

A Phenomenological Study on Post COVID-19 Anxiety among COVID-19 Survivors in CALABARZON

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Abstract

The ongoing COVID-19 pandemic has had a significant impact on the lives of Filipino people. Studies show that survivors of the deadly virus are susceptible to developing mental health disturbances even after recovery. The study's objective is to explore and identify patterns of meaning across survivor's experiences of post-COVID-19 anxiety. The study includes eight Filipino working young adults who survived the COVID-19 virus from March 2020 to December 2021, reside in any province CALABARZON, and have an elevated coronavirus Anxiety scale (CAS; Lee, 2020). The study utilized a phenomenological approach through individual, unstructured and in-depth interviews, done virtually through MS Teams, to provide a deeper understanding of the phenomenon. Data was analyzed using Interpretative Phenomenological Analysis. The researchers identified two superordinates, Anxiety-related distress and the survivor's perspective on post-COVID-19 anxiety, for the description of the phenomenon and four superordinates, namely; Intrapersonal-related experiences, Preventative measures against the virus, Interpersonal-related experiences, and Psychological-related experiences, for the real-life experiences of survivors. These results uncover the essence of post-COVID-19 Anxiety among Filipino survivors in the region and provide important implications to the phenomenon and research in the field of COVID-related psychological distress, such as an in-depth description of post-COVID-19 anxiety and the identification of biological, psychological, and social factors that contribute to this experience. The identification of these factors provides direction and insight for the development of holistic recovery programs for survivors. Follow-up studies are encouraged in the different locale's in the Philippines and specific groups (e.g., severe cases, varying socioeconomic status, those with comorbidities, etc.) to further understand the post-COVID Anxiety phenomena in particular contexts. This research recommends the development of mental health programs in support of survivors.

Keywords: the Philippines, Post COVID-19 Anxiety, Distress, Phenomenology, COVID-19

Introduction

The ongoing global outbreak of COVID-19 has brought about significant changes, challenges, and threats in the lives of many to a great extent, as unprecedented measures have taken place to reduce the impact of the disease. Since the beginning of the pandemic, researchers have been interested in the mental health consequences of the pandemic, and numerous studies on this have emerged. In the Philippines, studies on the

psychological impact of COVID-19 have been growing as the pandemic's unprecedented adversity is said to threaten Filipinos' resilience (Callueng et al., 2020).

Based on the Department of Health's statistics, the total number of confirmed COVID-19 cases in the Philippines is 3.2 million, with 53,044 deaths, 2.9 million recoveries, and a cumulative positivity rate of 14.2% as of January 19, 2022. Region IV-A or CALABARZON, the research's locale, is one of the top

regions with 597,672 cases in total (Department of Health, 2022), ranking second for the most significant number of patients (16.9%) in the Philippines (World Health Organization, 2021). Having CALABARZON as the research locale is also in line with the goals of the Cavite Research Development Program, specifically in the area of environment, health, and safety, which aims to assess and develop community health services. Additionally, the data shows that young adults make up most of the COVID-positive cases in the Philippines. Young adulthood is a critical and developmentally distinct stage in one's life. It is a time when individuals face significant challenges and navigate through new social roles, responsibilities, and obligations (Wood et al., 2018). As individuals in this stage go through opportunities and risks, their successes and failures as young adults significantly impact their path to adult life (Bonnie et al., 2015). During the COVID-19 pandemic, young adults face unexpected challenges as they adapt to online education due to the disruption of face-to-face classes, finding employment in a struggling economy, adjusting to new social roles and lifestyle changes, and creating significant relationships amid the threat of contracting the virus. The overwhelming number of cases, the changes in people's day-to-day lives, the risks of physical health and mental health issues, and a literature gap on this topic in the country suggest urgency in researching post-COVID-19 anxiety, essentially to address the aftereffects and mental health challenges of survivors and prevent further worsening of a mental health crisis following the pandemic.

In Taylor's (2019) book entitled *The Psychology of Pandemics*, it is put forward that people may exhibit fear and anxiety response to a pandemic. These responses may manifest in fear of becoming infected, potentially touching contaminated objects, anxiety about the pandemic's lifestyle changes, and reassurance-seeking behaviors related to health symptoms, among others (Taylor, 2019). Amidst the pandemic, there has been an emergence of research and measures for psychological distress associated

with COVID-19 (FCV-19S; Ahorsu et al., 2020; PCTQ; Conway et al., 2020; CSS; Taylor et al., 2020; C-19ASS; Nikcevic & Spada, 2020; CAS; Lee, 2020). Such measures have looked into a perceived threat, fear, worry, or anxiety to COVID-19 events. These measures were developed to widen mental health response to the ongoing pandemic and have brought light to a concept called COVID-19 anxiety which is generally defined as dysfunctional anxiety with the COVID-19 pandemic and may include behaviors such as excessive worry, symptom-checking, avoidance, and excessive cleaning (Nikcevic & Spada, 2020; Lee, 2020, Taylor et al., 2020).

In the development of the Coronavirus Anxiety Scale or CAS by Lee (2020), it is found that participants with a history of COVID-19 infection exhibit high levels of coronavirus anxiety compared to participants who have never been infected. In line with this, there has been research emerging that focus on the aftereffects of infection, and results across these studies show evident psychological sequela of COVID-19, including anxiety (Mazza et al., 2020, Taquet et al., 2021, Shanbehzadeh et al., 2021), which suggest the urgency of this research. However, most of these studies are quantitative and qualitative analysis is limited, mainly focusing on the psychological impact on current patients or the public (Sun et al., 2020). A qualitative phenomenological approach is necessary to investigate and understand the firsthand accounts of survivors of the phenomenon and what it means to go through these personal experiences. The phenomenological approach can provide a rich amount of data and perceptions, giving insight into and allowing for new policies, programs, and theories to be developed.

The present research is interested in what this entails for those who have survived the virus as the pandemic progresses. As it is suggested that future studies investigate anxiety following COVID-19 infection (Driscoll & Gu, 2021), the present research aims to explore Filipino COVID-19 survivors' experiences of post-COVID-19 anxiety.

Methods

Research Design

The researchers used the qualitative research design to describe and understand the Post COVID-19 anxiety phenomenon experienced by employed Filipino young adults who recovered from the deadly virus and are currently residing in region 4A – CALABARZON. Specifically, this qualitative research utilized a phenomenological approach. The researchers believe this will allow for a deeper understanding of the phenomenon. Interpretative phenomenological analysis (IPA) was used in the data analysis. This method accepts that it is impossible to directly examine the life experiences of each participant because such investigation unavoidably involves the researcher's perspective and the researcher-participant relationship. Therefore, the phenomenological analysis of the participants' experiences is an interpretation (Willig, 2008).

Sampling

The researchers opted to use a non-probability sampling technique called Purposive Sampling Technique. This denotes that the researchers will select participants based on the qualifications and criteria that describe the population for this study. In short, samples that meet the study's specific objectives and measures for its participants will be sought (Wilson, 2014).

Participants

The inclusion criteria for the participants of this study include Filipino young adults ages 18 to 26, currently employed; Covid-19 survivors; and residing in any of the provinces in the CALABARZON Region, Philippines. They were drawn from a population of Filipino young adults who were survivors of the deadly virus. All of them were infected from March 2020 to December 2021. Participants also took the Coronavirus Anxiety Scale (CAS) and obtained a score of ≥ 9 . This is to ensure that there is an existing amount of possible COVID-19-related dysfunctional anxiety is necessary for this study. Overall, the average age of

the participants is 23, and the overall mean score for the Coronavirus Anxiety Scale is 15.5.

The researchers chose the working young adult group because multiple studies show that, although they are at the peak of their development in terms of physiology, they are also prone to mental health concerns such as anxiety than one-fifth of young adults and adolescents fulfill the criteria for a DSM-5 anxiety disorder at some point in their lives (Niermann et al., 2021). Region 4A – CALABARZON in the Philippines was chosen as the locale of the study because, according to the World Health Organization (2021), the region placed second in having the most cases (16.9%). This study is also in line with the goals of the Cavite Research Development Program, specifically in health. Lastly, this study includes a total of eight participants. Two survivors from the provinces of Cavite, Laguna, and Batangas. One survivor from the provinces of Batangas, and Rizal. A total of eight out of 20 interested participants were able to meet the inclusion criteria for this study.

Instruments

This study used unstructured interview questionnaires to define and understand the research problem. The questions were carefully crafted to target the phenomenon and the other constructs related to the phenomenon. To ensure the reliability and validity of the interview questionnaires, the researchers also sought the help of subject matter experts in this field. This includes a COVID-19 survivor who is currently the assistant department head of the Provincial Social Welfare and Development Office of Quezon Province; a Master of Arts in Psychology major in Counseling Psychology student of Ateneo de Naga University and is affiliated with Guinayangan Senior High School as a teacher and guidance designate; a school nurse responsible for all Covid-19 related information, programs, and activities in Quezon Science High School; and a Registered Psychologist who specializes in the field of Psychology including anxiety affiliated with The Royal Pentagon Review Specialists as a Lecturer.

Data Gathering Procedure

After the preliminaries, the researchers proceeded to the data gathering proper. Participants recruitment advertisements were posted on the different social media accounts of the researchers containing the inclusion criteria for this study. A google form link was also included in the caption, which they can answer in case they are interested in participating. The online form consists of three parts. The first part is about informed consent. This part contained all the information the target participants needed to know before deciding to participate in the study. The second part consisted of questions about their demographic profile and other information about their Covid-19 experiences, such as the confirmatory test date and recovery date. The last part is the Coronavirus Anxiety Scale (CAS).

The researchers employed a two-part screening process to ensure that the right participants would be selected. The first one is the Coronavirus Anxiety Scale (CAS) which was included in the last part of the google form link. Those who got the quota score (≥ 9) on Coronavirus Anxiety Scale (CAS) were contacted by the researchers for the second phase of the screening process, which involves open-ended questions derived from the objectives of this paper. This particular stage is necessary for the investigators to verify who among them will be able to give the researchers the data that can be useful in describing and understanding the Post COVID-19 Anxiety phenomenon.

Those who were selected from the second screening proceeded to the phenomenological interview. The investigators discussed the need for in-depth exploration of their answers and experiences. The interview was done virtually. Therefore the researchers ensured that the virtual platform used in the interview was Health Insurance Portability and Accountability Act (HIPAA) compliant to safeguard the protection of the participants and other confidential information disclosed during the interview session. After finalizing all things needed for the interview, the researchers devised the schedule for the virtual interview. Before the proper interview started, the

researchers asked for the participants' permission to record and take photos throughout the interview. They also verified the details with regards to the date of infection and date of recovery by asking them to present a document that would confirm that they were infected. The researchers followed the validated and approved interview questions and asked probing questions if necessary. The approximate time of the interview was between 30 to 60 minutes. Aside from the participant's responses, the researchers were attentive to the participants' silences and body language, observation cues, flow and continuity, quality of interaction, and logical interpretation. After the data gathering proper, participants were informed about the true intentions of the study they participated in. If, in any case, the researchers used any kind of deception, it was revealed and explained during this stage. Participants who experienced sudden emotional outbursts, triggers, or vulnerabilities throughout the research will be referred to a registered Psychologist who agrees to address all unexpected negative emotions and responses that may arise throughout the study.

After gathering the needed data, the researchers transcribed the interview by re-watching the recorded sessions. Participants' code name was derived from the first letter of the province where they reside, and the following numbers indicated the number of participants per province. Moving forward, the researchers looked for common patterns among the responses of the participants and assigned themes through coding. Coding is a systematic way to make sense of the data collected. They specifically used Interpretative Phenomenological Analysis (IPA) which aims to give insights into how participants make sense of the Post COVID-19 Phenomenon. After carefully transcribing and assigning themes to the response of the participants, a discussion of the results followed. They presented a comprehensive analysis and interpretation of the raw data collected from the participants.

Data Analysis

The investigators used Interpretative Phenomenological Analysis (IPA) to analyze the data gathered

from the participants. IPA strives to give extensive and deep assessments of firsthand and personal lived experiences of the participants without limitations and filters. It is explicitly idiographic in its commitment to delving into the specific details of each instance before moving on to more general assertions. The IPA methodology is particularly appropriate for investigating topics that are complex, confusing, or emotionally charged (Smith & Osborn, 2014).

Ethical Considerations

The researchers recognized the sensitivity of the topic being studied in this paper. Sudden emotional outbursts and vulnerabilities might be encountered during the data gathering procedure. The investigators agreed with Dr. Maria Lourdes Laydia, a registered psychometrician, and psychologist currently residing in Lucena City, to provide formal assessment and intervention in case these arise. Dr. Laydia specializes in trauma management, life transitions, and face-to-face and online psychotherapy sessions.

The participants were interviewed during their free time. To compensate for this, the researchers gave incentives in cash (Php 300.00). Although the researchers carried out necessary steps to ensure the

security of the virtual interview by using a HIPAA-compliant application, the researchers still informed the participants about the possibility of hacking. The researchers firmly believed that it is the right of the participants to know the risk of disclosing personal and other important information as it may affect their privacy.

Results and Discussion

Out of eight participants, two were male, and six were female. There were two participants from Cavite, two from Laguna, one from Batangas, one from Rizal, and two from Quezon. The participants' nature of work varied. Most of their cases were mild, and most had undergone home quarantine, except for two participants– one participant spent her quarantine period in a hospital where she was working, and the other in a quarantine facility.

The data analysis identified two themes for describing post-COVID-19 Anxiety by Filipino survivors: Anxiety-related distress and Survivors' perspectives on post-COVID anxiety. Table 1 contains the superordinates and subordinates formed through the participants' responses to answer this study's first research question.

Table 1. Survivor's description of Post COVID-19 Anxiety

Superordinate	Subordinate
Anxiety-related Distress	Avoiding exposure to the threat of COVID-19 Feelings of guilt and shame Fear of reinfection Fear of infecting others
Survivor's perspectives on Post COVID-19 Anxiety	Survivor's sentiments Lingering view

Anxiety-Related Distress

Based on the participants' descriptions of post-COVID-19 anxiety, the subordinates under this superordinate are; avoiding exposure to the threat of COVID-19, fear of reinfection, fear of infecting others, and feelings of guilt and shame. Overall, this theme focuses on anxiety-related features that define the post-COVID-19 anxiety phenomenon.

The first subordinate, avoiding exposure to the threat of COVID-19, refers to the survivor's efforts to avoid triggering material related to COVID-19 or mere exposure to the virus due to their anxious thoughts. Some have explicitly avoided news and articles related to the pandemic to prevent triggering an uneasy feeling. Others have become hesitant when invited to gatherings and described that post-COVID-

19 anxiety has brought about feelings of social withdrawal which can be attributed to their fear of reinfection. The anxiety caused survivors to be more considerate of their family and friends due to the possibility that they may get infected or may feel uncomfortable around them.

“Well, it’s both good and bad [pertaining to post COVID-19 anxiety] kasi parang mas pinagiisipan ko yung mga bagay bagay so parang kinoconsider ko yung mga kunwari, yung family kasi baka maka acquire but at the same time mahirap din kasi nga [...] imbis na makapag decide agad agad, minsan it takes me days na parang isipin tapos parang ang gulo gulo pupunta ba ako or hindi ako pupunta mga ganun”. (Well it’s both good and bad [pertaining to post COVID-19 anxiety] because it lets me think about things carefully and consider the thought that what if my family acquires [COVID] but at the same time it’s a difficult decision, it takes me days to decide if I will go with my friends or not.) (B01, F, 22)

Following avoidance behaviors, perhaps the most prominent and common subordinate in this theme is the fear of reinfection. This is defined by the participant’s fear of contracting the virus again or the fear of recurrence. Participants described post-COVID-19 Anxiety as fear of reinfection, and fear of the experience recurring, especially evident in their thought content.

“[...] halimbawa may nababalitaan ako na, may isang tao daw na may na nagkaron ng COVID-19, sa akin, paano kung magkaroon na naman ako? Paano kung umulit na naman ‘yung cycle na nangyari sa akin before? ‘Yun ‘yung thoughts sa akin before na what if mas madami pa ako mahawaan na tao? What if mas malala ‘yung nangyare talaga ngayon compare noon?” ([...] for example, when I hear news about someone who had COVID-19, for me, what if I’m infected again? What if I experience what I’ve already experienced before? What if the cycle that happened to me before happens again? That’s my thinking before. What if I infected more people? What if it’s more critical than before?) (L02, F, 22)

Another participant shares the same idea because he feels that “COVID is everywhere.” Thoughts

of reinfection have made it difficult for him to concentrate at work. There is a sense of normalcy in his daily life, getting back to how it was pre-infection, but the fear of reinfection is always there. Specifically, he worries that he may get reinfected and experience a severe infection that may eventually result in his demise, even if he is already fully vaccinated.

“[...] parang araw araw na po siya andun [pertaining to COVID-19]. Di na siya mawawala. Parang every movement, magkakaroon [ng COVID], magiging anxious na po kayo gumalaw. Parang every day, parang pwede kang magka covid. Di rin po natin masabi yung future, baka pwedeng mamatay na, yung ganon”. ([...] it’s like it’s there every day. It will never disappear. It’s like every movement, you can get [COVID], you’ll become anxious to move around. Every day, it’s like you can get COVID. We can’t tell what will happen in the future, you may possibly die.) (Q01, M, 23)

Participants also describe their fear of infecting others, another subordinate under this theme. Because some participants believe that they may have remnants of the virus in their system and are still anxious about their health, they fear that they may bring the virus home to their loved ones, especially those with children and elders.

“What if carrier pa din ako kahit magaling na ako? Recover na ako pero malay mo mayroon pa din sa katawan mo na may naiwan na kahit katiting na part. What if mahawa ulit ako ng iba?” (What if I am still a carrier even if I am already recovered? Yes, I am recovered but what if there are components of the virus still living inside of your body? What if I get reinfected by others?) (L02, F, 22)

“Mas naging worried ako para sa tao nakapaligid saakin. Kasi actually, hindi ako takot mamatay. Takot ako mamatay na may madamay. Mamaya patay ka na tapos iano pa sayo yung kasalanan. Kaya yun talaga naisip ko na yung mga tao sa paligid ko hindi sila mahawaan. Tsaka ayoko rin maging uncomfortable pag kasama ako dahil dun sa nangyari saakin”. (I became more worried for the people around me. Because, I’m not scared to die. I’m scared to die and get someone else involved. Later, you’re dead and then it’s your fault, that’s

really what I thought, that the people around me wouldn't get infected. And I don't want them to become uncomfortable with me because of what happened to me.) (R01, M, 20)

While others mostly feared the burden of infecting others, some participants had infected others unintentionally, which led to feelings of guilt and shame. In addition, participants were worried about what others thought of being a COVID-19 survivor, as some had experiences of stigma.

"[...] Habang buhay kong dala ang guilt feelings kasi hindi ko sinabi sa kanila na nagkaroon ako ng symptoms dahil sa stigma. Sa pagkakamali kong iyon, nagkaroon ng symptoms, nahawaan ko ang nanay ko. Buti si nanay nasasabi niya ang nararamdaman niya, samantalang ako, I am fighting the battle alone. Nangingibabaw ang guilt sa akin kasi malala ang tama kay mama. Dahil sa akin, kaya siya nagkaroon ng Covid. In terms of feelings, hanggang ngayon may guilt feeling pa din." (I will carry the guilt my whole life because I did not tell them that I had symptoms because of the stigma. Because of that mistake, they also had symptoms, so I infected my mother. She's lucky because she can verbalize her feelings unlike me, I am fighting the battle alone. My guilt feelings became dominant because the effect of the virus on my mother was intense. She had COVID because of me. In terms of feelings, until now I still have feelings of guilt.) (L02, F, 22)

Survivors' Perspectives on Post-Covid Anxiety

The following superordinate looks into the survivor's views and opinions of the phenomenon. This superordinate includes the subordinates, lingering views, and the survivors' sentiments. Participants have lingering views related to their experience of post-COVID-19 anxiety. Some participants view the phenomenon as "normal" due to the shared experiences that survivors lived through amidst the pandemic. As long as there are COVID-19 survivors, there will be the experience of post COVID-19 anxiety. Nonetheless, it is stated that the COVID-19 pandemic gives a different

kind of worry, especially to the survivors. Participant Q01 says that he feels that "the virus is everywhere," even further saying that he thinks that he has COVID permanently, stating:

"[...] pakiramdam ko ay ano, may COVID pa din ako. Parang nakakatakot lumapit sa mga tao. [...] Natakot pong lumapit sa mga tao. Parang pakiramdam ko habang buhay na ko may covid ganon." ([...] I feel like I still have COVID. It's terrifying to go near people. [...] I'm scared to go near people. I feel like I'm going to have covid for the rest of my life.) (Q01, M, 23)

Participants also shared their sentiments on the phenomenon during data gathering. Participant C01 believes that post-COVID-19 anxiety varies from person to person; even further describing the experience is traumatizing. Additionally, post-COVID-19 anxiety is described to be a type of anxiety that will affect all aspects of your life but, at the same time, serves as a reminder that there is a real threat around, which ultimately causes less complacency.

"Depende siya sa tao eh. Depende siya sa nag-hahandle. Kasi mayroong iba na after noon, parang wala lang. Parang hindi sila nagka-covid. Parang walang trauma. Wala iyong kagaya sa akin na six months. Sa akin kasi iyong six months na iyon parang sobra kong pinatay ang sarili ko ng six months. Sa akin ano siya, i-explain ko siya, traumatic iyong post covid. Lyon na iyong biggest word ko para ma-describe." (It depends on the person. It depends on who's handling the situation. Because there are people who are okay after being infected. It's like they never had Covid. No trauma. There's no such thing as what I did to myself for the past six months. For me, that six months, it's like I killed myself for six months. If I were to explain it, Post Covid is traumatic. That's the biggest word I can say to describe it.) (C01, F, 22)

Table 2 contains the superordinates and subordinates formed through the participants' responses to answer this study's second research question.

Table 2. Firsthand Experiences of COVID-19 Survivors

Superordinate	Subordinate
Intrapersonal-related Experiences	Bodily changes Cautious attitude of the survivor
Preventive measures against the virus	The intensified practice of safety precautions Health conditioning behaviors Adaptive psychological coping behaviors Reconnecting with others
Interpersonal-related Experiences	Challenges at work Strengthened relationships with family and friends
Psychological-related Experiences	COVID-19 stigma Negative impact on mental health Survivor's current disposition on Post COVID-19 anxiety

Intrapersonal-Related Experiences

The firsthand experiences of the participants help the researcher define four superordinates, and the first one is the intrapersonal related experiences. Under these are two subordinates which are the bodily changes and cautious attitudes of the survivors that happen to the survivors as they experience post-COVID-19 anxiety. Participant R01 experiences changes in his sleeping patterns due to frequent overthinking and weight gain. These changes make his daily life difficult, mainly because he has to go to work as early as 6 a.m.

“Yung sleeping routine ko, nagbago. May time na mas maaga. Ngayon nahihirapan na ko matulog, katulad this week. Mga 2 or 3 am na ko nakakatulog tapos pasok ko 6 am. Yung mga thoughts mas naging frequent, yung pagiisip ko.” (My sleeping routine changed. There's a time that it's earlier. Now I have a hard time sleeping, just like this week, I slept at around 2 or 3 am and then I had to work at 6 am. My thoughts became more frequent.) *Tapos ayun. Napansin ko, when it comes to physical, sobrang laki ng tinaba ko after COVID up until now* (I noticed, when it comes to physical, I gained a lot of weight after COVID up until now.) (R01, M, 20)

Too much hair fall is also experienced by participant C01; she thought it was only a story that other survivors experience too much hair fall after

suffering from the virus. Still, while at work, she notices the excessive hair fall.

“nababother ako sa hair fall- ko pero all in all okay naman yung pagbalik ko sa work”. (I am bother with hair fall but all in all my work after recovery is okay) (C02, F, 26)

Another intrapersonal change that the survivors experience is the changes in their attitudes. Most of them became more careful and conscious about health and hygiene after surviving the virus.

“Ano mas mag ingat ako as in lagi na akong may hawak na alcohol dati naman meron kaso kada galaw ko na talaga since ngayon nag lift na yung restrictions mas naging careful na” (I became more careful; I always have my alcohol and use it especially now that the restrictions are gradually loosening.) (L01, F, 24)

“Before hindi talaga ako umiinom ng Vitamin C tapos after ng covid ano ko (experience), tuloy tuloy na ko uminom ng vitamin C. Kapag galing sa labas uwi, alcohol talaga tapos aayusin yung mga damit na ginamit” (I really didn't drink vitamin C before but after my covid (experience) [...] I continuously drink vitamin C. When I get home, I use alcohol then I fix the clothes that I wore.) (R01, M, 20)

The post-COVID-19 anxiety of the participants results in changes in their physical body and attitude. These changes caused by anxiety are more observable

to other people. Also, these are the result of their realization during the time they have post-COVID-19 anxiety. Most of them had bodily changes and became extra careful after being infected.

Preventive Measures against the Virus

Another firsthand experience of post-COVID-19 anxiety is taking different preventive measures against the virus. Under these are four subordinates: the intensified practice of safety precautions, health conditioning behaviors, adaptive psychological coping behaviors, and reconnecting with others; after being infected, the participants learned the importance of practicing safety measures. They also realized the importance of taking immediate action when feeling unwell. Due to their experiences with the virus, most participants are now practicing scrupulous hygiene to avoid being infected again by the virus. The participants become cautious about almost everything they touch or hold and even the people they meet daily. They always sanitize everything and remind each family member about the health protocols to avoid reinfection. As they say, prevention is better than lacks a period "cure."

"Triple time po ang mga precautionary measures na ginagawa ko. Kung bago po, kung before, nag-aalcohol lang ako kapag lalabas ako or kapag may hinawakan akong gamit sa labas. Ngayon po every 5 minutes ata or 10 minutes. Tapos nagdodouble mask. Less contact na talaga sa tao ngayon lalo na po ngayon sa sobrang daming tao." (My precautionary measures went triple time. I mean, if before I only used alcohol whenever I went out or if I touched something outside. Now, I use alcohol every 5 minutes or 10 minutes. And then double mask. Less contact with other people especially now that there are too many people.) **(L02, F, 22)**

They also became cautious even in their workplace to the extent that they now use fog machines to disinfect and sanitize documents from other people and barriers when talking to other people in the office. Participants are now taking care of themselves better than before, taking multivitamins to

boost their immune system and help their bodies recover. Also, the participants are now avoiding touching different things that are not sanitized, such as the railings in public places or even sharing food utensils with friends or other people because they are afraid of contracting the virus from those.

"Pero ano lang, medyo maselan pa rin ako doon sa sabay-sabay kakain, iinom sa isang baso. Mga ganoon. Sensitive pa rin ako doon. Precautionary measures na lang din kasi." (I also now attend face to face gatherings. But I'm still sensitive to eating all together, drinking in one glass. Things like that. I'm still sensitive about it. It's still a precautionary measure.) **(C01, F, 22)**

Getting vaccinated also helps the participants lessen the anxiety they experience and reduces the chances of having a severe case of COVID. They also encourage each family member to be vaccinated to avoid infection within the family.

"Mejo nakakatakot pa din ayun, tapos yung vaccine we make sure na everybody is vaccinated" (I am still afraid and we make sure that everybody in the family is vaccinated.) **(B01, F, 22)**

The researchers also discovered that the participants have these health conditioning behaviors that help them cope and act as preventive measures against the virus. Some of these are eating healthy foods such as vegetables and fruits and engaging in physical activity to strengthen their bodies and have a more robust immune system.

Distraction is one of the most common forms of psychological-related behaviors practiced by some survivors. They use distraction to forget the uncomfortable feeling caused by post-Covid-19 anxiety temporarily. They focus on work or on other things, such as listening to music. Others revealed that they successfully overcame the challenges of post-COVID-19 anxiety by having the right state of mind. Managing intrusive thoughts caused by post-COVID-19 anxiety is also a critical strategy that helped them combat the challenges of this phenomenon. A participant from Batangas added that communication with different significant people in your life would also

help you manage the intrusive and catastrophic thoughts brought by the distressful phenomenon.

“...communication din, communicate din with friends kasi pag naka-isolate kayo wala ka din masyado magagawa eh so pag mag isa din diba alam mo ‘yun. Ang dami mong mao-overthink pero when you communicate na with other people parang biglang magkakaroon ng clear, maki-clear iyong mind mo so iyon for me iyong coping mechanism ko is to communicate.” (...communicate with your friends because when you are isolated you have nothing else to do and it will let you overthink but when you are communicating with other people it will help you clear your mind so for me communication is one of my coping mechanisms) **(B01, F, 22)**

Other survivors recognized that having anxiety is normal since the experience that they had to endure during infection and the challenge after infection is no joke. They mentioned that it is okay and valid to feel anxious but only to some extent.

“Para sa akin, it’s okay naman if nakaranas ka ng sobrang lalang covid tapos iyong mga pinagdaanan mo. It’s okay na maging anxious ka somewhat...” (For me, it’s okay if you’re experiencing severe covid plus your other struggles. It’s okay to become anxious) **(Q02, F, 25)**

Survivors also mentioned the critical role that mental health professionals play in managing post-COVID-19 anxiety. They recognized that although their coping behaviors alleviate the unpleasant feelings, sometimes the phenomenon can be too overwhelming for you to combat alone. This is where the experts come into the picture.

“After po magkacovid, nagplano po ako magpaconsult sa isang psychiatry kaso di ko po kaya yung per session. Ngayon po nagsseek ako ng help (online). May nakita akong libreng consulta kasi gusto ko talaga bumalik sa dati. Yung masaya na genuine. Meron po ako sinendan (ng email at message)” (After I had COVID, I planned on consulting with a psychiatrist, but I can’t (afford) per session. Now I am seeking help online. I saw free consultation because I want to return to how

I was before. Genuine happiness. I sent (an email and message)). **(R01, M, 20)**

Participants also value their relationships with other people, they reconnect after being isolated, and the presence of the persons they trust and who will listen to their sentiments and experiences being infected by the virus important. Being a survivor can be a tragic experience, and talking about their experiences will help them recover step by step.

“Para sa akin it’s better to talk to an expert, or better to talk to a loved one, or someone who knows you well. If ever na kaya mo mag-voice out kahit kanino and iyong taong iyon ay willing makinig sa iyo, ayon, sabihin mo ang nararamdaman mo, sabihin mo kung ano man iyong mga anxious thoughts mo. Para rin ma-relieve ka doon sa feelings na takot ka sa covid, takot ka na magka-reinfection ulit.” (For me, it’s better to talk to an expert, or better to talk to a loved one, or someone who knows you well. If ever you can voice out your feelings to anyone and that person is willing to listen to you, tell them what you’re feeling. Tell them what your anxious thoughts are. This is also to relieve your fear about covid, fear of getting infected again.) **(Q02, F, 25)**

In summary, the participants developed different preventive measures against the virus after they recovered from the virus. They also continue to practice the health protocols, and most do this strictly to avoid reinfection. They use different things to ensure that their things are disinfected, and most of them frequently use alcohol not only to ensure that their hands are clean but to ease their feelings of anxiety. They become health conscious and do exercises to make sure they are healthy. Some participants resorted to self-coping strategies, while others chose to tap the support of their family and friends in combating the psychological effects of post-COVID-19 anxiety. Participants are aware that sometimes, anxiety can be overwhelming, and they need to seek help from competent mental health professionals to deal with it in the best possible way. They also use their social relationships to cope with

the anxiety they are experiencing. They use their work to forget about COVID-19 and talk to their trusted friends to share their experiences of having been infected by the virus.

Interpersonal-related Experiences

The changes brought about by the post-COVID-19 anxiety caused several changes in the interpersonal relationships of the survivors. This specific superordinate directly answers the second research objective and includes subordinates such as Challenges at work and Strengthened relationships with family and friends.

Returning to the workplace after infection is one of the most significant experiences mentioned by the participants during the interview. One participant highlighted the need for her to immediately return to work after receiving a negative result because of the need to provide for her family.

“No choice, kahit masama pakiramdam ko, need ko kumilos, need ko mag-prepare para sa family ko. (No choice, even if I am not feeling well, I need to act. I need to provide for my family.)” (L02, F, 22)

Some also mentioned that they went back to work immediately as per instruction of their institution but felt that they lacked adequate recovery time to recover from the virus and the exhausting experience of Post COVID-19 Anxiety. Survivors noted that after returning to work, their employers made some necessary adjustments to ensure that infection recurrence within their workplace would be lessened. These adjustments were in the form of creating barriers to protect employees during communication with clients and other individuals, as well as the strict implementation of minimum health standards. Meanwhile, other survivors narrated that after returning to work, they experienced a sudden change in their relationship with their co-workers. For instance, a participant mentioned that his co-workers were voluntarily distancing themselves from him because of the fear of acquiring the virus, even if he

had already obtained a certification proving that he no longer has the virus. Another notable answer is the workplace bullying experienced by a survivor.

“Sa trabaho mayroong zoom meeting tapos mayroon akong isang katrabaho na sasabihin ‘andyan na si COVID, andyan na si COVID’. Kaya nagalit iyong iba... may instances pa na narinig ng mga kapatid ko na sinasabi yun kaya nakakahiya... Ang off na noong joke na ‘andyan na si COVID’, COVID tawag sakin. Masama talaga sa feeling. Siya lang naman, isa lang naman.” (At work, we had a zoom meeting. I had one coworker that would day “COVID’s here, COVID’s here”. My other coworkers got mad [...] There were instances that my siblings heard what he was saying and it was embarrassing. [...] They were giving me advice, that I just shouldn’t mind him. [...] The joke that COVID is here is off, he called me COVID. It’s a bad feeling. It was only him, just one.) (R01, M, 20)

Relationships within the survivors’ family and friends were also affected by Post COVID-19 Anxiety. It disrupted their routines, altered their roles and relationships, and significantly changed their attitudes toward each other. Although the experience of the phenomenon is traumatizing, almost all the participants mentioned that there had been a perceived growth in family relationships due to constant communication.

“...parang mas lalo pong okay. Pero okay naman po talaga noong una. Pero parang pakiramdam ko lang na parang mas naging close po kaming lahat kasi parang noong time po na solo ako tapos maya’t maya silang tumatawag, humihingi ng update eh ‘di parang nandoon po iyong communication. Kasi noong normal pa po noong wala pa COVID eh ‘di parang minsan sa isang araw ‘di pa kami magkakausap. Noong nagka-ano ako (COVID), eh ‘di parang doon na po nagkaroon ng constant na communication. (It became more okay. We were okay to begin with. But I feel like we have become closer to each other because during the time I was alone, they would call asking for an update so the communication was there. When it was still normal, when covid wasn’t here yet, some days we wouldn’t even be able to talk to each other. When I got covid, we had constant

communication. I felt like crying (when I saw my family again), but I was suppressing it. 2 weeks without your family is long. The stress, the depression, the insomnia (he experienced), I would fall asleep at around four o'clock.)” (Q01, M, 23)

Recovering from the phenomenon is not as easy as it may seem. Some are still anxious and worried about attending gatherings with their family and friends because of the fear of reinfection or unknowingly transmitting the virus to them. Regardless of these valid concerns, they are still making progress by slowly being able to attend face-to-face gatherings.

“Okay na naman siya. Nakakalabas na ako. May face to face gathering na akong pinupuntahan. Pero ano lang, medyo maselan pa rin ako doon sa sabay-sabay kakain, iinom sa isang baso. Mga ganoon. Sensitive pa rin ako doon. Precautionary measures na lang din kasi. (There... it's almost my 2nd year anniversary next year. I'm okay. I can go out now. I also now attend face to face gatherings. But I'm still sensitive to eating all together, drinking in one glass. Things like that. I'm still sensitive about it. It's still a precautionary measure.)” (C01, F, 22)

In summary, post-COVID-19 anxiety also caused significant changes in the survivors' interpersonal relationships. While most of the changes were due to the disruption of everyday routine from work and within the family and friends, some changes brought growth and improvement. These effects are predicted to have a long-lasting impact on the survivors' interpersonal life.

Psychological-related Experiences

This superordinate answers the second research question of this study. It includes subordinates such as Covid-19 stigma, negative impact on mental health, and survivors' current disposition on the phenomenon. One of the most challenging situations after COVID-19 anxiety is the emergence of COVID-19 stigma. This is a COVID-19-related stigma that pertains to a

disapproving or hostile self-attitude that results in “a spoiled identity” because of being infected with or having close contact with COVID-19 (Yuan et al., 2021).

“Sa office medyo paranoid sila nung una like medyo okay na daw ba talaga kami ganyan so parang feeling namin parang nadi-discriminate kami iyong iyong initial eh. (In terms of relationship with my friends in the office they become a little paranoid at first they repetitively asked if we are really okay and I felt discriminated.)” (L01, F, 24)

Various mental health issues and disturbances also emerged during their battle with post-COVID-19 anxiety. Other survivors noted that their post-COVID-19 Anxiety experience intensified their past mental health challenges even before the pandemic struck.

“Tapos after ng COVID, mas naging... kasi 'di pa ko nakakapag consult sa expert sa psychology pero alam ko sa sarili ko na mayroon akong pinagdadaan. Tapos naging frequent pa siya nitong... after magka-COVID, kasi sa tingin ko mas nadagdagan yung trauma.” (Then after COVID, I became more... because I haven't consulted an expert in psychology yet but I know in myself that I've been going through something. And it has become more frequent after acquiring COVID because I think it added to the trauma.) (R01, M, 20)

Other survivors revealed that their post-COVID-19 Anxiety experience was traumatizing. It gave them trauma to the point that their actions must always be calculated to prevent them from experiencing the horrors of post-COVID-19 anxiety again. They are not proud of their experience, and some recall that they are experiencing negative emotions just by recognizing their experiences.

“Trauma sa akin iyong naging experience kasi hindi ko nakita iyong sarili ko sa ganoong situation kasi akala ko safe na ako, safe iyong ginagawa ko na okay lang iyong safety measures na ginagawa ko for everyday life pero hindi pala. Tapos lahat naman tayo talagang may takot pero sa tingin ko iba iyong takot para dun sa mga naka-experience.” (The whole experience is traumatic because I did not see myself in that situation. I thought I was safe

because I always practice basic safety measures but I still got infected. Each and every one of us has fear of COVID but I think the level of fear of those who experience this is of different level) (L01, F, 24)

While to some, it was clear that their current disposition about the phenomenon leans more on the negative side because of the negative experiences they had to endure upon recovery, one participant became confused. Many questions popped up in her mind, even to the extent of questioning the threat of the virus.

“Isip ko noon, totoo pa bang may COVID? Viral siya eh, di natin siya nakikita diba? Dapat pa ba akong matakot? Parang deserve ko ba iyong ginawa ko sa sarili ko for 6 months na hindi ko pagsabay kumain, hindi ko pag-join sa mga bonding ng family ganoon.” (My thinking during that time, is COVID real? It’s viral and we cannot see it right? But do we still need to be afraid of it? It’s like... do I deserve what I did to myself for the past six months of not eating with my family, not joining in our family bonding? Things like that.) (C01, F, 22)

One participant also felt that his future became uncertain and insecure because his peers had left him behind.

“Ang naiisip ko is since hindi ako nagaaral ngayon, naiisip ko kung ano na mangyayari sa akin sa future. Kung ano na lang ba ako hanggang dito na lang ba ko sa call center. Mas iniisip ko rin for the last two months, what if mag face to face na sila... naiinsecure ako makita sila na nakauniform tapos ako nandito lang. More on future yung naiisip ko... Yung feeling mo na parang youre left behind. Yun yung mga nagiging thoughts ko actually.” (What I think is, since I’m not currently studying, I think of what will happen to me in the future. If I’m really just here, in the call center. [...] For the past two months, I have also thought about what if they (batchmates) have their face-to-face classes, [...] I’ll feel insecure seeing them in uniform then there’s me, just here. I think more about the future. [...] I know I was already overthinking before I had COVID but it got worse after I got

COVID. The feeling that you’re left behind. That’s what I actually think about.) (R01, M, 20)

In summary, while Post COVID-19 Anxiety is not yet a disorder nor a diagnosis, this phenomenon can trigger a lot of mental health challenges that may burden the individual’s recovery process. That is why it is essential for patients, survivors, and even the health sector, to develop a holistic program for recovery that includes physical, mental, emotional, and even social strategies for coping.

Discussion

Using Interpretive Phenomenological Analysis, the researchers explored the survivors’ lived experiences and obtained six themes that answered the research questions. This topic is of interest because studies have found that survivors of COVID-19 are at risk of psychological sequelae, especially the experience of anxiety (Taquet et al., 2020, Mazza et al., 2020, Shanbehzadeh et al., 2021, Hurissi et al., 2021).

The superordinate, Anxiety-related distress, focuses on what the experience of post-COVID-19 anxiety entails, its features, and its manifestations. Survivors avoid exposure to the virus to protect themselves and the people around them because they fear reinfection, potentially infecting others, and even worry that remnants of the virus are still in their bodies. These fears, together with the unpredictability of the current health crisis, induce post-COVID-19 Anxiety. Similarly, in a qualitative study by Moradi et al. (2020), it is found that COVID-19 survivors in Iran experience psychological distress due to a fear of recurrence and exacerbation of the disease, fear of transmitting the infection to others, and anxiety induced by triggering material. Survivors also experience guilt and shame due to unintentionally infecting family members. With this, they have put shame on themselves, thus experiencing self-stigma and self-blame because of the survivor’s perceived rejection or judgment of others. The participants may fear the social consequences of being a COVID-19 survivor. In Filipino psychology, this may translate to

the concept of *hiya*, specifically *nakakahiya* (embarrassing) or *kahihyan* (sense of propriety), as explained in Pe-Pua and Protacio-Marcelino (2000). As said by Brooks et al. (2020), as the COVID-19 pandemic has brought about a prolonged state of

uncertainty and continuous caution, combining this with a sense of responsibility for infecting others may lead to a possible danger of maladaptive guilt, which may have negative consequences for a survivor's mental health.

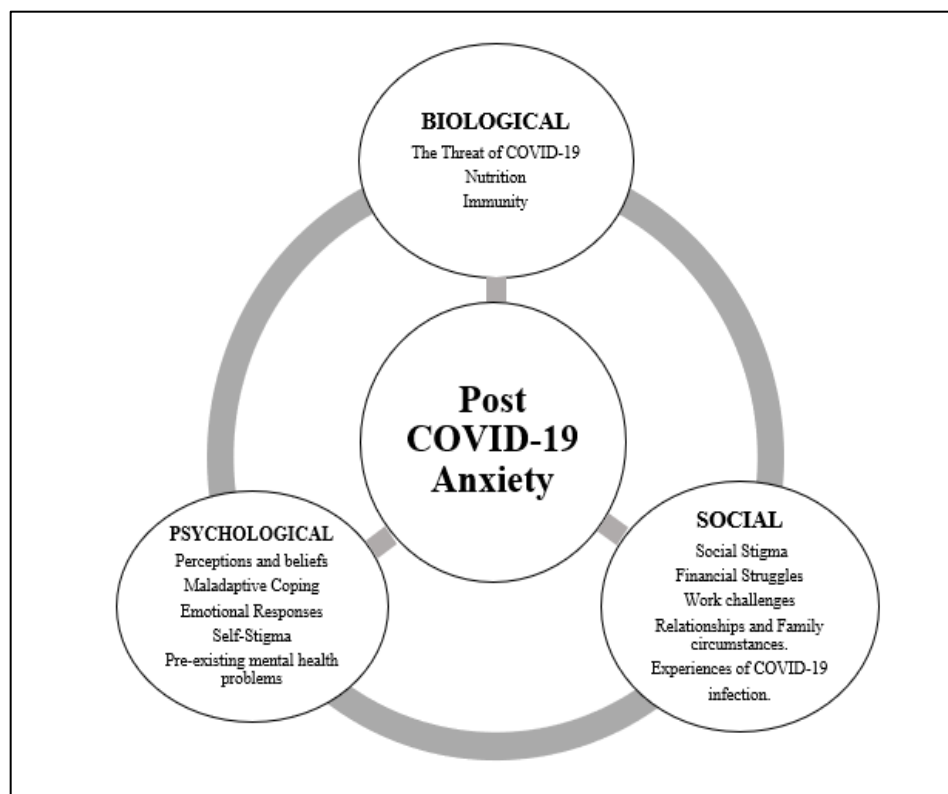


Figure 1. Post COVID-19 Anxiety findings as explained using the Biopsychosocial Model

The superordinate survivors' perspectives on post-COVID-19 anxiety refer to the survivors' direct descriptions of the phenomenon. Some survivors feel that the virus is everywhere and is a permanent entity. Others state that post-COVID-19 anxiety is an experience that affects all aspects of life, varies from person to person, and is "normal" in the sense that it is a real threat inducing a real fear in some, especially for those who have experienced the disease firsthand. According to Coelho, Suttiwan, Arato, & Zsido (2020), anxiety brought about by the current health crisis involves a fear of the unknown and may vary from person to person because of individual differences, such as one's proneness to anxiety, intolerance of uncertainty, and threat perception. Given that the virus

is an undetectable threat, the fear of the unknown may be exacerbated by an individual's intolerance to unpredictable situations, thus leading to the experience of anxiety. With the pandemic still ongoing, the threat of COVID-19 is very much there, and even after recovery, participants still exhibit high coronavirus anxiety. The pandemic has brought a mental health crisis, affecting all aspects of life, especially those affected (Coelho et al., 2020; Lee, 2020). Ultimately, the two superordinates above answer the research question of how Filipino survivors describe post COVID-19 anxiety.

The intrapersonal experience is one of the identified superordinates that the researchers gathered from the firsthand experiences of COVID-19

survivors with post-COVID-19 anxiety. The participants experienced bodily changes such as changes in sleep, weight gain, and too much hair fall. These changes somehow affect their daily living, for example, the situation of one of the participants who had changes in sleeping patterns and had to wake up and work at six o'clock in the morning. This experience is common to the survivors of the virus. This claim is supported by El Sayed et. al. (2021), whose study revealed that survivors of COVID have a high chance of experiencing insomnia and sleep disturbances due to overthinking the virus. Also, the survivors' attitude toward following protocols and disinfection became strict to the extent of using alcohol more often and taking vitamins, which they weren't practicing before acquiring the virus, as an effort to be infected by the deadly virus. The study of Prawirohartono and Murni (2021) found that vitamin D, E, A, and zinc have a good effect on the immune system. Thus, zinc may lessen the duration of pneumonia. Furthermore, it will be more beneficial to eat a variety of foods that contain the vitamins mentioned earlier, do exercises and other activities that expose the person to the sun, and prevent respiratory infections by following the health protocols and standard precautions such as washing hands, proper use of facemask, and social distancing.

Survivors have their own preventive measures which help them cope with post COVID-19 Anxiety. According to Yu et al. (2020), the coping strategies of the survivors and social support are correlated with lowering psychological distress and can serve as the basis for psychological intervention. As mentioned in the interview, one of the survivors' coping mechanisms is practicing scrupulous hygiene to avoid reinfection. They use alcohol more often, sanitizing almost everything, reminding each family member regarding the health protocols, and taking multivitamins to strengthen the body. Survivors also learned the importance of taking immediate action when feeling unwell and getting vaccinated. Some use their work as a distraction to lessen their thoughts about the virus.

Moreover, communicating with different significant people in one's life will also help to manage the intrusive and stressful thoughts about COVID-19. Reconnecting with others can be further explained by Virgilio Enriquez's (1994) concept of *kapwa* (shared identity), which is said to be the core of social psychology and the center of Filipino values (Pe-Pua & Protacio-Marcelino, 2000). It was evident in the interview that the social relationships of the survivors were of great help for them to recover from the stressful feeling of battling the virus. This implies that reconnecting with others may be a protective factor against experiencing post Covid-19 anxiety more intensely.

After recovering from Covid-19, some survivors have noticed some changes in the interpersonal aspects of their lives. Relationships with co-workers and working practices have been significantly affected by the phenomenon. Meanwhile, there were also changes in the dynamics of relationships within the family and close friends. Differences in the level of interaction between survivors of COVID-19 and the people surrounding them can be explained by Virgilio Enriquez's concept of *Pakikipagkapwa* (shared identity). This idea has two categories: *ibang tao* (not-one-of-us) and *hindi ibang tao* (one-of-us); if one is placed under the *ibang tao* category, the depth of interaction can range from "transaction/ civility with" "interaction with," "participating/joining/ in-conformity with/ in-accord with," or "being along with." In contrast, the level of interaction under the *hindi ibang tao* category ranges from "being in-rapport/understanding/ acceptance with," "getting involved," and the highest level of exchange called "being one with" (Pe-Pua & Protacio-Marcelino, 2000).

Participants of this research also mentioned psychological-related experiences caused by the phenomenon. Stigma in the form of discrimination, most especially at work, has been the most common experience among participants. Other participants stated that they also experienced excessive worrying about what other people might think or say about them. A study by Dar et al. (2020) found a high

externalized stigma among COVID-19 survivors. Externalized stigma refers to an individual's embarrassment and shame connected with a stigmatizing condition, a perceived act of discrimination against them (Frank et al., 2018). Survivors also experienced additional mental health challenges when they experienced post-COVID-19 anxiety. One participant noted that the phenomenon exacerbated their existing mental health condition. Most experienced traumatizing and negative emotions even while recalling the experience. Most survivors who participated in this study developed a sense of empowerment after experiencing post-COVID-19 anxiety.

The Biopsychosocial Model of George Engel (1977) provides a theoretical foundation for understanding post-COVID-19 anxiety. The model explains that an interplay of biological, social, and psychological factors contributes to the development of an illness, disease, or suffering (Borrell-Carrió, F., Suchman, A. L., & Epstein, R. M., 2004). According to the data that the survivors have provided, numerous biological, social, and psychological factors exacerbate the experience of this phenomenon. Biological factors include the threat of COVID-19 to physical health, nutrition, and immunity. Social factors found include the experience of social stigma, financial struggles, work challenges, shifts in relationships and family circumstances, and the experience of COVID-19 infection. Lastly, psychological factors include the survivor's perceptions and beliefs about the pandemic, maladaptive coping, one's emotional responses, self-stigma, and pre-existing mental health problems. Based on the data, these factors contribute to a survivor's experience of post-COVID-19 anxiety.

Conclusion

This paper concludes that after recovering from the highly infectious COVID-19 virus, survivors of the disease face another equally challenging phenomenon in the form of post-COVID-19 anxiety. While this phenomenon is not considered a diagnosis

or a disorder, participants of this study were able to describe and narrate their experiences regarding the phenomenon. Anxiety-related distress and perspectives such as lingering views and various sentiments were the descriptions used to describe the phenomenon. Significant experiences in their intrapersonal, interpersonal, and psychological-related experiences were also explored in this paper to understand the phenomenon further. Lastly, the researchers also noted the survivors' preventive measures to avoid re-acquiring the virus. The researchers strongly believe that understanding all these factors will significantly help society in general, not just in creating holistic recovery programs for survivors but also in fully understanding the psychological disturbances and challenges experienced by the survivors after their battle with COVID-19.

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