The silver lining behind the dark cloud:
Exploring the psycho-social factors impacting successful adaptation during the COVID-19 pandemic

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Abstract
While most studies have been reporting the psychological issues being faced by the public due to the global spread of coronavirus and sudden restrictions and changes accompanying it, the present study attempted to explore dynamic human experiences during the COVID-19 pandemic and resultant lockdown, so as to understand the psycho-social factors that acted as adaptive resources or as buffers to maintain a stable mental state amidst this crisis. In-depth telephonic interviews with 30 participants were conducted to explore their experiences in dealing with the COVID-19 pandemic and the lockdown. Thematic analysis performed to identify the positive and protective factors that helped people adapt in a healthy way revealed that although the initial response of the participants to the pandemic was “optimistic bias” followed by downplaying the seriousness of the issue, later they demonstrated increased realization and acceptance to the seriousness of the situation. Upon realizing the situation, their positive psychological resources acted as a buffer against the ill effects of the pandemic, and they used both cognitive and behavioral coping. The study clearly demonstrates that crisis in life is not just a source of stress, anxiety, and uncertainty but also an opportunity to test one’s psychological resources to learn and grow.

Keywords
COVID-19, adaptation, psychosocial resources

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COVID-19, also known as coronavirus, SARS-CoV-2, is now a well-known name across the globe. First spotted in the Wuhan city of Hubei Province in China during November–December 2019, it was declared a global health emergency by the World Health Organization (WHO) on January 31, 2020 (Lu et al., 2020). WHO warned the world about the heightened risk of this epidemic spreading around the globe and after the growing number of infections in China and many other locations of the world, it declared COVID-19 a pandemic (WHO, March 11, 2020). After the initial spread in China, Europe was the most affected region, and at the time of writing this manuscript, the United States of America (USA) had become the epicenter of this pandemic, followed by Brazil both in terms of morbidity and mortality (WHO Coronavirus disease (COVID-19) Situation Report—201, 2020). Outside of North America, more than 200 countries and territories are reported to be affected by this pandemic.
isolation (Muehlschlegel et al., 2021). In particular, those with preexisting psychiatric illness and social dependence, stigmatization, and other maladaptive behaviors with the disease but also among common people, irrespective of their caste, class, gender, and socioeconomic status (Ho et al., 2020). While the clinical effects of this pandemic are seen only in those infected with this disease, its psychological consequences are affecting the well-being of the entire community (James et al., 2019; Lee et al., 2006; Sim et al., 2010). In a recent study conducted in China, Wang et al. (2020) reported that more than half of their respondents indicated moderate to severe psychological symptoms such as stress, anxiety, and depressive symptoms. Hall et al. (2008) reported that epidemics might have a range of profound psychological consequences on individuals. For those without any preexisting mental illness, an outbreak might lead to the development of psychiatric symptoms, but for an individual with preexisting psychological illness, an epidemic might result in more intense and amplified symptoms. It is also to be noted that the development of these symptoms in an individual is not dependent on her or his exposure to the epidemic; instead, these symptoms may occur due to their excessive worry and fear about the possibility of falling ill. Upon the development of such fear, individuals may also develop negative attitudes and stigma against those who are ill due to the outbreak. In a recent meta-analytic review, Necho and colleagues have noted a higher prevalence of anxiety, depression, and psychological distress among the general population due to the COVID-19 pandemic (Necho et al., 2021). The detailed coverage of COVID-19-related news and information available over the Internet as well as in mass media has also contributed to the amplification of fear and anxiety among individuals. Also, the government’s effort to educate the general public about the safety measures through advertisements, posters, and mass media campaigns has contributed to an overload of information related to the current pandemic, which, in turn, can increase fear and anxiety, even though these are intended to increase awareness about the precautionary and preventive behaviors required to stop the spread of virus infection (Rodin et al., 2018; Tang et al., 2018).

India, a neighboring country of China, is the second-highest populated country after China. It is a densely populated country with a population of approximately 1.36 billion. The first case of COVID-19 in India was reported on January 30, 2020, in a student from Thrissur district of Kerala who had returned from Wuhan University in China (Sarkar et al., 2020). Following the detection of this case, the government of India initiated several measures to contain the outbreak of this pandemic in the nation. These measures included, but were not limited to, public awareness campaigns, travel advisories, restricting entry of tourists and travelers coming from COVID-19-affected countries, medical screening at airports, and 14 days home isolation for people coming from China, Europe, and other affected countries. On March 25, 2020, the government of India announced 21 days nationwide lockdown, which was later extended until May 30 in three different phases, and the same is still continuing with the introduction of successive relaxations during the decrease in COVID-19 infections and increased measures during the rising of infections. Approximately two years after the entry of this pandemic in India (as on January 14, 2022), 36,582,125 people have been infected and 485,350 have died at the time of writing this manuscript (WHO Coronavirus (COVID-19) dashboard January 14, 2022).

A large body of research indicates a high prevalence of psychiatric symptoms and psychological distress amongst people faced with an epidemic and resultant quarantine (Hawryluck et al., 2004; Shultz et al., 2015; Taha et al., 2014). Large-scale disasters are found to be associated with increased PTSD, depressive symptoms (Hawryluck et al., 2004; Sandro et al., 2020), substance-use disorder, a broad range of other mental and behavioral disorders, domestic violence (Mittal & Singh, 2020), and child abuse (Neria et al., 2008). For example, studies have reported an increase in PTSD, stress, and psychological distress among people following the SARS (Sim et al., 2010) as well as MERS epidemics (Lee et al., 2018). A more recent meta-analytic study by Muehlschlegel and colleagues has observed short- to long-term consequences of lockdown measures. The authors noted that while short- to medium-term consequences primarily consists of reactions to trauma, medium- to long-term ramifications include mental health problems, alcohol dependence, stigmatization, and other maladaptive behaviors among the elderly, children, and health-care workers, especially those with preexisting psychiatric illness and social isolation (Muehlschlegel et al., 2021).

The outbreak of an infectious disease leads to stress, anxiety, fear, and discomfort not only to those affected with the disease but also among common people, irrespective of their caste, class, gender, and socioeconomic status (Ho et al., 2020). While the clinical effects of this pandemic are seen only in those infected with this disease, its psychological consequences are affecting the well-being of the entire community (James et al., 2019; Lee et al., 2006; Sim et al., 2010). In a recent study conducted in China, Wang et al. (2020) reported that more than half of their respondents indicated moderate to severe psychological symptoms such as stress, anxiety, and depressive symptoms. Hall et al. (2008) reported that epidemics might have a range of profound psychological consequences on individuals. For those without any preexisting mental illness, an outbreak might lead to the development of psychiatric symptoms, but for an individual with preexisting psychological illness, an epidemic might result in more intense and amplified symptoms. It is also to be noted that the development of these symptoms in an individual is not dependent on her or his exposure to the epidemic; instead, these symptoms may occur due to their excessive worry and fear about the possibility of falling ill. Upon the development of such fear, individuals may also develop negative attitudes and stigma against those who are ill due to the outbreak. In a recent meta-analytic review, Necho and colleagues have noted a higher prevalence of anxiety, depression, and psychological distress among the general population due to the COVID-19 pandemic (Necho et al., 2021). The detailed coverage of COVID-19-related news and information available over the Internet as well as in mass media has also contributed to the amplification of fear and anxiety among individuals. Also, the government’s effort to educate the general public about the safety measures through advertisements, posters, and mass media campaigns has contributed to an overload of information related to the current pandemic, which, in turn, can increase fear and anxiety, even though these are intended to increase awareness about the precautionary and preventive behaviors required to stop the spread of virus infection (Rodin et al., 2018; Tang et al., 2018).

Although much is already known about the psychological consequences of a crisis situation such as an outbreak, a disaster, or war, the current COVID-19 pandemic is much broader both in terms of its ambit and impact on human living. Therefore, the COVID-19 pandemic has a more severe impact on people’s psychological health and well-being. If we compare this pandemic with the SARS outbreak 17 years ago, we see that this pandemic has more global coverage leading to unprecedented restrictions and changes in daily life and living. The populace in India has never witnessed such a situation where the entire country was put under strict lockdown and nearly all economic and social activities were prohibited. At the time of the data collection for this research, Indians had already experienced four-and-a-half months of social/physical distancing and lockdown. We might, therefore, expect to find increased depression and anxiety resulting from the social distance from friends and family members and sudden lifestyle
changes leading to the loss of freedom and purpose in life (Bai et al., 2004; Venkatesh & Edirappuli, 2020).

The present work draws upon the positive psychology tradition of Martin Seligman, in which positive psychological constructs such as resilience, optimism, coping, and self-efficacy act as buffers against distress, anxiety, and depression. This tradition explains that in the face of challenges or life-threatening events, psychological resources such as optimism, sense of personal control, and the ability to find meaning in the experiences become especially important (Taylor, 1983). The PERMA (Positive emotion, Engagement, Relationships, Meaning, and Accomplishments) model by Seligman proposes that psychological resources not only help people adapt to these adverse conditions but also to effectively deal with the negative consequences of the situations and also facilitate the preservation and protection of physical as well as psychological health (Di Giuseppe et al., 2018; Di Giuseppe et al., 2020; Seligman, 2011; Shariati & Dahghani, 2018; Taylor et al., 2000). In a study conducted on breast cancer patients, Taylor et al. (1984) found that after a traumatic and life-threatening event, participants reported to have found a new sense of their selves as being more strong and more resilient. Their perspective towards life changed positively, which helped them reestablish their priorities to engage in activities more important to them. They also experienced significantly more positive and fulfilling social support. Taylor and colleagues also reported similar findings in patients with HIV/AIDS (Reed et al., 1994) and heart disease (Helgeson & Taylor, 1993). Although initially these findings were attributed to positive illusory beliefs, several studies conducted in this area provide strong evidence that life-threatening events often lead to strengthened psychological and social resources that result in surprising advantages (Leedham et al., 1995; Rose et al., 1995; Shifren, 1996; Taylor et al., 2000). In a study conducted after the 9/11 terrorist attack on the USA, Fredrickson et al. (2003) found that though resilient individuals display similar emotional and psychological symptoms following a life-threatening event, they are better able to cope with these symptoms by replacing their negative experiences with positive ones. Similar findings are also reported during the earlier epidemic outbreaks. Wu et al. (2009) reported significantly low levels of PTSD symptoms in individuals who showed altruistic acceptance of risk due to the SARS epidemic.

There is sufficient literature supporting an increase in psychological crisis due to COVID-19 and resulting global lockdown and restrictions. Literature also indicates that human response to the crisis and their successful adaptation is dependent upon psycho-social resources such as resilience, meaning in life, optimism, social support, and so on. However, scientific psychological enquiries concerning COVID-19 seem to have given undue attention to explore the psychological problems associated with this pandemic. Efforts to understand people’s positive responses to this pandemic have been the focus of only a handful of studies. Yildirim and Arslan (2020), for example, have tried to explore the role of hope, resilience, and preventive behaviors on psychological health during the early stages of the COVID-19 pandemic and found that hope and resilience have a significant effect on psychological health and well-being. In another study Li and colleagues conducted a longitudinal study on a group of students to explore changes in novelty-seeking and mental health outcomes before, during, and after COVID-19 pandemic lockdown and have reported that increased novelty-seeking results in decreased levels of stress, anxiety, and depression (Li et al., 2020b). They also argued that besides being the source of distress and anxiety, the crisis for people is also an opportunity to think divergently and explore different activities (Li et al., 2020a).

The present pandemic for India has been a once-in-a-lifetime event. People in India have witnessed unprecedented closure of rail, flights, and other means of transport and faced nationwide closing of the essential services and supplies. In addition, there have been several reports, predictions, as well as news about an outburst of mental health problems among individuals due to the current restrictions on social and personal lives. It is, therefore, pertinent to explore the extent to which people might have been successful in dealing with the crisis posed by the pandemic and resultant restrictions. The present study is an attempt to explore the dynamics of human experiences during the COVID-19 lockdown and so as to understand the psycho-social factors that acted as adaptive resources or as buffers to maintain a stable mental state amidst this crisis.

**Methods**

**Study design**

The prime focus of the study was to describe and understand detailed accounts of participants’ experiences related to the COVID-19 outbreak and its resultant restrictions in their daily lives. For this reason, the study used an empirical phenomenological method to qualitatively analyze the feelings and experience of participants and to find common patterns among them. Telephonic interviews with the participants were carried out.

**Participants**

A purposive sampling method was used to recruit participants for this study. For this purpose a total of 63 individuals meeting the inclusion criteria (confinement to home, no history of COVID-19 infection to self or any other family members, known psychiatric history/symptoms, etc.) were contacted and were explained the purpose of this study. Out of these, 30 individuals (15 male and 15 female) who
After the participants consented to take part in the study and to record the interview, a suitable time of their convenience was decided. The semi-structured, in-depth interviews were done with the participants telephonically and the same were recorded using the voice recorder feature of the telephone. Immediately after the recording the audio file was anonymously coded and it was ensured that the audio recording did not contain any identifiable information about the participant. The time taken for the interviews ranged between 30 to 45 min. In was pre-decided that in case of the participant displaying any psychological/emotional problem during the interview, it would be discontinued and adequate psychological/emotional help would be provided to prevent any psychological harm to the participants. However, no such incidence took place during the entire data-collection process.

**Data analysis**

In line with the inductive approach of qualitative research, data analysis was carried out simultaneously with the data-collection process. In almost all the cases the recordings of the interviews were transcribed, typed, and stored. The thematic analysis of the data was done utilizing the 6-step framework suggested by Braun and Clarke (2006). The transcriptions were independently read and reread multiple times by three researchers. Each of them developed initial codes along with the coded extracts from the narratives that captured the conveyed meaning. These initial codes were then discussed by the three researchers so as to reach a consensus on the themes, subthemes, and their definitions. The initial codes thus developed were classified into themes and sub themes as per the convergence of their meanings. Consideration was also accorded to those codes that were inconsistent or unique.

**Ethical statement**

This study was conducted in accordance with the Helsinki Declaration, and the APA’s Ethical Principles of Psychologists. The study protocol was approved by the Ethics Committee of Vivekananda College, University of Delhi. After explaining the objectives of the study and its voluntary nature, telephonic informed consent was obtained from each participant before starting the interviews. Participants were informed and assured that they could withdraw from the study and discontinue the interview at any moment without providing any justification. To ensure confidentiality of the participants, they were coded by using random digits and numbers and all identifying information was removed from the transcripts.
Table 1. The emergent themes, subthemes, and description emerging from thematic content analysis

| S.No. | Major Themes | Subthemes | Brief description |
|-------|--------------|-----------|-------------------|
| 1     | First Impression about the pandemic | 1. Optimistic bias | The tendency to believe that the individuals themselves are less likely to experience a negative event |
|       |              | 2. Downplaying the seriousness | The tendency to not consider the seriousness of the event for what it is |
|       |              | 3. Increased realization | Act of becoming fully aware |
| 2     | Impact of the pandemic and the associated measures | Psychological impact | 1. Anxiety | Unpleasant, complex combination of emotions, which includes fear, apprehension, and worry |
|       |              | 2. Cognitive overload | Volume of information supply exceeds information processing capacity of the individual |
|       |              | 3. Vicarious psychological distress | Experience of psychological distress through sympathetic participation in the experience of the other |
|       |              | 4. Loss of work–life balance | Difficulty maintaining balance between personal and professional life |
|       | Social impact | A. Positive social impact | 1. Quality time with family | Greater time spent with close family members and partners, which is in some way important, special, productive, or profitable |
|       |              | 2. Increased connectivity with friends and relatives via Information and Communication Technology (ICT) | Greater utilization of ICT to remain in touch with friends and relatives |
|       |              | B. Negative social impact | 1. Social distancing | Physical distancing |
|       |              | 2. Interpersonal conflicts | Interpersonal conflict refers to any type of conflict involving two or more people |
|       |              | 3. Suspicion | Feelings of distrust towards others |
|       |              | 4. Disruption to religious, cultural, festive, and interpersonal interactions | Discontinuation, postponement, cancellation of various religious, cultural, festive, and interpersonal interactions |
|       | Financial impact | Refers to changes in financial status due to pay reduction, salary cut, and resultant buying patterns |
|       | Behavioral impact | 1. Irritability | Feeling of agitation |
|       |              | 2. Health consciousness | Increased awareness and consciousness of one’s responsibility towards one’s health |
|       |              | 3. Engagement in self-care (health particularly) and joyful activities | (Me time) People spending more time in pursuing their hobbies and taking care of their health |
| 3     | Psycho-social factors influencing adaptation to crisis and coping | 1. Personality traits | Distinguishing feature or characteristics of an individual |
|       |              | 2. Life orientation | Tendency of an individual to make evaluations about life in general in a certain manner |
|       |              | 3. Engagement | Refers to active confronting, seeking social support, reassuring thoughts, involvement in various activities |
|       |              | 4. Social support | Refers to the perception and actuality that one is cared for and will have assistance when in need |

(continued)
Results and discussion

The emerging themes, subthemes, and their indicators have been briefly described in Table 1. In the subsequent sections the themes are described in detail with prototypical excerpts.

Initial impression about the pandemic

Initial impressions refer to the initial thoughts, feelings, and attitudes of the participants towards the coronavirus and COVID-19 disease. Most of the participants reported that they first got to know about COVID-19 through news and social media platforms. These initial impressions primarily consisted of optimistic bias, followed by downplaying the seriousness and later on increased realization and acceptance of the seriousness of the situation. These subthemes occurred as a process involving three phases. The first phase involved optimistic bias, which refers to the tendency of individuals to believe that they are less likely to experience a negative event themselves. Several participants reported that initially they felt that they would not get infected with the coronavirus. An example of the optimistic bias is:

When I had first heard that such a virus is spreading in China I felt that it will not reach India. Nothing will happen to us … Then when I started hearing about cases in India then I felt that our immunity is stronger than the rest of the world because of our living conditions. (Participant No. 12)

The other subtheme pertaining to the initial impressions of the participants about coronavirus was “downplaying the seriousness.” It refers to the tendency of an individual to not consider the seriousness of the event for what it is. In the second phase of the initial impression formation, most participants did not take the threat pertaining to the spread of the virus that seriously and downplayed the associated warnings. This tendency was depicted in several interviews. For instance:

Initially we had not expected a virus in China to become so widespread. We expected it to be like several other issues occurring in other countries. (Participant No. 13)

In the third phase of the initial impression formation the participants reported an “increased realization” about the situation. The participants reported acknowledging and becoming aware of the threat and associated information and preventative measures. After experiencing the flawed rosy picture of their own safety and downplaying the warnings associated with the spread of coronavirus, the participants gradually became more and more aware of the seriousness of the issue. One participant recounted,

Initially I did not take it very seriously. I felt it is outside and will remain outside the country. But then when in March the government started closing schools and government offices then I felt that a big problem is… (Participant No. 16)
Most participants did not immediately feel vulnerable or fearful upon hearing about COVID-19. The initial experience of the participants can be characterized as a state of denial that could be seen as a temporary stage that occurs in the process of psycho-social adaptation to life crisis (Cohn, 1961; Fink, 1967; Shontz, 1965). Although extreme and detrimental to health and well-being, psychological literature on continued denial suggests that a partial and limited duration of denial might be helpful in reducing crisis-triggered stress (Livneh, 2009). The participants at first tried to avoid and underplay the crisis. However, they gradually developed the realization about the seriousness of the issue and one’s own vulnerability as time relapsed and the government began imposing strict measures to deal with it. This realization helped people estimate the risk more rationally and tried to evaluate the risk of the present crisis while considering their past experiences, information about the causes and consequences of the present crisis, and to develop a sense of the illness they face (Leventhal et al., 1984). This realization not only helps them to prepare for the upcoming crisis but also acts as a buffer in the later stages of the crisis.

Initially the plant where my husband is employed closed down and then when it reopened, he had to face salary deductions. I don’t know how we can go on managing paying for loans and EMIs [equated monthly instalment for loans taken by borrowers]. (Participant No. 13)

### Cognitive overload

Cognitive overload was another psychological impact faced owing to the volume of information supply exceeding the information-processing capacity of the individual. Initially the participants were actively seeking more information on the ways to prevent contracting COVID-19 and about its prevalence. However, over time they experienced bombardment of such information over news channels, WhatsApp, Facebook, Instagram, Google searches, webinars, and other social media platforms.

We were getting to hear a lot of information in the news and primarily social media. But later I found out most of the information is fake. And I used to get tensed over these news such as “the ones eating non veg will get infected,” “its air borne” etc. Now I try to avoid such news. (Participant No. 12)

Several participants also reported experiencing vicarious psychological distress. It refers to experiencing psychological distress through sympathetic participation in the experience of others. Along with the bombardment of information related to precautions that needed to be taken, rising cases of COVID-19, and various advisories, the participants were also exposed to several stories of the marginalized people who lacked basic resources to cope with the pandemic. News reports particularly about the difficult experiences of the migrant laborers evoked distress among the participants though they themselves were not exposed to such extreme conditions. This vicariously experienced psychological distress is clearly manifested in various interviews obtained from the participants. For instance, a participant reported that

It hurts to see the condition of the migrant laborers. These are poor people. This disease started spreading in India because of people coming from abroad. But these people did not go anywhere. But they are the ones who are most affected. I really feel bad for them. (Participant No. 12)

Another psychological impact includes the loss of work–life balance. Imposition of lockdown required people to quickly adapt to a new lifestyle, to a new way of working. There was an increased reliance on computers and the Internet and people had to stay within their houses. This was not as easy a transition as many had expected, as it led to the blurring of professional and personal boundaries. Several participants reported feeling overburdened with work.

**Impact of the pandemic on the life of people**

The initial response to any crisis is stress, anxiety, and worry. In the face of an outbreak, people experience psychiatric symptoms, disruptions in their social functioning, and marked changes in overt behavior. Analysis revealed that the pandemic had its effects on the life of people in three domains—psychological, social, and behavioral, which are discussed below.

**Psychological impact.** Pandemics in the past have been found to have an impact on human values, superstitions, and self-indulgence (Crawley, 2017). The Antonine plague of 161 AD too witnessed a renewal of spirituality (Sabbatani & Fiorino, 2009). The COVID-19 pandemic also has greatly influenced individuals’ well-being, behavior, and social interactions. The psychological impact of COVID-19 pandemic includes anxiety, cognitive overload, vicarious psychological distress, and loss of work–life balance among participants. Most of the participants of the study experienced anxiety that is an unpleasant, complex combination of emotions, inclusive of fear, apprehension, and worry. Anxiety among the participants was manifested in the form of uncertainty about the future and fear of contracting the disease. Several interviews such as the ones shared below are indicative of the anxiety and worry experienced by various participants.

I was tense, especially in the beginning, about how rapidly the disease is spreading. What if it reaches us and we get infected? (Participant No. 12)
In the office I had people sitting next to me. But now the call time has increased considerably. And that is the only stressful part of my job. (Participant No. 21).

I think the difference between the work and life is gone. At any time I open my laptop and start working. The barrier has gone which is not a good thing. The work–life balance does not exist for me for now. (Participant No. 24)

There are so many challenges as can’t say no, … since my daughter needs me, now she is used to see me all the time, it is hard to go to a room and work, she is used to see me and search for mom when she don’t see me. (Participant No. 5)

The psychological consequences of the outbreak are both expected and predictable. We seek equilibrium in life and any threat that disturbs this equilibrium leads to various psychological issues to deal with. The COVID-19 outbreak is an intense potential stressor as it is a completely unprecedented situation with serious consequences for individuals, their family, and society in general. Studies conducted at the early stage of this pandemic have revealed the presence of stress, anxiety, and depression among the general populace in China (Cao et al., 2020; Wang et al., 2020). These negative mental health conditions are further escalated by the cognitive overload of information present in popular media. It cannot be denied that media coverage of information often leads to panic, fear, and psychological distress (Garfin et al., 2020). Psychological distress can also emerge from the vicarious experience and resulting trauma. Vicarious trauma in counseling is defined in terms of the trauma occurring due to the encounter with others’ traumatic experiences (McCann & Pearlman, 1990). During the current pandemic also participants have reported vicarious distress due to their empathy/sympathy with the sufferings of others. McCann and Pearlman (1990) have noted that this vicarious trauma might contribute to negative physical and mental health conditions. Interrupted work–life balance due to the nationwide lockdown has further contributed to the psychological distress for individuals. Almost all the services are at closure and employees are expected to work from home. However, the work-from-home arrangement is not what could be considered ideal. For example, researchers have found that work-from-home arrangements further add to women’s workloads as their job and household responsibilities create conflicts (Del-Boca et al., 2020). It is also evident in our interviews that both job and household responsibilities are hard to separate in home environments in the absence of sufficient infrastructure and support. In her personal interview regarding her work–life engagements during COVID-19 lockdown, Boncori (2020) states that “the newly enforced flexible work measures based on online tools have turned current work–life dynamics into a ‘never-ending shift’” (Boncori, 2020, p. 1). Similar sentiment is echoed in the account of another female participant who stated,

Now Saturday and Monday almost look like [the] same. (Participant No. 12)

The workload increased drastically—both professionally as well as personally (domestic work). There is no time limit in work from home. You work the entire day and often at night too. (Participant No. 1)

Social impact. The current COVID-19 pandemic has greatly influenced social relations and interactions in the personal and professional realm. Where in the professional world people are relying on modern technology for communication, the same is not entirely true for communication with family and friends, which is more emotionally laden. The impact of the pandemic and lockdown involves positive as well as negative influences.

Negative social impact. The subtheme of negative social impact refers to the harmful and unpleasant influences of the COVID-19 pandemic and associated preventive measures on social relations and interactions. Such negative influences hampered the quality of social relations. The negative social impact includes social distancing, interpersonal conflicts, suspicion, and disruptions in religious, cultural, festive, and other social interactions. Social distancing refers to the practice of physical distancing being followed by people due to imposition of lockdown and to prevent the spread of the disease in general. Social distancing is manifested in the form of absence of social gatherings, meetings, and events with friends, relatives, and colleagues. Such events and gatherings not only served as a source of entertainment, but were an opportunity to seek support, bond, and recreate. In the absence of such social interactions several participants reported feeling socially dissatisfied or at times lonely.

Now we don’t go out at all. Earlier we could meet friends and tell them what we are feeling, if we are sad or happy. But now, though we can call and also have the option of video calls, the conversation involves just few questions; how are you?; how was the day? One is unable to share what’s in the heart. (Participant No. 14

In addition to social distancing, another negative social impact of the pandemic includes increase in interpersonal conflict. Interpersonal conflict refers to any type of conflict involving two or more people. Several participants reported an increase in interpersonal conflict particularly with people or family members they were living with. It is manifested in the form of increased arguments over a range of issues.
Increased interpersonal conflicts are evident in interviews, such as,

I do get into arguments with my husband more than usual. Sometimes I feel that it would be better if he had to go to the office. I even get irritated at the kids. (Participant No. 12)

Several participants also reported experiencing and witnessing suspicion in social interactions, which is another negative social impact of the pandemic. Suspicion is manifested in the fear and distrustful belief that the others might be infected with COVID-19 and may pass on the coronavirus to them. For instance one participant reported that

I saw people. Saw how they were maintaining distance from the other people. Everyone looked at each other with distrust. (Participant No. 30)

Last, but not the least, the COVID-19 pandemic has resulted in massive disruption of religious, cultural, festive, and interpersonal interactions. Several participants reported how they have stopped going out for get-togethers with family and friends. In several places, temples and other religious places were closed, the marriage functions were canceled or postponed, and people avoided meeting their friends.

Get-togethers and rituals had been affected. One could not go anywhere for any rituals. People could not go to weddings. Even in the face of any mishapening even the family members could not gather and meet. Such was the condition. (Participant No. 29)

Positive social impact. Just like every cloud has a silver lining, the situation of the COVID-19 pandemic too had some positive consequences. The positive social impact of COVID-19 included increase in quality time with family and experience of better connectivity with friends and relatives via information and communications technology (ICT). In addition to that, pandemic experience emerged as a common background to connect with friends and relatives. For instance, in the following interviews the participants have shared how they got more time to spend with their spouses.

I am spending more time with [my] spouse. We are not even fighting … it’s really cool, we are watching a lot of web series together, and motivating each other to stay sane. (Participant No. 20)

Eight years of knowing her [spouse] but in these 4 months … it’s like revision of those 6–7 years … we got to know about each other a lot. (Participant No. 25)

Some participants even reported that they finally had more time to talk to their friends and relatives over the phone and video calls. For instance,

Before [the] pandemic I rarely did video calls, but now I do video calls on a daily basis … Friends and relatives are connected much better now. (Participant No. 22)

The social impact of the pandemic and its associated measures are multifaceted. While it has restricted the social bond between families and has created physical distance from friends, relatives, and society in general, it has also resulted in increased family time spent together and enhanced feelings of social connectedness due to increased online meetings and sharing of information, concerns, and care. Being a social entity we are wired to interact with others on a daily basis. However, home confinement due to the pandemic has resulted in an absence of social interactions and in turn has led to the isolation feeling (Mittal & Singh, 2020). In some cases, this situation has also resulted in escalated tensions within family and increased domestic violence (Mittal & Singh, 2020). Due to the closure of all activities including, social, religious, cultural, and entertainment, individuals don’t get any outlet to break their monotony and boredom and are caught within the strict boundaries of their home, which further contributed to their psychological burden.

With the progression of time, people also found ways to connect socially and experienced positive social impacts of the pandemic. They experienced availability of more meaningful family time, which acted as a buffer against the negative consequences of lockdown, and also learnt to use technology for connecting and spending time with friends and acquaintances. Studies have indicated that continued exposure to stressful life events may also result in finding new meaning in life, recognizing the value of social connections, and enhancing one’s own social resources (Leedham et al., 1995; Rose et al., 1995; Shifren, 1996). Through technology people were able to share their fear, anxiety, and stress related to the pandemic and felt connected through the shared realizations of the effects. These technology-mediated communications are found to be positively related with proactive coping and healthy behaviors (Moore & March, 2020). Researches are in support that adults who use social media report better social connectedness and perceived social support (Yu et al., 2016). These positive outcomes of social support are expected to enhance physical as well as psychological well-being and can act to buffer the impact of stressful life events (e.g., Andrews et al., 1978; Sarason et al., 1985; Schaefer et al., 1981).

Economic impact. COVID-19 has also resulted in economic hardships. Although participants in this study did not
indicate severe economic consequences of the pandemic, they did mention reduction in spending, dealing with pay cuts, and the layoffs happening in organizations as a result of COVID-19. The following interviews are indicative of the extent of financial changes that many people participating in the study had to undergo.

My husband is facing pay cuts but there is no decrease in expenses as such. EMI and loan is still the same. The number of people in the family is same and basic expenses remain the same. (Participant No. 13)

Earlier we used to buy things which we did not need but since we don’t go out, now we don’t spend that much. Cleaning work has increased for sure. Half of the time goes in that. (Participant No. 29)

Although the exact economic consequences of this pandemic on individuals are yet to be known, it is expected that due to the global shutdown of economic activities it will not only affect business and organizations but also affect the community. The economic slowdown has resulted in loss of jobs and pay cuts that lead to changes in consumer behavior. This has impacted the lower strata of society (daily wage-earners, domestic helps, street vendors, small-scale entrepreneurs, and the like).

Behavioral impact. The COVID-19 pandemic and its associated measures resulted in a number of behavioral changes for the people. Change in lifestyle, increased irritability, influence on gender roles, health consciousness, and engagement in self-care emerged as the primary subthemes pertaining to the behavioral impact of the pandemic. The impact on behavior was both positive and negative. Several participants experienced changes in lifestyle ranging from increase in domestic chores like cleaning, washing, and cooking, leading to improved health routines and eating habits.

However, a few participants also reported an increase in irritability that refers to feelings of agitation. These feelings often resulted due to the continued lockdown and absence of little time of solitude. Constant work pressure, disturbed work–life balance and the anxiety about contracting COVID-19 contributed further to these feelings of irritability. For instance, in the following excerpt one participant reported longing for “me time” and experiencing irritability at the failure to do so:

I sometimes wish that schools would reopen. I get no free time at all. But then I don’t want them to fall sick. … It’s just that sometimes I get irritated. (Participant No. 12)

Health consciousness emerged as a positive behavioral impact of the COVID-19 pandemic. Several participants reported increased awareness and consciousness of taking responsibility for one’s health. Most people did not get much time during the busy schedule of their daily lives. However, with the lockdown imposed people had more time available to adopt various healthy practices such as regular exercise, meditation, yoga, and so on. Moreover, the increased emphasis on improving immunity to avoid the risk of contracting COVID-19 further contributed to the development of health consciousness among people. For instance a participant reported,

One positive change of the pandemic that I can see is that I am taking better care of my health. I have started eating healthy food and reduced junk food. Immunity is the best protection. (Participant No. 18)

Several participants also reported an increase in engagement in self-care and joyful activities. With more leisure time available at hand people utilized it to pursue hobbies that were long lost. From skin care to cooking, people engaged in a range of activities to pass their time. People explored new hobbies and some even attempted to learn new skills. Increased engagement is evident in the following extracts:

I have been exercising, giving a lot of time to myself, cooking, reading, learning new stuff at work, gardening, playing guitar and watching a lot of speeches of great people as I have time. (Participant No. 21)

People are trying to be fit … running, jogging, doing exercises, Yoga to boost their immunity and avoid getting sick. (Participant No. 25)

Another impact that could be observed was on gender roles. Gender roles refer to roles learned by an individual as appropriate for their gender. Though many female participants reported an increase in household responsibilities due to adherence to gender roles, some even reported a shift in gender roles. One participant stated,

Yeah … I have seen a shift in my own family also. My husband was quite helpful with the household chores. In families where partners work in coordination, they have supported each other very well. If the male is not earning the female is earning. She is taking care of everything. But we will have to see how far can we take these changes. We will have to see whether these changes have occurred due to realization or because of the fact that work needs to be done. (Participant No. 29)

The behavioral impact of the pandemic is mixed. On the one hand it led to irritability and increase in conflicts, but on the other it also led to increased care for health and more engagement in activities related to household care, pursuing one’s hobbies, and learning new skills. Li et al. (2020a, 2020b)
have noted that despite having some intense emotional and behavioral responses among individuals, the COVID-19 pandemic also has some benefits such as decreased aggression, increased social participation, and healthcare activities. It is likely that stay-at-home measures and increased awareness about the pandemic have led people to adopt healthy habits and increased availability of time has motivated them to engage in activities that used to be sidelined due to non-availability of time. However, it is difficult to determine whether these shifts are relatively permanent.

**Psycho-social factors affecting adaptation to crisis and coping**

Despite several negative sociopsychological influences of the pandemic and its associated measures on human health and well-being, the majority of individuals have been successful in effective adaptation to the changes of the new normal. Participants revealed several psycho-social factors that influenced individuals’ successful adaptation. These psycho-social factors include personality traits, life orientation, engagement level, and social support available to the individuals.

**Personality traits.** Personality traits refer to the distinguishing feature or characteristics of an individual. The central dimension in some personality theories is the extraversion and introversion dimension. Extraversion refers to the tendency of an individual to seek stimulation from the outside world as opposed to introversion, which refers to the tendency to seek quiet places and being alone. Several responses of the participants indicate that greater positive adaptation to social distancing is manifested by introverts. For instance:

> Lockdown did not have much impact on me as I am an asocial person. So it is very cool for me … I don’t want to meet people anyway. (Participant No. 21)

**Life orientation.** Positive life orientation refers to the tendency of an individual to make positive evaluations about life in general. On the other hand, negative life orientation refers to the tendency to negatively evaluate life in general. Several participants expressed that the effectiveness of an individual’s response to the pandemic depends on their general life orientation. The participants felt that the optimistic tendency would help people cope with stressful situations whereas the pessimistic tendency would lead to ineffective coping efforts.

> If somebody is a positive kind of person it will not affect him that much. If somebody is negative and brooding over negative consequences, it will hit him from the mental perspective … Somebody who is negative it will affect him much more. (Participant No. 23)

If you are taking it in a positive way it’s a good thing but if you take it in a negative way then it’s a bad thing. (Participant No. 24)

**Active engagement.** Active engagement emerged as another psycho-social factor influencing successful adaptation by the participants. It refers to active confronting, seeking social support, reassuring thoughts, and involvement in various activities. Some participants reported focusing on the issue at hand to find solutions while others increased their involvement and participation in a range of activities. Some participants even attempted to engage in activities that were trending on social media. Through distraction and catharsis, engagement in such activities seem to have helped the participants in dealing with the stress of the pandemic and lockdown.

> I try and focus on the solution of the problem since one cannot cope through fear. I don’t let negative thoughts come into my mind. (Participant No. 18)

> We sanitize regularly, wash hands regularly. Take care of ourselves. (Participant No. 26)

> I saw this coffee getting really famous that coffee everybody was making. We also made it. It did not taste that good. As good as it as it looked in the picture but yes at least I tried. (Participant No. 27).

**Social support.** Social support also emerged as an important psycho-social factor influencing the coping process of individuals. Social support refers to the perception and actuality that one is cared for and will have assistance when in need. The participants of the present research primarily sought social support from their family members, particularly the ones residing with them. However, some participants even tried to seek social support from their friends and relatives with the help of telephones and other technologies. Several interviews indicate that receiving social support served as a source of strength for many participants to deal and cope with their stressors. For instance:

> My family is my biggest source of strength in these times. (Participant No. 26)

> I talk to my husband and friends. Sometimes I feel anxious but after talking I feel better. (Participant No. 12)

> Psycho-social resources people have are of immense importance as they act as a buffer against negative experiences due to life-threatening events and illness. Traumatic experiences not only pose challenges for us and lead to depression, stress, and anxiety but also are opportunities to increase our understanding about our own self and
about the world. It is evident in the following excerpt from a female participant:

One major positive change is reduction in my anxiety levels. There is more stability and rootedness in life now … I spent time with myself, got to know myself more as I got more time, I felt free from responsibilities that had occupied my entire life. (Participant No. 1)

The opportunity to actively engage in information processing helped us review and modify life’s meaning. Taylor and colleagues (Taylor, 1983; Taylor & Brown, 1988), through their cognitive adaptation model, have described that a positive meaning of self, personal control, and optimism act as reserve resources that help us in successfully dealing with life-threatening events. Several other researchers have also noted that optimistic life orientations are significantly linked with positive changes following stressful events (Curbow et al., 1993; Davis et al., 1998; Mittal et al., 2020; Tedeschi & Calhoun, 1996).

Social support, perceived or actual, is another psychological resource that has been shown to be an effective adaptation resource to protect health and to deal with crisis situations (Sarason et al., 1997; Seeman, 1996). Recent studies focusing on the current COVID-19 pandemic have also shown that adequate social support has positive links with improved psychological health (Prati & Pietrantoni, 2010; Roy & Sinha, 2020; Zhang & Ma, 2020). It is noted that social support helps to reduce the psychological burden due to pandemic and also motivates individuals to engage in active support-seeking and healthy behaviors (Cao et al., 2020). Our results are in line with other recent research that has demonstrated increased social support during the COVID-19 pandemic (Roy & Sinha, 2020; Zhang & Ma, 2020) and other public health emergencies (Bai et al., 2005). Lau and colleagues have also stated that the closure of the activities or the reduced pace during an outbreak is an opportunity for people to connect and support each other (Lau et al., 2005, p. 2006). It is also evident in some of the participants’ accounts that they recognized the suffering of people and also wanted to extend their help to them.

I saw suffering of people and trying to help them in whatever way I can … During COVID I thought I should do something for the society. (Participant No. 21)

I am not ignoring the facts that many people who are suffering a lot from it … also wanting to help them however and in whatever way I can. (Participant No. 24)

Coping during the pandemic

Coping is a natural process in the face of any event that disturbs our life’s equilibrium. The participants of the present study utilized a variety of coping resources and mechanisms to deal with the negative outcomes of the pandemic. While some participants utilized cognitive coping resources, others resorted to using behavioral coping mechanisms.

Cognitive coping. Cognitive coping involves changing the way an individual feels and thinks about a situation in order to deal with the stressful situation. The participants in the present research used several techniques to cope such as letting go, meditation, cultivating positivity, living in the moment, relative thinking, and acceptance. Participants who utilized “letting go” as a technique for coping stopped dwelling on the negative future outcomes, specifically the fear of contracting the coronavirus. This is indicated in excerpts such as the following:

It’s not in your hands … no point worrying. Something which is not under your control, it’s better to stop wasting your time and that of others worrying about it. (Participant No. 25)

Some participants also reported the use of meditation, which refers to the practice of using techniques such as mindfulness and focusing the mind on a particular object. They utilized meditation as a technique to deal with the stressful situation of the COVID-19 pandemic. Certain other participants tried coping by living in the moment. One participant stated,

whatever (negative, anxiety provoking) thoughts were there earlier, are still there. But it’s how we train our mind. (Participant No. 25)

Planning for [the] future has taken a back seat now … COVID has asked us and given us a chance to live for the present … rather than thinking about the future, let’s take one day at a time. (Participant No. 29)

Several participants tried coping by acceptance of the new normal. It refers to granting assent to the reality of the situation. In other words it involves gradual acceptance of the COVID-19 situation and the fact that it will continue for some time, which helped in reducing anxiety. They indicated the utilization of acceptance as a coping technique. For instance one participant stated,

I took 30–40 days to get accustomed to the fact that the lockdown will not get over soon … Now I am comfortable, I can plan when I am working from home … I am more accepting. (Participant No. 29)

Relative thinking or comparing one’s situation to that of other people to feel better is another coping technique being utilized by the participants in the present research. The fact, that the experience of the pandemic is shared by
all helped several participants to feel better, as they feel that they are not the only ones to be facing such issues. For instance, a participant shared that

I started thinking that this is happening to everyone. I am not the only one. Everyone is facing such negative consequences so you feel a little okay. (Participant No. 28)

Lastly, several participants tried cultivating positivity. Several participants consciously tried thinking positively and in an optimistic manner about the situation to cope with the stressors. For instance a participant shared that

I try to remain positive about the situation. I try to think that sooner or later we will find a solution. That this too shall pass and we shall overcome this. (Participant No. 29)

Horowitz (1986) has argued that traumatic events are a source of new information about one’s own self and about the world. This information challenges one’s existing schemas and helps to evolve schemas in ways that fit the new reality. Cognitive coping strategies adopted by the participants in this research also indicate the same fact. By changing their ways of looking at the situation and by adopting their thoughts and cognitions to the new normal, participants were successfully able to deal with the negativity posed by the pandemic. Researchers have shown that following a crisis situation people report significant changes in their perspectives and that they start redefining their priorities for work and life (Mok et al., 2005). Relative thinking in psychological literature is close to empathic responding (O’Brien & DeLongis, 1996), which refers to individuals’ efforts to understand others’ experiences and offer support during a crisis situation. Puterman et al. (2009) reported that during the SARS crisis in 2003 people reported higher levels of positive thinking and empathic responding. These changes caused by cognitive coping strategies lead to psychological adaptation and play an important role in psychological recovery under outbreak stress (Mak et al., 2009).

Behavioral coping. In addition to cognitive coping, several participants also utilized behavioral coping techniques to deal with the stressors due to COVID-19. Behavioral coping refers to coping efforts aimed at engaging in overt, physical, or verbal activities. Several participants exercised caution, which refers to alertness or prudence in a hazardous situation. It is often observed in the behavior of people as the only option to reduce the risk of getting infected with COVID-19 manifested in the form of preventative behaviors and lifestyle change. Excerpts such as the one shared below are indicative of participants exercising caution:

We are taking all the possible precautions. We are washing hands regularly, not eating outside food and sanitizing regularly. (Participant No. 12)

To deal with the cognitive overload, participants tried to regulate news and media consumption. They tried to spend less time on television and social media. For instance, one participant shared,

The information will not make me happy, so I should do what I can do best—take care of myself … My logic is read whatever is necessary and hone your skill during this period. (Participant No. 25)

Some participants also tried to cope by changing their lifestyle and learning new skills. They emphasized the importance of changing the way they socialized and used their leisure time in dealing with the stressors of the pandemic and lockdown. For instance one participant reported that

I am perfectly enjoying the lockdown I am taking it in a positive way. I am getting to learn new things about online activities. (Participant No. 24)

Several participants also actively sought information on the Internet about the virus, various advisories, and preventive measures to avoid getting infected with COVID-19 and also to deal with the varied psychological impacts of the pandemic. For example, one participant reported the following:

Initially I did not know about the virus. But then when I got to know I started researching on the Internet. It was then that I found out that it is a virus that can spread with the help of our hands and can enter through eyes, mouth and nose. (Participant No. 29)

In the wake of a pandemic, people not only depend on several cognitive coping strategies but also actively engage in behaviors that are expected to reduce stress, anxiety, and the overall risk of the pandemic. Puterman et al. (2009) observed that during the SARS threat people actively engaged in higher levels of health behaviors recommended by healthcare agencies.

It is evident from the results that in order to deal with the challenges posed by the pandemic people use their thoughts and actions simultaneously. These coping strategies help them broaden their thought-action resources and enhance their positive emotions that help them rebuild their resources hampered by the crisis events (Saakvitne et al., 1998; Tennen & Affleck, 1999). The coping strategies adopted by individuals help them make their resources stronger and increase the probability of their further growth and well-being (Fredrickson & Joiner, 2002). A recent study conducted on nurses caring for COVID-19 patients has shown that behavioral techniques such as
breathing relaxation, meditation, mindfulness, and music help in reducing stress (Sun et al., 2020), which has also been adopted by the participants of the present research.

**Conclusion**

Psychological problems marked with stress, anxiety, fear, and depression are the expected outcomes of an outbreak situation. These problems faced by individuals during an outbreak could be rooted in various factors including, but not limited to, disturbance in routine life (Chan et al., 2007), grief and loss due to the outbreak (Schwerdtle et al., 2017), loss of job, and discontinued social support. These psychological issues can affect the health and well-being of an individual as well as of the entire community and can persist even after the pandemic situation is over (Lau et al., 2008). However, for the majority of individuals these effects activate their psycho-social adaptation mechanisms, which not only help them get away from these problems but also to integrate the experiences with their existing resources to make them even better for future uncertainties (Carver, 1998).

This study was an attempt to provide an in-depth understanding of the subjective experiences of the participants during the COVID-19 pandemic and its associated outcomes. The findings of the study have clearly demonstrated that although negative psychological effects were dominant in the early days of the pandemic, individuals’ psycho-social resources such as personality characteristics, optimism, active engagement, and social support gradually appeared and acted as important factors that helped them adapt to the adverse situation. The study clearly demonstrated that a life crisis is not only a source of stress, anxiety, and uncertainty but also an opportunity to test one’s psycho-social resources and integrate new skills and knowledge to gain confidence in one’s abilities to cope with future crisis (Aldwin et al., 1996; Calhoun & Tedeschi, 1998; Park, 1998).

The findings of this study push against the commonly held notion that COVID-19 is inherently detrimental not only to peoples’ physical health but also to their psychological health. The present study findings are in agreement with the findings of Li et al. (2020b), which presented results against the findings of multiple studies highlighting the stressful nature of the COVID-19 pandemic and associated lockdown measures. Similar to our findings, Li and colleagues also noted that some individuals or groups may show balanced or even improved mental health during the COVID-19 lockdown (Li et al., 2020b).

**Limitations of the study and future suggestions**

Similar to most qualitative studies, the present study is also of a retrospective nature, where participants were interviewed much later than when the initial COVID-19 restrictions were announced. This could be a potential reason for the findings showing more psycho-social adjustments and growth among participants, which is in contrast with most of the studies conducted on this pandemic till now. However, the major purpose of this study indeed was to identify the psycho-social resources of the participants in which this study seems successful. The participants in this study were limited and belonged to middle-class households, and thus, the silver linings identified in this study might be related to this particular sample. A longitudinal study of this kind on a relatively larger sample is expected to provide more enriching information about the participants’ experiences and the ways they cope. We have recruited participants only from India as it is the second most affected country in terms of total infection reported and is the third most affected country in terms of total deaths. It could thus be easily understood that the impact of this pandemic was higher not only for those affected with this disease but also for the general population who did not come into contact with this virus. Since our primary objective was to understand the dynamic coping process that took place in response to the adversities introduced by this pandemic, we selected participants from India. We do believe that recruiting participants from more than one country would have provided us a better understanding and hope that the researchers would report similar studies from other parts of the world.

**Authors’ contributions**

TS, SV, YA, and SS conceptualized the study. TS, SD, RV, and AJ developed interview protocols. SD, RV, UM, HK, and DB collected and transcribed interviews. SS, SM, and DB analyzed the data and prepared initial codes. TS, SV, YA, and SS reviewed and finalized the codes. SM prepared results draft. TS prepared the first manuscript draft. All authors reviewed and commented on the draft. SS incorporated suggestions and prepared the final draft for submission.

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Consent to participate
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Availability of data and material
The data collected and analyzed during the current study are available from the corresponding author on reasonable request.

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