah et al., 2021; Halder, 2020).

Coping Strategies

Research classified coping responses to problem-focused and emotion-focused management. Problem focused efforts are aimed at modifying the stressor through a direct pattern of problem solving such as engagement in rational steps to solve the problem, in this case, abiding by the rules of quarantine and precautionary measures to minimize infection. Emotion-focused strategies are aimed at regulating the emotional states that may accompany the stressor through, for example, crying to release feelings (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Other forms of emotion-focused coping include relaxation, seeking emotional support from others, writing about deepest emotions, emotional suppression, and self-criticism. A single coping strategy may be directed toward both problem- and emotion-focused goals concurrently (Compas et al., 1996). Additionally, the dual process model of coping with grief recognized that grief is a process of alternation between two contrasting modes of functioning. In which there is initially loss of orientation, where the griever engages in emotion-focused coping through the variety of emotional responses associated with the loss. Subsequently comes restoration orientation, where the griever engages with problem-focused coping and is required to focus on the many external adjustments including diversion from it and attention to ongoing life (Stroebe & Schut, (2001).

An alternative dimension of coping as described by Compas et al. (2001) refers to the orientation of the individuals to either enhance a sense of personal control over the environment and their responses (primary control) or adapt to the environment (secondary control). Primary control refers to coping attempts that are directed toward influencing objective events or conditions (e.g., problem solving) or directly regulating one's emotions. Secondary control coping involves efforts to fit with or adapt to the environment and typically may include acceptance or cognitive restructuring (Compas et al., 200). As recognized, traumatic events commonly violate people's sense of control, and subsequent attempts to regain a sense of control may aid in decreasing stress associated with the situation (Janoff Bulman & Frieze, 1983). According to Rothbaum et al. (1982), when people are unable to directly control what happens to them, they can regain perceptions of control, indirectly, through several different types of attributions. An example of this is surrendering control to God or powerful others (Heckhausen & Schulz, 1995).

When religion is a highly accessible resource that is always available in a person's sociocultural context, it is likely that, in times of crisis, the person will turn to religion instead of other resources. Indeed, in most societies religion is not the only available resource in an individual's orienting system; there are other sources in life such as biological, psychological, social, and environmental to which a person can turn when faced with adversity (Ahmadi et al., 2018). In the time of dealing with pandemics, Muslims are instructed to turn to God for help and guidance as well as better problem management. Attributing control to God showed that turning to religion serves as an effective

strategy to coping with life problems. This is expressed with having faith, prayer, recitation of the Qur'an, and visiting the mosque. Moreover, practice thoughts of positivity, thankfulness, and patience (Ahmadi et al., 2018; Achour et al., 2015; Kar et al., 2021). Religious personality had also been associated positively with resilience among Muslims (Annalakshmi & Abeer 2011).

To reappraising causes and responsibility for negative events, individuals change the meaning of a situation through varied cognitive coping strategies, including compensatory self-enhancement, downward comparisons, and the development of a different perspective on the situation. In this process, individuals compensate for threats in one domain by focusing on their capabilities or virtues in other, unrelated domains (Park & Folkman, 1997). Within the context of Covid-19 pandemic, researchers reported that individuals employed coping methods such as socializing with others through video calls, engaging in exercise, being occupied with jobs and studies, avoiding negative news on Covid-19, healthy eating, engaging in meditation activities, gaming activities, hope, and self-care and self-appreciation (Ogueji et al., 2021). Similarly, other researchers found that people listed "hoping for the best" as the most frequent way of coping, followed by "remaining busy," and sharing feelings and talking to others (Kar et al., 2021). Further, in a study of Lindsay et al. (2021), individuals reported that they had more time for work-life balance, which acted as a pandemic-related coping strategy allowing them to spend time on their interests. Being able to work from home and not having to commute to work or school helped to alleviate stress. They described increasing the time they spent exercising, which helped them deal with Covid-19-related stresses. Other personal strategies found included receiving support from family and friends, recreational activities, self-reliance, humor, and religion (Roca et al., 2021). According to Sandbakken and Moss (2021), trying to handle the stressor communally was a motivation that made challenging restrictions more meaningful, which made it easier to adjust to the new everyday life. This sense of togetherness and unity was linked to making meaning of specific actions to handle the pandemic, to care for the community.

Oman, like other countries, implemented restricted measures such as social distance and quarantine because the death rate to Covid was on rise. As documented in Al-Rawahi et al. (2021) study, the testing rate of Covid cases in Oman between February and April 2020 was 851.7 per 100,000, and the death rate was 0.32 per 100,000 populations, respectively. Limited studies conducted within Omani culture exploring the Covid pandemic in general and related coping patterns. Therefore, the aim of the current research is to reflect on individuals' experiences with public health Covid-19 and related coping strategies. The findings of this research are expected to add to the literature of mental health regarding coping with traumatic circumstances such as a health pandemic in general and specifically Covid-19. It will contribute to literature on coping among individuals within Arab cultures.

Methodology Design

This study is based on phenomenological structure, which describes the meaning for several individuals of their lived experiences of having covid-19. We collected data and developed a composite description of the essence of the experience for all the individuals who were involved in this study. This description consists of "what" they experienced and "how" they dealt with it (Moustakas, 1994). Hence, this study was conducted to acquire the essence of Covid experience and related coping methods that are used. A purposive sampling method was implemented. Purposeful sampling involves studying information-rich cases in depth and in detail. We picked cases that are congruent with the study purpose and that would yield data on major study questions (Patton, 1999). Interviews were conducted and they took different types. Various ways of interviewing were applied. We used an online platform to facilitate the participation of individuals who were resistant to take part in the study because of the restrictions applied to the pandemic. For example, we carried out the interviews via video call and email. This allowed us to include as many participants as possible to enrich the challenges and coping related to the phenomena of the pandemic. Likewise, we conducted one-to-one interviews with participants.

Participants

25 individuals participated in this study. Participants had to meet the following general inclusion criteria: They were tested positive for covid-19, ages between 15 and 50, and who are students or who are currently employed or have work experience. Some participants preferred the written way and others preferred to be interviewed in person or via video call (9 in person interviews, 8 through video call, and 8 through email). In person and video call interviews took approximately 90 minutes in duration. Each interview was recorded and transcribed. Most of the interviews were conducted in Arabic, other participants, particularly the youth, preferred English. Interviews were carried out in June 2022.

Ethical Considerations

Since we applied the purposive method in this study, the participation was voluntary. We included those who were interested and available to be part of the interview via in person interview, video call interviews or open questions via email. All participants were informed about the purpose of the research and verbal consents were acquired. In addition, to reduce the potential bias in collecting the data of this study, all five researchers took part in conducting the interviews and the triangulating analytical processes with multiple interviewers was used. This provided a better assessment of the reliability of the data acquired. Being five researchers conducting the current study allowed us to independently analyze the same qualitative data set and then compare our findings, this decreased the possibility of selective perception and blind interpretive bias (Patton, 1999).

Data Analysis

We asked the participants open questions regarding their experience of having covid- 19. As illustrated by Moustakas (1994), we focused on identifying a phenomenon of study, bracketing out one's experiences, and collecting data from several individuals who have experienced the phenomenon. We translated all interviews that were written or done in Arabic language to English. After completion of the translation, we used a grounded theory approach to analyze data. First initial codes were developed through line-by-line coding of a sub-sample of interviews. Line-by-line allowed ideas to emerge and helped us to identify implicit actions and meanings. As well as identifying gaps in the data and noting common relationships and significance between codes. Then we developed a textural description of the experiences that the participants had, a structural description of their experiences in terms of the conditions and how they dealt with it. Building on the data from the first and second research questions, data analysts go through the data and highlight "significant statements," sentences, or quotes that provide an understanding of how the participants experienced the phenomenon. Then, we developed clusters of meaning from these significant statements into themes. These significant statements and themes are then used to write a description of what the participants experienced (textural description) (Creswell & Poth, 2016; Moustakas, 1994).

Results and Discussion

Five main themes emerged from the data collected relating to participants' perceptions and experiences on coping with the health crisis of Covid 19. From the perspective of emotional regulation, the theme of feeling fear and anxiety, and loneliness including feeling of missing out appeared from data. Thinking about others was reflected in the theme of feeling of collective responsibility. From a perspective of coping strategies, a theme of avoidance by keeping busy and religious coping was noticed. Another theme of thriving also emerged from data. Table 1 reflecting a summary of themes and some of participants' quotations.

Tab 1: *Summary of Themes and Some of Participants' Quotations.*

Themes	Participants' quotations
Emotional regulation Anxiety and fear Feeling lonely Fear of missing out	For me I face challenges that cause strong emotions and stress due to the public health action that requires social distancing. I felt isolated and lonely most of the time and that increased my stress, uncertainty, and anxiety. I missed going to school. Fear of missing out. I mean that if something exciting happened I might miss it.
Feeling of collective responsibility	I was thinking about my family a lot. I am afraid of getting an infection and infecting anyone in my family. So, I need to be cautious about the places I go. I have felt down and upset if I was the source of someone else getting the virus. I would never forgive myself if anything happened to someone because of me. I started to think about what If had hurt someone without my knowledge and what if they hurt someone else without their knowledge
Avoidance coping strategies	I tried to keep my mind busy during these times. I read books and watched movies, which helped me relax. I talked to my friends a lot about the current situation. My laptop was my best friend in watching and designing camping trips and engaging myself with issues on social media platforms. To be honest, sleeping for most of the time was my strategy but it made me feel worse
Religious coping	Praying helped me get through it. I believe that this crisis is a test of our patience and faith. I was performing my prayers regularly and excessively, not as I used to do. It helped to increase my faith during the pandemic
Thriving	My life became more planned and healthier. I eat healthy food, and I drink fluids frequently. I start to value even the small achievement I attain. I started to take care of my body. I noticed changes in my appetite, energy, and interest. I exercised regularly, tried to eat healthy, well-balanced meals, and got plenty of sleep. Our social ritual was modified. Wedding parties become less costly because we do not need to invite all the tribe. Even in grieving gatherings, the burden on family becomes less compared to what we used to do.

Emotional Regulation Anxiety and Fear

Individuals with confirmed or suspected Covid-19 experienced fear of the consequences of infection with a potentially fatal new virus, and those in quarantine experienced boredom, loneliness, and anger (Shah et al., 2020; Xiang et al., 2020). Most participants in this study reported that they went through a “hard time.” They described the feeling of shock when they were tested positive with Covid. As described by a participant “When I found out that I had Covid, I was shocked, and I was in denial.” In line with this finding, participants described their sense of shock and chaos at the outbreak of the

epidemic, followed by a gradual process of adjustment to the new situation along with fears and concerns for their own welfare and that of their loved ones (Levkovich & Shinan-Altman, 2021). Furthermore, the shared feeling words in participants' statements were anxiety and fear as explained by a participant "I was anxious and fearful. My health and mental state deteriorated, and I felt exhausted." Other feelings words were used, "nervous," "tense," "uncertain," "tired," "unsure," "confused," "exhausted," "frustration." Previous studies reported findings of similar emotions as individuals expressed feelings of anxiety, depression, and stress symptoms. For example, individuals reported anxiety due to uncertainty. They were exhausted, burnt out and worried about the future (Abdelfattah et al., 2021; Akkuş et al., 2022, Harper et al., 2020; Kar et al., 2021; Levkovich & Shinan-Altman, 2021; Magson et al., 2021).

Indeed, emotions play an important role in reactions to novelty or strangeness and should therefore be taken into consideration in the analysis of coping processes (Caillaud et al., 2016). Another participant stated, "When I found out that I had Covid, I was speechless and internally uneasy." The feeling of anxiety was also mixed with the related uncertainty of the pandemic, and it has been reflected on career, social, and personal domains as a respondent stated, "I was anxious and had thoughts about the end of the world, the end of school year, and the unknown future." In fact, researchers found that Covid fear created a major threat to the future workforce who were planning to serve the job market shortly (Mahmud et al., 2021). A respondent continued, "It is a weird virus and I had mixed feelings of concern and worry." Other respondents reported, "When I tested positive, I instantly felt low spirit." Others described the feeling in words such as "down," "low motivation," "unknowing." These findings confirmed that in the face of Covid, everyone has become a susceptible group. Even people who are in good physical and mental health begin to have anxiety about death and develop a sense of uncertainty regarding their health (Chao & Wang, 2020).

Most participants questioned the source of infection as raised by a participant "I was asking myself from where I got Covid? Where did the virus come from?" How would this virus affect me?" Although 85% of Arab respondents reported the possible causes of being infected were lack of social distancing and having chronic diseases (Abdelfattah et al., 2021). Questioning the source of this pandemic is part of the stress appraisal process in which individuals wonder about the location of the difficulty or uncertainty in the situation (Groomes & Leahy, 2002). This type of evaluation of how and why things happen influences the survivor's understanding of the situation (Park & Folkman, 1997). Additionally, participants in the current study contemplated as to how to protect themselves. One respondent reflected, "I am not sure how I was infected with the virus. I was cautious and avoided all suspicious places that could transmit the infection. It is really an ambiguous virus, and I cannot understand what we must do more than follow government measures to protect ourselves and others." Appraised meaning also has a motivational quality in that people's behavior is likely to be motivated in direct relation to the importance of the beliefs, goals, or commitments that are harmed, threatened, or challenged in each situation (Park & Folkman, 1997). From the perspective of stress and coping theory, situational meaning involves the appraisal of person-environment transactions, which in turn influences how people cope with the demands of those transactions and their outcomes (Krohne, 2002).

Feeling Lonely

Emotions of loneliness were enhanced in participants due to isolation precautions taken to avoid transmitting disease once infected, felt mostly due to isolation from family and friends. Examples of participant replies when asked regarding emotions: "Once I found out that I had Corona, I was trying to process the fact that I would be staying alone." "Being in the room alone was mentally hard. I felt I was punished because I had Covid." Another participant reflected that, "Family members stayed away; food and drinks served as if one was into imprisonment." In general, the human need to connect with others physically and socially was suddenly forbidden and consequently they struggled with this isolation. This struggle of not being able to socialize was expressed by interviewees repetitively; "It was hard staying away from my friends especially because we were used to seeing each other every

day.” Others described this as “loss of precious time.” This concern was also expressed in previous research suggesting that adolescents’ greatest concern during the Covid-19 lockdown was not being able to see their friends (Ellis et al., 2020; Magson et al., 2021).

Social gatherings and big families are a part of Omani culture, as are morning greetings with handshakes and kisses on elderly’s’ foreheads as a sign of love and respect. More traditions include preparing a spread on the floor and sitting shoulder to shoulder to have lunch and share food and platters. These gestures and traditions that have been engraved in Omani culture that were suddenly prohibited and accompanied with emotions of worry and fear and this weighed heavily on the population. Participants indicated this when saying, “I also missed the way I could hang out with my mother and father in the living room.” Other respondents described; “Gathering became impossible. We have our social ritual that we meet with my parents and my children get together with their cousins, but with Covid, we missed our ways to socialize.” Other responses highlighted the difficulty experienced by avoiding physical affection with family members; “We used to kiss hands and heads of our parents but with Covid we kept our distance.” A crisis is very often a turning point for a family, leading to major changes in their structure and/or functioning patterns. It can lead to a discontinuity in the family’s trajectory of functioning, either in the direction of improved functioning or poorer functioning (Patterson, 2002).

Other feelings of loneliness involve “I feel isolated and lonely most of the time and that increases my stress and anxiety.” Within this sense, Omani culture is considered family oriented. According to (Patterson, 2002). Families engage in relatively stable patterns of interaction as they juggle the demands, they face with their existing capabilities to achieve a level of family adjustment. Time with family in forms of interaction with parents and siblings in person and through video messaging was consistently related to better mental health. Hence, having more than one member in a family who had Covid at the same time served as an additive helping factor to raise the psychological immunity system among the infected ones (Ellis et al., 2020). The experience of being isolated was reduced in these cases as a participant stated, “I did not feel that much loneliness and I enjoyed my time when my sisters and brothers had Covid too.” Another participant perceived Covid positively because most members of his family had Covid, as he said, “I do not want my family to get infected but being diagnosed with Covid was a blessing because we were eating and seating all together without fear of infecting each other.” Researchers found that experiencing Covid-19 infection has brought survivors closer to their family and friends. Individuals who received support from others during Covid-19 infection became more aware of others’ needs, which led them to be more willing to help others enduring the same experience. The growth in relationships exemplified the importance of social support and relationships in the process of facing trauma. Thus, it is critical to address social support and relationships in the development of the interventions (Sun et al., 2021).

Fear of Missing Out

In addition, part of feeling lonely is the fear of missing out. As stated by the participant “if something exciting happened I might miss it out.” The feelings of isolation were subsided by connecting with others through using technology. As someone said, “Social media was a blessing because it helped us to be connected to our families and friends and update ourselves with what is happening around us.” Similarly, it was noticed that the fear of Covid-19 correlated positively with the fear of missing out, and ruminative thought style. During the pandemic process, it can be said that individuals use social media more actively both for connection and to learn developments about the pandemic because of statements made via social media by public institutions about the daily number of cases and the precautions, which are taken. Missing these developments can cause individuals to experience a feeling of uncertainty (Baym et al., 2021).

Feeling of Collective Responsibility

Some participants identified fear and worry with the risk of transmitting the virus to others causing harm. Among all participants, there was a shared fear of spreading the virus without being aware. For example, a participant stated that “But I was not afraid of the disease and its impact on me, I was afraid of the harm I might cause to others. I started to think about what If I might have hurt someone without my knowledge. I was thinking of the worst-case scenario that this disease could cause the loss of a loved one or I may die because of a moment of non-commitment on my part.” Another participant stated, “I was worried that I would be a source of danger to my family.” A further respondent stated, “Many thoughts came to my mind, the most important one was the fear of transmitting the infection to my family or anyone else.” Another contributor said, “I was very worried about my family since we all tested positive at the time. With the rise of the death toll among Omanis, I was afraid of losing a family member.” In addition, words such as “responsibility,” “serious,” “thinking about family and others,” were repetitive among participants. These findings are in line with many other studies in which individuals reported concern about their family members’ getting infected (Abdelfattah et al., 2021; Wang et al., 2020). This theme is consistent with research suggesting that focusing on others during the pandemic, expressed by feeling concern for others’ health and feeling obliged to participate in stopping the pandemic might facilitate a more favorable evaluation of the need to introduce restrictions aimed at containing the pandemic. In times when everyone’s health is threatened, primarily the moral relevance of the situation and concern for others guide preventive behavior. Further, because the attachment system particularly calls for immediacy to supportive others, empathy for loved ones rather than empathy in general might be central for behavior (Christner et al., 2020).

In a pandemic, compassion can therefore promote a sense of social connectedness and help to ensure that individuals’ most basic medical needs will be met. Self-compassion has been shown to increase individuals’ ability to cope with major stressors, including chronic illness, and can aid in achieving both recovery and growth following trauma (Slavich et al., 2022). Indeed, Sandbakken and Moss (2021) found that participants perceived stressor as a shared, communal stressor. In the participants’ narratives, the “shared boat” image was frequently invoked. The virus situation was spoken of as something that everyone was experiencing, and several participants explicitly stated that the overarching sense of community was more present than before the pandemic. In the current study, one respondent illustrated this by saying “I am very cautious because my grandfather lives with us and I am afraid of getting infected and then harming my grandfather.” The practice of loving-kindness meditation consists of turning positive emotions (e.g., happiness, tenderness, warmth, compassion) towards oneself, loved ones, other humans, and ultimately all sentient beings (Polizzi et al., 2020).

When individuals cope communally, they are actively addressing a shared problem (Afifi et al., 2020). A sense of responsibility for collective health was a stronger predictor of the acceptance of restrictions than health worries. Thus, people who have a high level of sense of responsibility for collective health can be ready to resign from parts of their freedom during the pandemic to protect themselves and others from being infected with the virus (Lachowicz-Tabaczek, & Kozłowska, 2021). A participant said, “My life has become more cautious. I started to stick to the mask, wash my hands a lot, stay away from others, and do not shake hands. I kept imagining scenarios of losing my mom and as much as I tried to get rid of such thoughts I just could not.” One of the participants reported, “I carry a sanitizer with me all the time to use it after I touch surfaces.” I would feel down if I became a source of harming others with viruses. I would never forgive myself if anything happened to someone else because of me. We all abided by the protection measures.” As reported in a study conducted by Sandbakken and Moss (2021) that everyone relied on everyone’s contribution to halt the spread of the virus, but the social distancing may have influenced the sense of communality and thus the motivation to contribute. Therefore, adherence to pandemic-related social distancing rules may indicate that people, who are concerned about collective health and feel obliged to contribute to contain the pandemic, can refrain from being physically close to others to mitigate the spread of the virus (Abu-Hilal et al., 2022; Lachowicz-Tabaczek, & Kozłowska, 2021).

Avoidance Coping Strategies

The theme of avoidance, whether physically immersing oneself into different activities or mentally avoiding the thought of the pandemic was a coping strategy for many individuals in this current study. As a respondent indicated, “I try to keep my mind busy during these times.” Previous studies conducted within the Omani culture reported that adolescents employed more escape coping as problem-focused avoidance. Furthermore, emotional problems may culturally be perceived as a kind of self-pampering (Al-Bahrani, 2014, Al-Bahrani et al., 2013). Indeed, most participants reported they shunned thinking about a pandemic; however, they involved themselves doing behavioral tasks to shift the focus. As stated, “Staying online and playing games with my friends strengthen me to forget the tiredness and pain in my body.” As noted previously, avoidant coping in peer contexts seems to be adaptive coping and is not associated with negative outcomes (Losoya et al., 1998).

Within the context of Covid, avoidance was preferred among those who were involved in this study because of the nature of virus being highly contagious. The participant continued saying “I read books and watch movies, which helped me relax.” Others highlighted games such as “Garrom Poll.” These sorts of coping-activities, called behavioral activation. Finding ways to engage with and appreciate life during mass traumas is a robust predictor of increased psychological well-being and reduced posttraumatic stress symptoms. They can, for example, carry on with a variety of activities including hobbies and mentally challenging tasks such as solving puzzles; reading; listening to music; singing; playing an instrument; watching television; learning a language; playing Internet games; and preparing for how life will change for the better following the pandemic (Akkuş et al., 2022; Polizzi et al., 2020). Many participants focused on integrated doing exercises in dealing with anxiety during a public health crisis as a participant indicated, “I keep doing exercises in the room. I exercised regularly and got plenty of sleep.” Physical activity was related to lower loneliness; Thus, there may be some protection offered from staying physically active (Ellis et al., 2020).

The theme of avoidance in a perspective of cognitive and mental avoidance was also expressed. An example of this stated by a respondent, “Daydreaming was also an activity to pass time and also think outside of the box.” This type of coping is described by Roth and Cohen (1986) as avoidance-type strategies in which individuals' behavioral, cognitive, or emotional activities are oriented away from a stressor to avoid it. representations of these include cognitive attempts to minimize or deny threat, behavioral efforts to escape or avoid confronting the situation, and relieving tension by expressing emotions (Ebata & Moos, 1991). This type of coping is common among adolescents as reported in a study conducted among Arab culture (Al-Bahrani et al., 2013). Other participants tried to normalize having Covid mentally and others kept telling themselves that everything is going to be “ok.” Similarly, ‘hoping for the best’ was the most frequent way of coping, followed by ‘remaining busy among individuals (Nadeem et al., 2017).

Religious Coping

Religion as a way of coping significantly emerged among almost all participants. Most of them identified that prayers kept their spirits high. This finding is in line with studies, which showed that by attributing religious meaning to the Covid-19 pandemic, one’s coping mechanism was strengthened (Munawar & Choudhry, 2021). One of the participants stated, “I performed my prayers regularly and excessively during the pandemic not as I used to ...” Religiousness is an important predictor of the sense of meaning in life for individuals in Oman. A higher level of religiousness and faith is more likely to appraise stressors as challenges. As a mechanism of facing personal suffering, religiousness and spirituality is believed to alleviate personal suffering (Abu-Hilal et al., 2017). Some participants in this study illustrated that “I should thank God because it’s a virus not a war. We should thank God, because we still work, and we attend college regardless of this health crisis.” Other researchers found that about one third of participants coped through religious faith, trying to deal with the issues as they face them (Nadeem et al., 2017). According to Islamic teachings, life is in Allah’s

hand and Allah determines individuals' lives. Many verses of the Quran mention remembrance and patience in the face of struggles (Abu-Hilal et al., 2017; Aflakseir, 2007).

Feelings of guilt of being distant from religious practices and acts of worship was also suggested. Being immersed in this fast life and following tangible dreams and building social connections caused many to feel distant from God. Emotions of guilt and worry of not fulfilling religious requirements was enhanced during this period and many viewed this pandemic as a wakeup call from God. "Maybe Covid is a call for us to remember to do our religious duties." Guilt can be both a positive and negative driving factor but, in most cases, it was perceived as positive by Omani respondents. That is, Muslim Omani college students who scored high on guilt scored also high on religiousness; and seeking forgiveness from God to resolve the sense of guilt is still within the program of faith even if minor and occasional deviation from the rules of God may happen. Religiousness may bring comfort and peace more than only seeking forgiveness from God and certainly more than being non-religious (Abu-Hilal et al., 2017). Therefore, the sense of guilt and non-religiosity would not hinder the sense of meaning in life. The illustration of religious coping can be observed in many responses; "I used to perform my prayers regularly and during the pandemic I increased my level of faith through my prayers and dua." Another statement is, "Pandemic brought me closer to God. I reflected my religious values in my daily life routine."

Furthermore, religion enhances meaning by offering more direct opportunities for control over life. Individuals who can accept otherwise inexplicable events as being, "God's willing" may be satisfied with this form of interpretive control. The findings of this study reflect the issue that Islamic teachings play an effective role in promotion of self-growth, self-acceptance, and other positive psychological well-being. Muslims mostly drive personal meaning through religion and those Islamic principles (Aflakseir, 2012). It appears that Islamic teachings help people to redefine negative events, accept their situation and interpret it in a more positive framework. There are many verses of the Qur'an indicating that difficulties are a trial from God to test the believers (Aflakseir & Coleman, 2011). A respondent stated, "This pandemic is a test from God to human beings, we have been tested how patient we are and appreciative of the blessings we have in our lives, but we do not value them." Another indicated, "What made me positive was my belief that this virus was a test regardless of the question of the source of this infection. I kept praying and being forbearing and knew it was only a matter of time and it would disappear."

Thriving

Experiencing a traumatic event has consequences for the psyche of an individual. Even though the existence of negative effects for an individual's psyche, people undergoing a stress reaction may also assert some psychosocial benefits. This phenomenon is called posttraumatic growth (PTG), and it concerns life transformations because of attempts to deal with traumatic events. PTG is not viewed as an adaptation mechanism; however, as the result of adaptation. PTG is related to the use of remedial strategies (Nowicki et al., 2020). Some respondents in the current study declared benefits from the health crisis. Participants reported, "Covid-19 made us appreciate the blessings that we had." IJntemalet al. (2021), described that individuals confine themselves to thriving in the face of a stressor and defined it as optimized psychological functioning compared to pre-stressor functioning, whereby functioning is strengthened by that stressor. In this sense, thriving emphasizes the benefits that may be associated with passing through a challenging experience. These benefits can be a new skill, self-knowledge, confidence and strengthened personal relationships or resources (Aflakseir, 2012). Clearly most participants concluded, "This pandemic brought us many blessings and made us reflective on some practices we follow." The respondent continued, "We became more appreciative of family gatherings and the importance of eating healthy food and exercising. " As documented, other findings revealed, Covid-19 infection can have a positive and multidimensional impact on patients, including leading them to reappraising their life and priorities, increasing their awareness of the importance of taking steps to remain healthy, improve relationships, and work on personal growth. Respondents claimed, "Regardless of having been infected with Covid-19, I think preventive

precautions that we practiced for a long time made it like a lifestyle and this is an additive plus for Covid-19.” Another participant stated, “My life became more regular and healthier and planned.” While saying, “After overcoming the symptoms of Covid, I started to value the small items and aiming for realistic goals” some reflected, “Some social rituals changed for better.” They continued, “Less cost for wedding” and in other functions such as grieving gatherings and any social celebrations. According to Sun et al. (2021), after having Covid-19, individuals experienced positive changes in their attitudes and values toward life. They reappraised their perceptions of life and re-evaluated their priorities. They realized the value of simply being alive and grasped the importance of their family to them. Covid-19 infection experiences not only resulted in positive changes in participants’ values, relationships, and personal growth, but also led to improvements in health awareness and behaviors, including improvements in hygiene habits, healthy lifestyles, and proactive health care.

Limitations and Implications

Some limitations to be acknowledged in the current study. First, one is concerned with the sample size of the study. A limited sample of 25 individuals is not sufficient for generalization on all Muslims. Furthermore, the results of this study should be interpreted with caution when generalized to other contexts since it was conducted in Omani culture. Moreover, the participants were females and males, but this study did not explore the comparison of coping among various genders. Hence, further research should consider the variation of coping strategies among different genders. However, it is important to understand the stages that any given individual goes through and target preventive strategies accordingly (Ventriglio et al., 2020).

The findings of this study can highlight some implications. Following the pandemic, policymakers and psychologists can also help to support recovery by framing Covid-19 as a collective experience and the recovery process through an empathetic, mutually supportive lens (Slavich et al., 2022). From a policy perspective, reducing the ecological risks that undermine accomplishment of family functions also is vital consideration for public policy makers. Clinicians who believe in families’ inherent capabilities to discover their strengths are in a much better position to facilitate family resilience (Patterson, 2002). Further, mental health services could provide interventions based on religious beliefs targeted for individuals facing mental health problems (Aflakseir, 2012). In this sense, individuals who use positive religious coping may adopt a positive view of stress, interpreting stressful events as opportunities for personal development and growth (Aflakseir & Coleman, 2011). Furthermore, this research can highlight some documented community-based strategies for enhancing psychosocial wellbeing. Some of these are spreading positive stories and images of people who recovered from illness to install hope in other patients who are ongoing on treatments. Brief adaptive psychological practices include developing a positive perspective on remembering crises as an opportunity to enhance a positive attitude towards life (Jakhar & Kharya, 2021).

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