

‘A monster in the convent’. The lived experiences of the Catholic religious sisters who contracted Covid-19 at a convent in Mutare diocese, Zimbabwe.

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Abstract

Covid-19 took a toll worldwide and yet has not yielded all the knowledge necessary of the lived experiences of the diverse survivors. This paper seeks to contribute to the many studies that have been undertaken. It is a phenomenological, qualitative in-depth exploration of the lived experiences of the Catholic religious sisters who contracted and survived Covid-19. The data was collected through semi-structured questions, phone call and face to face interviews, with a total of ten Catholic religious sisters who tested positive for Covid-19, stayed in isolation from others and later recovered, in the Catholic diocese of Mutare. Transcribed data was used to construct themes that portrayed the Sisters’ lived experiences through the pandemic. The findings revealed that the selected survivors suffered psychological, social and physical maladjustments during their period of confinement. The study recommends disaster preparedness for religious communities to facilitate proper adjustment in possible future pandemics. The research developed a model as an intervention strategy that includes continuous community empowerment programs for nuns, organizing training in adaptive coping skills for religious leaders, strengthening the support system during the time of illness, constructing specialized care facilities for the sick and abiding by the professional advice of health care officials such as vaccinations and other measures.

Key words: Lived experiences, Catholic religious sisters, Covid-19, Mutare diocese

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1.1 Introduction

Covid-19 left a noticeable imprint as it ravaged the globe claiming and threatening lives. Research has shown some of the lived experiences and the psychosocial impact of Covid-19 worldwide. In South Korea, a study revealed that the Covid-19 survivors experienced social, mental and physical challenges in relation to Covid-19 (Son, Choi, Hwang & Yang, 2021). Similarly, another study conducted in one of the cities of Iran concluded that living with Covid-19 proved to be an emotionally and physically challenging experience (Norouzadeh, Abbasinia, Tayebi, Sharifipour, Koohpaei, Aghaie & Asgarpour, 2021).

Luo, Estill, Wang, Lv, Liu, Liu and Chen (2020) posit that the Covid-19 pandemic did not only cause a global public health crisis but was also a contributor to unprecedented panic in people. In the Kampala district of Uganda, another study indicated that the survivors faced social rejection and community ostracism (Amir, 2021). The Zimbabwean context is not an exception to these mixed sentiments; and while Covid-19 personal lived experiences were shared by some individuals in Zimbabwe at various levels, this study explored the lived experiences of a unique group of Catholic religious sisters in the diocese of Mutare.

Banerjee and Sathyanarayana (2020) claim that in comparison with past epidemics, Covid-19 induced an overabundance of incorrect information which intensified public anxiety and prejudice regarding the adherence to effective treatment measures. The results of a rapid exploratory survey that was carried out among the general public in Uganda, the Covid-19 pandemic was perceived to be mostly associated with people of European origin, while Ugandan men also supposed themselves to be at a greater risk compared to their women (Kasozi, MacLeod, Ssempijja, Mahero, Matama, Musoke, Bardosh, Ssebuufu, Wakoko-Studstil, Echor, Ayikobua, Mujinya, Nambuya, Onohuean, Zirintunda, Ekou & Welburn, 2020). Studies of a more local context also maintained that during the early stages of the Covid-19 outbreak in Zimbabwe, individuals were bombarded with both filtered and unfiltered information which in turn resulted in widespread fear and unanswered questions regarding the pandemic.

Despite the fact that a considerable number of surveys have been conducted to explore Covid-19 survivors' lived experiences, it seems that narrative data concerning

the experiences of unique populations which include the consecrated Catholic religious sisters, nuns, who live a distinctive lifestyle are currently unexplored. According to Schneiders, (2011), consecrated religious life is a lifestyle within the Catholic Church wherein the acquaintances profess vows of chastity, poverty and obedience within a congregation or community that is accepted by the Church. O'Murchu (1991) further postulates that religious life is a communal lifestyle whereby the community exhibits the authenticity of the religious lifestyle. The Catholic religious sisters live a shared communal life where they have common meals, prayers and recreational activities. While this unique and sacred lifestyle of the sisters could not tally with the Covid-19 restrictions, the study aimed to understand the lived experiences of the survivors.

1.2 Research Questions

1. What does it mean to be confirmed Covid-19 positive?
2. What are the experience of living with Covid-19 in the closed community of religious sisterhood?
3. What helped/did not help during the period of illness?

2.0 Methodology

A qualitative empirical research approach was used to embark on an in-depth exploration of the lived experiences of the participants focusing on their contextual life experiences (Creswell, 2013). The study design was grounded on a phenomenological perspective in order to understand the meaning of the lived experiences, events, and interactions of the religious sisters. Ten participants took part in this study. All of the participants were Catholic sisters with ages ranging from 35-85 years. All the participants had tested positive for Covid-19 with mild to serious complications; with some who got admitted into the Intensive Care Unit (ICU) due to severe Covid-19 related complications. An in-depth semi-structured narrative interview (Riessman, 2008) was used to collect data. The obtained data was presented and analysed using a thematic analysis which was interfaced with discourse analysis.

3.1 Results and discussion

The research obtained themes containing detailed descriptions of participants' lived experiences as survivors of Covid-19. The sub-research questions focused on the participants' perceptions of the Covid-19 positive result, how living with the virus impacted community life, identification of the available support systems that promoted recovery, finding out the current coping strategy with the ongoing Covid-19 crisis and the suggestions on what can be done to combat future related pandemics. The following themes thus emerged:

3.1.1 Enough Knowledge about the Covid-19 Pandemic

The participants revealed that social media and their daily social interactions largely contributed to the spreading of information about the virus. One of the participants whose source of information was through the daily social connections with others said,

“The advent of Covid-19 had become the talk of the century to the extent that even those who stay in the beyond of the beyond must have known about it. I was fully aware that it was a deadly virus and was very much afraid of it.”

The other participant who revealed that she had limited contact with the public due to her current health condition said;

“I knew the virus was there and was killing people as broadcasted on the television but I never dreamt of contracting it because I have always been confined to this place where we stay as elderly and sick people who are no longer engaged in any work that exposes us to the risk of contracting Covid-19.”

The majority of the participants were well informed about the Covid-19 virus prior to contracting it. They were conscious of the virus as noted by their compliance with the Covid-19 related health restriction measures. The findings also revealed that the participants were committed to a healthy lifestyle. This mismatches with Mackworth-Young et al, (2020) who asserted that Zimbabwean communities had limited ability to comply with stipulated preventive measures because they posed a threat to their daily source of livelihoods. This disagreement could be a result of the differences on the

time when the study was carried out thus there could have been a change in people's compliance habits. Suggestive of this, there seemed to be a great improvement in the majority's compliance to the Covid-19 restriction measures compared to the time when the virus first emerged. Another factor could be due to the differences in the lifestyles of the study participants. The religious sisters live a more confined lifestyle compared to the general public.

3.1.2 Mixed Feelings about the Covid-19 Positive Result

The respondents had mixed sentiments regarding their Covid-19 positive results. The experience of testing positive for Covid-19 triggered different reactions amongst the participants typically during the first two days after undergoing the rapid test. These varied reactions ranged from being ashamed, feeling guilty, shock, anxiety, fear and the uncertainty of the outcome of the illness.

One of the participants who disclosed that she had recently travelled to her home village for the funeral of a close relative in the midst of the lockdown said; *"I felt guilty of being Covid-19 positive. I could not just face the shame of being the only one who got sick in my community. I became so ashamed of betraying my community members.*

The participant who could not precisely share how she felt also said;

"I had mixed feelings which included anxiety, fear and uncertainty of the outcome. At the same time I was glad to have known that I had Covid-19 and could get earlier treatment while protecting others from contracting it from me".

This participant also shared that she had no symptoms related to Covid-19 but had to be tested when there was an outbreak at her place of work.

The study suggested that the process of undergoing a Covid-19 screening test and being confirmed Covid-19 positive, created emotional turmoil in some individuals. The study participants went through mixed feelings after receiving their Covid-19 positive result even after they had felt unwell, suspected themselves to be positive and willingly opted for the screening test. The psychological survival uncertainty which the participants faced resulted in various emotional responses. Additionally, the

participants' way of life and their awareness of the Covid-19 related high death rates around the world were the other triggers of such mixed sentiments. These findings are in agreement with Gardener and Moallem (2015) who claimed that the fear of contracting, of survival and of infecting others are usually the experience of many people during outbreaks of infectious diseases.

3.1.3 Sad News about Covid-19 Positive Results First Communicated to Close Relatives

The participants had to turn to their significant others for comfort and encouragement when they tested positive for Covid-19. The majority of the respondents shared that they first shared the news with their relatives on the very same day when they were notified of their Covid-19 test results. One of the participants said; *"I shared the news with my elder sister. She was calm and she encouraged me to religiously take my medication alongside other natural remedies"*.

On the contrary, another elderly participant who happened to be a resident in one of the retirement homes for the sick and elderly sisters said; *"I shared the news with my sister-in-law. She was hurt. I could hear her crying over the phone although she promised me that I was going to recover by God's grace"*. The quoted participant further shared that one of their sisters who was in that same house had recently died due to Covid-19 and that the news had shocked many people who knew her.

The study revealed that the participants could not keep the Covid-19 positive sad news to themselves but had to share with their close counterparts who were mostly family members. This revealed that the family plays a significant role in influencing the patient's psychological adjustment, recovery process and adherence to medication as proposed by Siregar, Nasution, Ariga, Tanjung, & Harahap (2021). The study results also show the great need for psychosocial support in individuals after having tested Covid-19 positive. There is also a notable link between the participants' emotional response after receiving the Covid-19 positive test news and the nature of the emotional support that was rendered to them. While fear and insecurity seemed to push the respondents into seeking assurance and consolation from their loved ones, shame and guilt prompted other participants to seek acceptance and understanding. These findings concur with the ideas of the Social Constructionism theory which says

that all meaning is socially constructed thus knowledge is acquired through social interaction and that reality depends on shared assumptions (Andrews, 2012).

3.1.4 Kept Isolated as with Leprosy

Some participants used the discourse of a leper to describe their experience during the isolation period. Most participants revealed that they were transferred to designated isolation places that were organized for Covid-19 sick people by their respective congregations as presented below,

“I was transferred to our motherhouse where most of our sisters were confined during the time of illness”.

“I was staying alone at the visitors’ cottage which is just outside the main house”.

“I was admitted in a private ward at our mission hospital”.

“I had to be transferred to the designated Isolation Center where all the sisters who tested positive for Covid-19 were taken care of”.

The above excerpts show that the participants were both physically and socially separated from others who were negative. Additionally, none of the participants shared a sick room/ward with another sick colleague though some of these participants were residing under the same isolation block.

The participants felt rejected and avoided during their time of illness with Covid-19. They felt sidelined by their community members as they were avoided and given strict boundaries in the house as a way of controlling the spread of the infection which they equated to an individual with leprosy. This was more noticeable in the participants who had to reside in the same house with the other members who were not infected with the virus as opposed to those who stayed in a quarantine center where there was uniformity of treatment in relation to their health status. Consequently, while Rubin & Wessely (2020) maintain that the inevitable physical isolation of Covid-19 patients stigmatizes people as it made them feel separated and avoided in their vicinities, the study findings also show that the participants felt denounced.

3.1.5 Distressed by being Cut off from the World and Stuck between Walls

The obtained data reflects that the majority of the respondents were deeply distressed by being isolated from others and they described the situation as being similar to imprisonment or staying in a dungeon.

One participant revealed; *“I felt useless. I could not do anything again apart from facing the corners of that lonely and boring room. My biggest challenge was facing the nightfall with the fear of dying alone during my sleep”*.

Yet the other respondent further said; *“Life meant nothing in that lonely room with no one visiting yet reaching out to my close friends would only yield me more worries than hope. The biggest challenge was to remain stuck in my uncertainties with the virus”*.

In agreement with the above excerpt, another participant also said; *“It was painful to only find solace from my phone... The biggest challenge was to hear the other sisters scream or laugh in the sitting room while they were watching the TV series that we usually follow whilst I struggled alone with nothing to cheer me up”*.

The study revealed that the individuals who contracted the Covid-19 virus suffered more from psychosocial problems compared to the physical pain that was characterized by their illness. Staying in isolation from others and being dispensed from the daily missionary duties seem to have had a negative impact on the emotional being of the study participants. This is in agreement with Shi, Tang, Jing, Geng, Liu, Luo, Chen, Liu, Gong, Bo, Yang & Wang (2019) who maintained that Covid-19 confirmed persons present with mental health symptoms which include distress, insomnia, anger and anxiety as they adjusted to the confinement measures. The study has therefore portrayed that the isolation experience can be distressing to individuals who under normal circumstances lead a busy and communal lifestyle like the Catholic religious sisters.

3.1.6 A Distorted Sense of Purpose

The study findings show that most of the participants struggled with adjustment issues during the dull isolation days. They missed their daily commitments, got tired of being confined to the same place and were down spirited such that they ended up losing

their sense of purpose. One participant said; *“My experience with Covid-19 distorted my sense of belonging in the community. I felt detached from the rest and I missed the normal life of staying with others and contributing towards life accordingly.*

The other participant who shared that her concentration was distracted by pain said; *“What else was left for me apart from being concealed in that dark cloud of unknowing. I did not have time to think of anything apart from praying and fighting for my troubled soul”*. Her experience concurred with another participant who also said; *“I did not care to think about the community or any of my apostolic duties because I was in too much pain”*

The obtained data revealed that the process of adjusting to the confinement measurements affected their usual routine which defined their identity thereby negatively impacting their sense of belonging. While various studies reveal that Covid-19 patients sometimes lose hope due to the uncertainty of the disease outcome, the current study shows that the participants were hopeful but had only lost their sense of purpose. This supports the assertion by Schneinders (2011) who claims that the religious sisters are identified by their lifelong commitment to an identical and recognizable community where they are mutually connected by a sacred bond that allows them to achieve a sense of self, mission and belonging. In this regard, the Covid-19 preventive measures imposed a threat to the participants' identity.

3.1.7 The Endless Nightmare

The participants shared about the dispiriting moments during their time of illness. The participants described this state of anguish as similar to living in limbo where one stays entombed between life and death. They described their experiences in this regard as follows; *“I felt discouraged by the fact that I had to stay in isolation for the next 21 days even when I had no symptoms, I missed being with others and it was not easy to be told not to reach certain areas in the house”*.

“Hearing another sister in the next room groaning in pain then after a few minutes the sound of an ambulance gave me fear. I suspected myself for being the next victim and an imagination of this was so discouraging”.

This psychological uncertainty of whether or not they will survive gave the participants the experience similar to that of an endless nightmare. The same study finding agrees with the view that the fear of death due to the unpredictability of the situation, seriousness of the disease and the uncertainty about its control are serious concerns during times of the pandemic (Xiang, Yang, Li, Zhang, Zhang & Cheung, 2020). Additionally, the Covid-19 survivors also revealed that living with the virus was the sole cause of despair and spiritual dryness as individuals battled with their lives alongside meaning searching amidst the impending doom. This challenges the assertion by Bentzen (2019) who asserts that religion is a form of coping that helps individuals to combat immediate challenges, imagine, plan the future and resist a sense of personal insecurity. While the study was carried out among a people of a religious background, the disparities in the findings could be due to the severity of their condition and the existing challenges surrounding the participants' predicaments.

3.1.8 Engaged in Anything to Facilitate Recovery

The study findings show that the respondents strived for their recovery. Various self-care strategies were employed which include the use of supplementary home remedies alongside the tender loving care which they received from the health caregivers. One participant said; *"I managed to do some bit of exercises whenever I could feel a little heaviness in my body. I could also add steaming with the Zumbani herb twice a day. These two remedies contributed a lot to my recovery"*.

Another also said; *"Taking hot white onion water and garlic helped a lot in clearing my heavily congested and itchy throat."* Similarly, the other participant also added; *"The lavender herb miraculously helped me in relieving the discomfort from my congested chest each time I used it for steaming"*. Then another participant who experienced severe Covid-19 related complications said; *"Being referred to the ICU at the general hospital saved my life. I nearly died due to breathing complications but availability of the sister nurses who had to quickly attend contributed immensely to my recovery"*.

The journey to recovery from Covid-19 was facilitated by different factors. The participants had to remain hopeful and exert more effort in their recovery journey by employing different methods as they fought for their dear lives. From the participants' statements, most of the applied strategies proved to be useful and the family played a

significant role in facilitating this recovery process by recommending some of the strategies, encouraging and supporting the respondents. These findings echo what Moules, Estefan, McCaffrey, Tapp & Strother (2016) maintained, namely that family involvement during a patient's illness aids in achieving the best treatment results.

3.1.9 A Blessing in Disguise

Some of the participants were able to find new meaning from the isolation experience by using the time of illness for personal development and personal growth. One participant said, *“Although I was unwell, I had enough time to rest from the busy schedule, focus on myself, quietly reflecting on the mystery of life and deepen my relationship with God”*. According to her, the isolation came as an opportunity for resting and having a deeper reflection on her life.

Another participant managed to cope by reading many books and internet surfing. She said; *“I had to read several books to distract myself from pain and thinking about my end. I ended up writing poems about Life which I intend to publish soon”*. This participant shared that much as she could enjoy occasional reading, staying in the quarantine encouraged her to read more and made her realize that she was a gifted poet.

Although Covid-19 was highly agonizing, most participants had something special to cherish. The participants utilized their time of illness for personal development and growth. Instead of wallowing in pain, some of the participants engaged in different activities which brought about new meaning in their lives. The study has therefore shown that although staying in isolation is distressing, individuals can also choose to be constructive and creative for their own good. There is a close correspondance between this finding with the ideas of Jesmi, Mohammadzade-Tabrizi, Rad, HosseinzadehYounesi and Pourhabib (2020) who assert that the patients with Covid-19 used religious mechanisms to reduce their tensions and worries. Contrastingly, the participants in this study employed other means like personal reflection, reading and writing as coping mechanisms which in turn brought about many benefits.

3.1.10 Support from others Facilitated Recovery

The participants were indebted to significant others for consoling and reassuring them. The excerpts below show that the participants obtained emotional, medical and spiritual support from people around them during their time of illness,

“The sister nurse in my community would make it a point to check on me and encourage me to take my medication though the communication was only done over the phone and sometimes through a window”.

“Receiving phone calls from friends and family on a daily basis instilled hope in me and gave me the strength that promoted my recovery process”.

“After spending the whole night in isolation and pain, the encouraging words from the sister nurses who would attend to me in my room at the isolation centre gave me hope”.

“The availability of health related facilities at the designated isolation center promoted my recovery. Specialized care was offered alongside a healthy diet”.

Majority of the participants acknowledged the support that they received from their significant others who ranged from friends, family and the health care team. From the findings, the support that was rendered to the respondents was thought to be the source of their consolation, hope and courage to face the future. The researcher realized that the participants who reported to have a larger support system were less distressed and recovered faster than those who chose not to be socially well connected. While the greater portion of the support system was reported to have been emanating from the families of the respondents, the view that finding family involvement during a patient’s illness aids in achieving the best treatment results (Moules et al, 2016) cannot be underestimated. Moreover, the family is thought to play a significant role in influencing the patient’s psychological adjustment, recovery process and adherence to medication (Siregar et al, 2021).

3.1.11 Motivated to Practice Healthy Behaviors

The participants were afraid of another re-infection and were therefore motivated to improve their health consciousness. The following lifestyle changes were shared, *“I now dread crowded places. I even avoid entering busy shopping areas and I am always careful of the position to sit in the church for I always make sure that I sit where there is more open space”. “I am currently cautious of my workplace environment. The fear of another re-infection makes me watchful. I am now too careful”. “I did not hesitate to go for a Covid-19 jab. I just needed to be safe so I never cowed in to the people’s discouragements”.*

The participants’ experience with the virus encouraged them to be more committed to the positive health measures as a way of combating the Covid-19 re-infection. Their lived experiences with the virus taught them lessons such that they became more conscious of the recommended preventive measures. While the initial advent of Covid-19 was characterized by different myths which affected the majority’s compliance with the prevention measures (Moyo, 2020), the current study has shown a great improvement in people’s perception of the virus. Furthermore, the view that Covid-19 induced an overabundance of incorrect information which intensified public anxiety and prejudice regarding the adherence to effective treatment measures (Banerjee & Sathyanarayana, 2020) has been opposed by the results of this current study. However, the other factors which include the nature of the participants, viral mutations, the differences in the time the study was carried out and continual public sensitization which is coupled by practical experience with the virus seem to have contributed largely to some of the disparities in the findings.

3.1.12 The Need for Disaster Preparedness

The respondents shared that their experience of living with covid-19 came as an eye-opener which exposed the need for designing better health structures in religious communities. The respondents made their recommendations towards combating future pandemics as follows,

“Communities need to adjust accordingly during times of pandemics and omit some of the activities that place members at risk for example eating together (in a common refectory setting) and praying in our designated prayer rooms which are a bit too small

to observe physical distancing”. “Sisters must stop trusting each other too much when it comes to ‘who has’ and ‘has not’ the virus. Preventive measures should be heeded accordingly and this should not mean there is lack of love for each other”. “Religious sisters should have a special care center that is meant for those ill with highly infectious diseases like Covid-19 so that they can receive special care without getting stigmatized by the community members who will be struggling with their own fears and uncertainties”. “Sisters need to get vaccinated and remain conscious that whether vaccinated or not everyone is prone to the virus”.

The findings exposed the need for disaster alertness as a way of minimizing the adverse effects of the pandemic. While governments and other big institutions managed to come up with urgent means of curbing the fast spread of the Covid-19 virus, the Church seems to have lagged behind in the disaster preparedness as an entity as revealed by the findings of this study. Contrastingly, the results may also be ascribable to the study participants whose ideas were gathered during the time when the disinfection system was not yet firmly established in their different religious communities. This could further suggest that the emergence of pandemics has and is still characterized by a poor response system and limited knowledge pertaining to the related risks (Iddi, Obiri-Yeboah, Aboh, Quansah, Owusu & Enyan, 2021).

4.1 Conclusion

The findings from this study lead to the conclusion that having the knowledge about the virus does not guarantee that one will be free from the psychological challenges of being confirmed positive and staying in the isolation. Much as the participants had general knowledge about the virus and were living consciously, being confirmed positive triggered adverse reactions that affected them socially, emotionally, physically and spiritually. The emergence of Covid-19 in the convent drastically transformed the shape of the religious community values. The sisters had to adjust many of their usual routines to suit the new norms that were brought about by the pandemic that were at the same time emotionally demanding as this led to the loss of their sense of purpose. In this regard the religious community members of the sisters need to accept the reality of Covid-19, be more creative during times of illness and strive to find meaning amidst their pain and isolation so as to minimize the development of serious psychological issues. The support that is rendered by family and loved ones during the time of illness

with Covid-19 accelerates the recovery process as it lessens distress, uncertainty and the fear of death while encouraging adherence to medication.

4.2 Recommendations

The Covid-19 survivors who participated in this study revealed that they felt ashamed and guilty of being Covid-19 positive in their religious community settings with some facing rejection from others. The study recommends that the Church and various religious congregations arrange for continuous religious community targeted empowerment programs that can help members of religious communities to adjust accordingly and continue to thrive with their values during the Covid-19 pandemic.

The study also advocates for the need for an opportunity for adaptive coping skills training for Catholic religious sisters' leaders as a way of minimizing the adverse impacts of Covid-19 on the sisters' wellbeing.

Counseling services should be rendered to Covid-19 suspected and confirmed cases prior and after testing in order to reduce the likelihood of emotional instability during the isolation period. Optionally, religious communities of sisters can strengthen the support system for their fellow members during the time of illness as this can help in positive coping.

The study further recommends that the Church and the various religious congregations be cautious of the likelihood of limited appropriate health service options for the clergy and religious during Covid-19 like related emergencies. Lastly, while the study findings revealed the discomfort that was faced by some of the sisters during their treatment period in public health facilities, the study recommends that the Catholic religious sisters set up a private and specialized care center in the diocese that is meant for the Covid-19 infected clergy and religious members such that they may feel accepted and more comfortable during times of illness for the acceleration of their recovery journey and maintenance of their sense of purpose.

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