

Common experiences and psychological difficulties during the pandemic: Insights from psychological support sessions¹

Maša Vukčević Marković²

*Department of Psychology and Laboratory for Research of Individual Differences, Faculty of Philosophy, University of Belgrade, Serbia
Psychosocial Innovation Network, Belgrade, Serbia*

Draga Šapić

Psychosocial Innovation Network, Belgrade, Serbia

Biljana Stanković

*Department of Psychology, Faculty of Philosophy,
University of Belgrade, Serbia*

Due to identified mental health difficulties among populations worldwide, evidence-based mental health and psychosocial support interventions are recognized as a priority for the health response to the COVID-19 pandemic. The main aim of this study was to provide in-depth understanding of the common experiences and psychological difficulties among the people affected by COVID-19. The study included 32 persons (28 females), with the average age of 38.5 (SD 13.2), those with a confirmed or suspected COVID-19 diagnosis or those whose family or friends were infected with COVID-19, receiving online psychological support from

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2 masa.vukcevic@f.bg.ac.rs

December 2020 to June 2021. Protocols of the support sessions were analysed by relying on the principles of thematic analysis. The study results showed that anxiety, somatization, sadness over the loss of close ones and guilt were the most prominent psychological difficulties among the people seeking psychological help during the pandemic. The main factors which made coping with psychological difficulties more challenging include previous life circumstances, uncertainty and the lack of social support. The study enabled greater understanding of the common experiences and most prominent psychological difficulties, and provided evidence which can be used as a foundation for the creation of more focused psychological programs that could support people during the pandemic.

Keywords: psychological experiences, psychological difficulties, COVID-19 pandemic, psychological support, qualitative study

1. Introduction

1.1. Mental health during the pandemic

The COVID-19 global pandemic was declared on March 2020, and by mid-2022 more than 509 million people worldwide were infected, leading to over 6.2 million deaths (World Health Organization, n.d.). Apart from causing health-related difficulties, the pandemic introduced measures for preventing the spreading of COVID-19 that brought many changes to people's everyday lives, including restricting their social, educational and occupational activities. Furthermore, broader economic challenges emerged, leading to increased unemployment – estimations from early 2020 indicated an expected loss of over 25 million jobs worldwide (International Labour Organization, 2020). While it seems that most pandemic-related restrictions have ceased after two years since its outbreak, long-term effects on the economy, society and public and individual mental health are yet to be examined and seen.

Numerous quantitative and qualitative studies assessing the effects of the pandemic on mental health and psychological difficulties among the general population and medical workers were conducted worldwide. Thus, it was shown that, in addition to fear of infection, worry for one's health and health of the close ones (Wang et al., 2020), the pandemic brought increased levels of uncertainty (Rettie & Daniels, 2021), as well as post-traumatic stress symptoms, confusion and anger due to introduced quarantine measures (Brooks et al., 2020). A study from early 2020, conducted in China, indicated that over half of the respondents reported experiencing moderate or severe psychological difficulties – 16.5% reported moderate to severe depression and 28.8% moderate to severe anxiety (Wang et al., 2020). Results from Serbia from the same period show comparable results – 28.9% and 36.9% of participants showed moderate to severe symptoms of depression and anxiety, respectively (Vujčić et al., 2021). Multinational research conducted in the first half of 2020 in nine developed countries showed that the levels of mental

health difficulties varied from 10% in Norway to 33% in the USA (Williams et al., 2020). Moreover, a longitudinal study examining the prevalence of depression and anxiety in seven countries showed that around a quarter of respondents experienced such symptoms in November 2020 when the crisis was at its peak, while there was a slight decrease in symptoms severity, around 3% each, when measured six months later (Hajek et al., 2022). Bearing in mind the abrupt and harsh changes the pandemic has brought to the everyday lives of people, the reported increased levels of psychological difficulties throughout the crisis do not come as a surprise.

Due to identified and expected mental health difficulties among the general population worldwide, the development and implementation of mental health and psychosocial support (MHPSS) interventions, including assessment, support and treatment, was recognized as a priority for the health response to the COVID-19 pandemic immediately after the pandemic had started (Xiang et al., 2020). In addition to mitigating current acute distress, it could prevent the risk of long-term negative impact on the population's well-being and capacity to cope with adversity (Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergency Settings, 2020). However, previous studies testing the effectiveness of MHPSS interventions in the context of the pandemic showed not only lack of effectiveness, but also harm some interventions may cause if not adapted to the context of the pandemic (Vukčević Marković et al., 2020). These studies highlighted the need for data-driven interventions tailored to the existing needs for people with a confirmed or suspected COVID-19 diagnosis and their friends and families, and specifics of the broader COVID-19 context. Therefore, it is crucial to understand common experiences and psychological difficulties among persons seeking psychological support due to mental health problems during the pandemic.

1.2. Psychological experiences during the pandemic

Previous qualitative studies providing more in-depth insights into psychological experiences during the pandemic mainly involved nurses (Ahmadiarrehsima et al., 2022; Chegini et al., 2021; Fan et al., 2020; Galehdar et al., 2020, 2021; Kackin et al., 2021; Sun et al., 2020) and other healthcare workers, including frontline doctors, physicians, midwives and clinical pharmacists (Alizadeh et al., 2020; Billings et al., 2021; Kotera et al., 2022; Wang et al., 2022). A recent meta-synthesis focused on qualitative studies that explored healthcare workers' experiences found eight key themes across 46 studies (Billings et al., 2021). These included concern about one's own and others' physical safety, struggle with high workloads and long shifts, desired rest and recovery, and stigma-related experience, while healthcare workers' social relationships with families were experienced as both a source

of support and sources of stress (Billings et al., 2021). Fewer studies were focused on in-depth assessment of psychological experiences of the general population during the pandemic. A study examining the experiences of youth during the pandemic showed increased levels of depression, anxiety and loneliness among youth, as well as social difficulties related to family conflicts and losing important life moments (Branquinho et al., 2020). Other studies assessing experiences of persons hospitalized with COVID-19 indicated the presence of negative emotional experiences such as fear, anxiety, denial and high levels of stress (Jamili et al., 2022; Pei et al., 2021; Sun et al., 2021), while research focused on COVID-19 post-discharge experiences identified psychological distress, feelings of fear and social stigma (Guo et al., 2022; Moradi et al., 2020). Although predominantly identifying negative reactions towards the pandemic, some authors highlighted that it also brought positive psychological experiences, including acknowledgement and appreciation of supportive factors and psychological growth that were present despite actively undergoing COVID-19 adversities (Akbarbegloo et al., 2022; Branquinho et al., 2020; Guo et al., 2022; Jamili et al., 2022; Sun et al., 2021). This conclusion is in line with the findings of a qualitative study on psychological experiences during the pandemic conducted in Serbia, involving both young (Vuletić et al., 2021) and older people (Džamonja et al., 2020). However, this study did not include any of the participants directly affected by COVID-19 in its sample, thus offering only a limited and possibly overly positive insight into the psychological reactions to the pandemic, with questionable implications for clinical practice.

1.3. Present study

Even though many MHPSS programs were introduced during the pandemic and numerous MHPSS practitioners joined in the pro bono provision of psychological support to those in need, to our knowledge, no previous studies provided insights into the specifics of the psychological experiences and psychological difficulties in persons seeking psychological support due to mental health problems specifically.

Therefore, the aim of this study was to provide in-depth understanding of the common experiences and main psychological difficulties faced by the people with a confirmed or suspected COVID-19 diagnosis and their families and friends during the pandemic. The study aimed to provide information on the main issues, the way in which they were conceptualized, and what was perceived as the main source of psychological distress. Furthermore, we aimed at examining the role of the broader COVID-19 context in shaping psychological experiences and needs. Thus, the study results strived to provide a body of evidence allowing for the development of data-driven MHPSS interventions.

2. Method

The study was conducted from December 2020 to June 2021 and included 32 persons (28 females), with the average age of 38.53 (SD 13.24). The inclusion criteria for participating in the study were the following: a confirmed or suspected COVID-19 diagnosis, or having family members with a confirmed or suspected COVID-19 diagnosis, and the person's willingness to receive online psychological support sessions via audio calls or textual correspondence. As part of the project, four trained psychologists provided free online psychological support sessions including psychological first aid and counselling to the persons infected with COVID-19, their family members and friends. Psychological support sessions were promoted through dedicated profiles on social media networks, Facebook and Instagram, and conducted online, via audio calls or textual correspondence. Immediately after the end of each session, psychologists drafted a protocol consisting of a coherent narrative of the session, involving elaborate paraphrasing of psychological experiences that were shared during the session. Topics involving events or facts (i.e. prescribed medication for treating COVID-19 symptoms), but not involving psychological responses to these events or facts, were not included in the protocols since they were beyond the scope of this study. The decision not to record the session was made due to ethical reasons, in order to avoid chances of compromising the psychological support process by instigating distrust and turning the participants away from seeking support. The sample used for this study consisted of 20 audio call sessions, with the approximate duration between 30 and 60 minutes, and 12 written correspondence sessions. All sessions' protocols and textual correspondence used in the study were anonymized by omitting any pieces of information that could lead to revealing the person's identity. The study was ethically approved by the Institutional Review Board (IRB) of the Department of Psychology, Faculty of Philosophy, University of Belgrade (protocol number #2020-069).

The material was processed and coded in MAXQDA Analytics Pro 2020 software. It was further analysed by relying on the principles of thematic analysis (Braun & Clarke, 2006). The themes were developed in an inductive and iterative manner, bearing in mind the objectives of the study. The third author was responsible for developing of the preliminary coding scheme, based on careful rereading and detailed line-by-line coding of the material. The coding scheme and all emerging dilemmas were thoroughly discussed with the first two authors throughout the analysis process. Based on this, the preliminary coding scheme was further developed and modified. All protocols were first analysed as case studies, so as to preserve the contextual specificities, before performing a cross-case analysis. Resolving all dilemmas collaboratively through a discussion and consensus, as well as the iterative process of qualitative data analysis facilitated by the use of the QDA

software, contributed to the rigour of the analysis and credibility of findings. Representative quotes are included in the paper to substantiate and illustrate the analysis. Since they were originally in Serbian, they were translated into English by an experienced translator.

3. Results

In the accounts of persons seeking support we found intertwined various negative experiences and difficulties in functioning and problems with adaptation to significantly changed life circumstances as a result of the pandemic. Although these are usually closely related, we will treat them as two separate topics within the results. First, we will analyse in detail the most common psychological difficulties reported, and proceed with the aggravating circumstances that served as triggers or risk factors when it comes to the inability of people to adequately cope.

3.1. *The most common psychological difficulties*

3.1.1. Anxiety, fear and panic attacks

By far the most common difficulties reported by the participants, present in almost all sessions, concerned the symptoms of anxiety – feelings of agitation, free-floating fear, nervousness and overwhelming uncertainty. For some, especially older participants who lived alone, these feelings were present almost all the time. In other, younger participants, who led a more active life with work and family obligations, anxiety was especially prominent in mornings or evenings, the periods that were not as filled with activities and obligations.

“I don’t know now how to calm this psychosis I have, this anxiety, agora[phobia] that keeps me from functioning. The feeling of complete helplessness and shivers in my body and anxiety, major anxiety, which I can’t keep down. I’ve been having terrible nightmares for the last two nights.” (Client 10, f, 82)

The participants most often described the fear of infection, or re-infection if they had already contracted the disease, as well as the fear of symptoms worsening and permanent consequences of the disease, if they were infected at the time.

“I’m fighting the fear, my anxiety kicked in. I am prone to it, so I have to go through it once again. I haven’t had panic attacks for quite some time now. I’m having trouble sleeping since I had COVID-19 and that’s when my fear started, I keep envisioning myself hooked to a ventilator, having pneumonia, the whole deal. But I have no actual symptoms.” (Client 14, f, 43)

The fear of infection was typically combined with the concern and fear of infecting family members – both the younger ones, i.e. children, as well as the elderly, i.e. participants' parents who belonged to the risk group. This was sometimes associated with the fear of hospitalization, which would imply separation from the children and family and uncertainty as to who would take care of them, because the children, as potentially contagious, would be a risk for the grandparents who, under normal circumstances, could take over that role.

“Mornings were ok, but fear started growing towards the afternoon. Especially because my 8-month-old baby had a fever and because my parents are old and I could do nothing to help them because I was quarantined.” (Client 19, f, 35)

The situation is further aggravated when it comes to persons who, due to previous illnesses, would be exposed to an increased risk if they became infected, especially if they were unable to isolate themselves due to life circumstances.

“Who knows, maybe my husband tests positive now, he can't isolate from me, this is a small house. He's now putting me in danger, he just doesn't realize what could happen, he is acting so irresponsibly. This is a big struggle, big problem and big fear for all of us who got sick. My husband went to see his mother who tested positive, he visited her every day to help her, there was no one else who could do that, I understood that. It's his mother. He says he wears a facemask, that he is being careful, but I still think that is very dangerous for me.” (Client 11, f, 44)

The fear and worry that clients felt was often overwhelming, as it was directed at a whole range of people and negative outcomes. They were preoccupied with problems in all spheres – from personal health and well-being, health of their family members, to problems at work and in the society in general.

“Well, I just can't stop thinking about things. It's either my work or children, household members, mom. My brain is going 300 kilometres an hour. As soon as a symptom appears, I notice something similar.” (Client 22, f, 35)

“When I turn on the TV my heart starts pounding again, I start feeling the fear that something will happen to me, my close ones, if my father is on a business trip, I'm afraid that something will happen to him, dark thoughts. I get upset like all those things are happening to me.” (Client 24, f, 34)

In some participants, anxiety symptoms were so intense that they resulted in panic attacks. Persons who had not had similar difficulties before were especially unprepared for the symptoms of a panic attack, so it was difficult for them to believe that these were not the result of their physical condition (especially if they were infected at the time).

“I’ve never had mental health issues. But now, I’m worried about myself and my mental health. I’ve been COVID-19 positive for ten days now. (...) But I have frequent panic attacks, my breath becomes short, my heart starts beating very hard. And that scares me a lot.” (Client 22, f, 35)

Panic attacks brought a lot of uncertainty into the participants’ daily functioning – they interfered with their work or their ability to stay alone, especially if they were taking care of children.

“Like I’m going to drown, to fall, who will help at times like this, what should I do with the baby? (...) I’m afraid something will happen. I’m afraid of going out for a ride. I feel worst when I wake up. I’m only thinking about what’s the next thing that’s going to hurt, I keep asking myself. (...) I’m sad because I live in fear, because I can’t relax, I’m constantly tense.” (Client 32, f, 33)

3.1.2. Somatization and increased focus on one’s own body

Anxiety and panic attacks were closely related to somatization. Relatively often, participants complained about somatic problems that were closely linked to deterioration of mood, negative emotions and psychological difficulties. Pains, breathing difficulties, nausea and dizziness were reported most often.

“I have pain in the evening and that is catching up with me... I’m a light sleeper, I wake up frequently.” (Client 2, f, 40)

“I’ve had some chest pain since yesterday, but it’s nothing that scary, just an occasional pain.” (Client 13, f, 43)

Sleeping difficulties were also commonly present. These led to exhaustion, so participants had a hard time struggling with everyday functioning and coping with the fear and uncertainty that the disease had brought.

“Over the last year I became too obsessed with diseases. I had a mild form of coronavirus in November. I feel very bad mentally, I started waking up during the night and I couldn’t sleep, the fear started creeping in.” (Client 24, f, 34)

What further worsened the experience of physical symptoms and accompanying psychological disturbances (fear, worry and health anxiety) was heightened self-monitoring. The intense focus on one’s own body and vigilant supervising of all bodily changes and symptoms can significantly interfere with daily functioning.

“I am focused on my body 24/7, sometimes I think I have pneumonia, then I think I have some other disease, there is always something. I started neglecting my everyday chores, cooking, cleaning, children. I lost myself and my life.” (Client 14, f, 43)

This process of intense symptom monitoring was further complicated by the fact that it was not easy for people to distinguish between what was a consequence of the disease, and thus a “real” physical symptom, and what was a consequence of their heightened worry, fear, and anxiety.

“I keep listening to my body, it’s hard to make a distinction between what’s real and what’s not, maybe I suffer from some kind of complex pneumonia.” (Client 4, f, 40)

“Panic attacks are not that frequent anymore, but I still feel tension, chest pain and light-headedness about which I’m not sure whether those are the result of the corona or my current mental state.” (Client 8, m, 31)

3.1.3. Grief over the loss of a loved one

A number of clients sought support due to the overwhelming sadness of losing a loved one due to COVID-19. In some cases, the situation was further complicated by the fact that they had potentially infected their loved ones so the mourning process was burdened by a sense of guilt, which will be discussed in detail in the next section.

“Everything keeps reminding me of him so much. The feeling that I cannot escape, waking up knowing that it is actually true and real, that he’s gone. That feeling of emptiness when I wake up and when I go to sleep.” (Client 2, f, 40)

What was recognized as particularly difficult was the suddenness of the loss, as the illness was usually short and did not provide the opportunity for the family to prepare and say goodbye to a close person. Furthermore, variable and unpredictable course of the disease left room for optimism, followed by enormous disappointment and disbelief due to the tragic outcome.

“While father was in the hospital, he sometimes felt bad, then he felt better, so you just get your hopes up, but in the end – nothing, he left us so suddenly. That completely threw me off balance.” (Client 13, m, 30)

“I kept asking myself if we had done everything we could, whether she had a chance to survive.” (Client 16, f, 40)

The quote above indicates the feeling of helplessness that occurs when encountering the medical system, which was overloaded and under a lot of restrictive measures during the pandemic. Contact with hospitalized patients was not possible, and getting any news and updates on their condition was difficult and uncertain. This raised doubts about the quality of care they received and left participants wondering whether anything else could have been done.

“We had no news about her condition, we had to pull all the strings we had to get information. And in the hospital in [name of a small town]

we didn't have a chance to come close to her, to see her. I am very disappointed in the system. (...) When she died, it was like we were struck by lightning. I cannot describe how we felt. We didn't even know how she became infected. But we were trying to transfer her to a better hospital in [bigger city], but had no luck with that, they just said that it was not possible." (Client 16, f, 40)

Additionally distressing for the family was the burial ceremony under specific circumstances and precautionary measures that did not leave them the opportunity to say goodbye to the deceased in an adequate way and in accordance with the cultural and religious customs. Participants experienced this as "inhumane" and "undignified". Some of them even expressed doubt that their close one was in the coffin at all, which significantly complicated the grieving process.

"The reason I called you was that I kept seeing that funeral before my eyes, we didn't see the deceased, her body did not stay in the cemetery chapel overnight. And that's in our genes, these customs. (...) Inhumane. During the funeral, the body was kept in a bag, you could not identify it. We wondered how we would even know that it was actually her. She didn't get the farewell she deserved." (Client 16, f, 40)

The loss of the loved ones imposed great practical challenges on some participants and significantly changed their daily life, so they sometimes had substantial problems adapting to the altered circumstances and felt that they did not have the capacity for that.

"My mother passed away from coronavirus three months ago and my life has changed drastically. I had to enrol my kid into the kindergarten and started taking care of my old and sick father and his household, while spending 10 hours a day at work." (Client 5, f, 40)

Some participants who were unable to cope with the losses they suffered during the pandemic (or even before it started) developed symptoms of depression, accompanied by suicidal thoughts.

"Everything seems so dark these days. Everything is hopeless, darkness surrounds me. I occasionally think about suicide, but I'm not that serious about it, I would never actually do it. This is because I'm overwhelmed, I even fall asleep thinking about the ways I could blow my brains out." (Client 13, m, 30)

3.1.4. Feeling of guilt

The feeling of guilt in the participants' accounts was primarily related to the fact that they had potentially infected family members or close people, and was especially intense if this had led to a fatal outcome. They felt

responsible, even though they typically adhered to COVID-19 measures, and they wondered if somehow they could have prevented this from happening.

“My biggest fear is that I will infect my mother or that I have already infected her, I cannot bear this feeling of guilt that I am actually the one that could possibly pass the virus to my mom. (...) I don’t know why I kept going to see her although the numbers of infected people were high and how I failed to protect myself from the virus, because in that way I have put her in danger as well, and that’s what I’m worried about the most.” (Client 7, f, 27)

In addition to the circumstances mentioned above, the feeling of guilt also developed because some participants felt that they were a burden to their family members, who cared for and supported them.

“I’m not coping with this well, I don’t know what to do. I have a daughter, I’m divorced. (...) I feel guilty that I, being as I am, am a burden to her. (...) I just thwart her. I broke a leg, an arm. I feel depressed, I’m having issues with my back again. I’m going from one hospital to another and she just keeps taking care of me. And it makes me feel so selfish and terrible. I don’t know what to do with myself.” (Client 12, f, 70)

In the cases of mothers with young children, guilt was often related to the feeling that they did not protect them enough in the situation of crisis. Sometimes, they felt like this even when they were being overprotective – because keeping children safe from the infection did not necessarily imply maintaining their emotional and social well-being. For example, one participant thought she deprived her children of important childhood experiences (going to school or hanging out with friends) by trying to isolate them and thus protect them from the infection (“*I literally feel like a donkey in the eyes of others, not many children have switched to online classes.*”, Client 6, f, 40). Others believed that they failed to protect their children from the stress caused by the pandemic situation because they could not hide their own mood, anxiety and negative emotions when being around children.

What was emphasized, especially by those participants who had not previously had mental health problems, was the difficulty of accepting they were a kind of person who could not manage to cope with problems on their own and who faced psychological difficulties despite having various resources and favourable life circumstances. As a result, they felt guilty “for being like this” and for not being grateful for what they had, as well as for unnecessarily burdening the family members with their problems, although the objective situation might not be so dreadful.

“Everyone keeps telling me that it’s nothing, everyone looks at me strangely, like this is something I want. (...) I used to be the strongest one in the family, someone who was not afraid of anything, who could do everything and was up for everything. How did I end up as the one with constant

headache, racing heart as if I was going to faint and my grandfather saying “Come on, just shake it off!?” (...) I can’t believe that this is happening to me... Who would say that I would be the one using sedatives. Is it possible that I’m this weak, that I’m afraid of some measly virus?” (Client 8, m, 31)

3.2. *Aggravating circumstances and risk factors*

3.2.1. COVID-19-unrelated life circumstances

In order to adequately understand the experience of the participants and the challenges they faced, we need to have at least some insight into their life contexts, i.e. personal circumstances, independent of the pandemic, which most often make it difficult for them to adapt successfully. The pandemic, as a global crisis, does not affect all individuals equally – those who had previous difficulties or already experience crisis are affected more severely, since they have fewer external and internal resources to deal with the new challenges. Accordingly, more than half of the participants from our sample were already faced with unfavourable life circumstances. This made it much more difficult for them to cope with the pandemic and led to a significant deterioration of their mental health.

Some of them have already used psychiatric care services and have been struggling with mental health problems for years (most often anxiety and depression). Others faced the loss of the loved ones immediately before the start of the pandemic or during it and did not adequately go through the process of mourning and coping with the loss. Hence, contracting COVID-19 and being isolated made them additionally vulnerable. The same is true for people facing other life events and crises (pregnancy, premature birth, serious illness of a family member), aggravated by the situation imposed by the pandemic.

“Since my mother died two years ago, there has been this void, depressed mood, and it just got worse because of corona. That is a huge void. (...) Because I’m alone, and now when I’m staying inside all the time, well, I’m completely alone.” (Client 9, f, 64)

“Besides COVID, there’s another thing I consider to contribute equally to these panic attacks I’ve been having and that is another major stress I’ve been exposed to. We found out that my mother has cancer. That’s another thing that keeps bothering me.” (Client 22, f, 35)

The persons who suffered from serious health problems before the pandemic (stroke, tumour, spinal injury) faced a particular risk for deterioration of mental health. For them, the possibility of getting infected carried a special burden. They were often already exhausted by the long process of coping with the primary illness, more focused on their physical symptoms,

and believed that they were burdening their loved ones, so contracting the disease was overwhelming for them and they failed to cope adequately with the situation.

“My condition is also driven by the stress I’m exposed to; I didn’t know if the tumour was benign or malignant. (...) What’s been putting me down most is the fact that I wake up every morning thinking what is going to hurt today. If it’s not a headache, then it’s my incision, if it’s not the incision, then it’s my arm. If I cannot breathe properly, I will have a headache all day.” (Client 24, f, 34)

3.2.2. Uncertainty and loss of control during the pandemic

The pandemic has brought numerous uncertainties, on a global, local and individual level. Many people experienced this uncertainty as overwhelming and did not find an adequate way to deal with it. Uncertainty concerns many aspects, but the fact that it is impossible to reliably predict the duration of the pandemic was perceived as particularly problematic and contributed to the fact that the pandemic was experienced as a vague and floating threat.

“It felt like it would never end. (...) Before, whenever I had a problem, I knew what I was dealing with, but this now is in the air that surrounds us...” (Client 3, f, 33)

“I can’t feel any more of this sadness, worry and anxiety. And the uncertainty of when this is all going to end.” (Client 9, f, 64)

The same applies to the situation of contracting the disease, because it has a variable course, the symptoms may vary, and their termination is uncertain since different accompanying and long-term effects of the disease were also recognized.

“Above all, fear, fear of the unknown, what will happen to my husband, whether I will develop any severe symptoms, whether I will have to stay in the hospital, God forbid. The worst of all was that I did not know what to expect, everyone had it different in here. Fear of the unknown, that I would stop breathing during the night.” (Client 31, f, 31)

“And then I start thinking. What if anything bad actually happens? How will I eventually get out of it? What if I start feeling even worse and all the symptoms return? I felt good yesterday, but today it’s all the same. Will all of this ever end?” (Client 8, m, 31)

In the quote above, there are a number of questions that the participant repeated to himself because there was no possibility of getting an adequate and reliable answer. The fact is that humanity had been faced with a relatively unknown disease, and, as a result, had a lack of evidence-based scientific

knowledge and a lot of contradictory information and opinions about the virus. There was confusion regarding the course of the disease, its outcomes, as well as the measures of treatment and prevention. Exposure to unreliable and contradictory information thus led to a loss of trust in medical authorities and institutions.

“The most difficult thing is that you don’t know what to do anymore, you listen to one doctor’s advice, then you listen to another one’s and no one can tell you for certain how long you are going to be infectious and how the virus spreads. You go to get tested – one day you test positive, the other day you’re negative. No one speaks to you, it’s all just rushed, imagine my mother having to go through all of this on her own, because I’m in quarantine and she would have to go to get examined. I’m young and I was confused – where to get tested, what the procedure was, just imagine how old people are feeling! There is constant talk about staying safe, the news outlets keep filling your head how all the hospitals are full, but then they say that everything is under control. How can you not be frightened and concerned?” (Client 7, f, 27)

Information seeking was a common coping strategy that people used to try to reduce uncertainty when they found themselves in a potentially risky and insufficiently familiar situation. Due to a lot of conflicting information, their anxiety and fear were only deepened.

“I was upset just like most people were, you hear this, then you hear that, and now this feeling got much worse. We’re never returning back to the normal way of living... it will be very hard to recover from this. Today I read a disturbing article about how Johnson’s vaccine causes thrombosis on day 6 and day 13 after vaccination.” (Client 10, f, 82)

The loss of control and the feeling of helplessness were especially prominent among the participants who committedly adhered to the protective measures, but got infected nevertheless and infected their family members. Such an outcome made it impossible for them to rely on important practical coping strategies – adhering to protective measures, reducing social contacts and taking care of their health.

“I’m disappointed in preventive measures. (...) I’m not afraid of the virus, I never was. I’m 40 years old, I have no other illnesses. We adhered to all the measures from the very beginning and for one reason only – my mother-in-law who was ill. We avoided visiting her, and even when we did, we wore gloves and facemasks. That whole ordeal left me disappointed, the measures that never kept anyone safe.” (Client 16, f, 40)

Finally, it should be kept in mind that all these uncertainties regarding personal and family health situations took place in a social context that itself

was highly uncertain as a result of the pandemic, especially when it came to people's jobs and finances. This emphasized a lack of control and a sense of helplessness in some participants seeking support.

“My business keeps getting worse, not better, maybe it all adds up to my stress. (...) Everything has completely changed for me, the business stopped, they keep changing the measures day after day and no one cares if we are able to handle this. I've never lost hope before the way I did now, I am responsible for a number of people and I don't have the slightest idea how to fix this.” (Client 8, m, 31)

3.2.3. Reduced social contacts and the lack of social support

More than half of the participants reported insufficient or inadequate support from the environment, which often justified the need to seek psychosocial support from experts. Elderly people who lived alone and who, due to protective measures, were often completely socially isolated and struggled with loneliness, were especially at risk. But the same applied to those of the younger generation who started working from home, due to the changed work conditions, so their social contacts were significantly reduced.

“I'm pretty lonely, because I live alone in the apartment, my son's children live nearby, they visit me every time I need anything, they bring it over, it's not like I'm neglected... but I have no one to talk to when I'm lonely, I have recently started living here, I don't know many people and everyone is so scared, everyone keeps distancing themselves, people are alienated and it is very hard.” (Client 10, f, 82)

“Having to work from home makes the situation even harder, I'm trapped within four walls, I have contact with people only by phone. I'm otherwise very social, I like to grab a cup of coffee and hang out with my colleagues.” (Client 24, f, 34)

Even the people who were surrounded by family members with whom they had close relationships did not share their feelings and preoccupations, because they recognized that others were also struggling with challenges in the current situation, so they did not want to burden them. Because of this, the participants often felt that they did not get enough support from their environment, and it meant a lot to them to be able to talk to someone who could offer them full attention.

“I have no support at all, I have no one to talk to about how I feel over the phone. Not even my daughter, I pretend to be brave when I talk to her, then she just keeps praising me for how strong and courageous I am, how I'm handling this pretty well. I'm making an effort to make sure that she knows just a bare minimum about how I'm feeling. (...) Now I feel like some weight has been lifted off my shoulders. I can't remember the last

time someone listened to me like this. (...) It is very important to me to have someone to talk to.” (Client 12, f, 70)

Support was especially important for the persons who had potentially traumatic experiences during their illness and hospitalization, but, due to protective measures and the health system overload, it was completely absent.

“You are left alone, there is no one you love near you, no one who means a lot to you. (...) There were a lot of patients with me who didn’t survive, people who were screaming during the night... it was scary.” (Client 1, f, 55)

However, the understanding and support from the environment were recognized as central even after the illness and return from isolation, but were often absent because the pandemic had imposed challenges on the entire community, so everyone was occupied with their own problems and experiences.

“I’ve had an unpleasant situation at work (the client works in a hospital)... There is one female co-worker that I have a good relationship with... She said to me that she was going through some rough times... I felt very disappointed in her, it’s not like I went on a holiday to Hawaii and left her behind, struggling... I’m disappointed... Everyone who kept working felt as if they were punished, and as for us who got infected and lost someone close to us, they didn’t even know how mentally challenging all of this was for us.” (Client 2, f, 40)

At the same time, the persons who faced psychological difficulties recognized that they had no capacity for other people’s problems at the time. They felt that the exchanges with others were not enough – they needed someone to listen to them and provide support, without the immediate expectation of reciprocity.

“Well, it’s always an exchange, first I speak about my problems, then they start talking about theirs, and it ends with us switching the roles back. And I lack capacity for that. (...) And when someone says “It could get a lot worse”, oh, that is by far the worst thing someone could say!” (Client 5, f, 40)

That is why professional help was important for them, but was also sometimes inadequate. Participants felt that they had not received enough attention and understanding from professionals, so instead of listening and support, they were only prescribed medication.

“I went to see a psychologist, a psychiatrist which I absolutely don’t like, he only hands out drugs. I have nothing against drugs, but I would like to talk to someone. I’ve already been able to cope with things once on my own, but it seems that I will not be able to do it this time around.” (Client 32, f, 33)

4. Discussion

The main aim of this study was to provide in-depth understanding of the common experiences and psychological difficulties people with the COVID-19 diagnosis and their families and friends face during the pandemic, thus supporting the development of data-driven MHPSS interventions, tailored to the recognized needs and specifics of the broader COVID-19 context.

The study results showed anxiety, somatization, and symptoms of depression, in particular, sadness over the loss of the close ones and guilt, to be the most common psychological difficulties among the people who sought professional help during the pandemic. Similar to previous studies exploring the main psychological difficulties among youth and persons with experience of hospitalization due to COVID-19 (Branquinho et al., 2020; Guo et al., 2022; Jamili et al., 2022; Moradi et al., 2020; Pei et al., 2021; Sun et al., 2021), anxiety and the feeling of fear seem to be the most frequent disturbances people were facing during the pandemic. These results are similar to the findings on experiences and psychological difficulties during the severe acute respiratory syndrome (SARS) epidemic, showing high rates of emotional distress, fear for survival and fear of infecting others to be prevalent among survivors (Gardner & Moallem, 2015). However, unlike previous studies (Jamili et al., 2022; Pei et al., 2021; Sun et al., 2021), denial was not identified among the involved participants, which could be due to specificities of the study sample. Namely, our study included the persons seeking psychological support, which implies that, at least to some extent, the participants had already acknowledged stressful or traumatic experiences they were exposed to, as well as psychological difficulties they were facing and the need for support in these processes. Interestingly, in addition to denial, the topic of stigmatization was not introduced during sessions either, although this topic has been widely identified in previous studies assessing psychological experiences among the people exposed to COVID-19 (Billings et al., 2021; Callan et al., 2022; Guo et al., 2022; Moradi et al., 2020; Pei et al., 2021; Sun et al., 2021), as well as during the previous crises, such as the SARS epidemic (Gardner & Moallem, 2015; Maunder, 2004). It seems that, during the psychological sessions, the participants were not focused on social repercussions of the disease, but rather on its impact on health and life in general. In addition to the already mentioned characteristics of the sample, the reasons for this could be found in the introduced measures for prevention of the spread of COVID-19 that were moderate at the time of the study, i.e. there was no curfew and movement was not restricted. Furthermore, this phenomenon could be tied to the ambiguous public narrative regarding the pandemic in the Republic of Serbia, which was not unison and contained many mixed messages on the coronavirus and the reality of the threats

it brings (Damjanović et al., 2020). The implications of the inconsistent narrative and moderately strict measures could have blurred expectations on socially desirable behaviour, alleviated social pressure and, consequently, fear of stigmatization.

The main identified factors which made coping with psychological difficulties more challenging were previous life circumstances (e.g. previous COVID-19-unrelated health conditions, family problems, and available resources), uncertainty and the lack of social support, which is partly in line with previous studies. Namely, many studies have shown that social support is perceived as an important coping resource among the persons experiencing COVID-19 (Alizadeh et al., 2020; Guo et al., 2022; Jamili et al., 2022; Sun et al., 2021), while a study involving nurses working with COVID-19 patients highlighted the emerged need for psychosocial support during the time of crisis (Kackin et al., 2021). Only one study mentioned the theme of uncertainty among COVID-19 survivors in the sense of participants' experience of "living in limbo" (Moradi et al., 2020), which is in line with the perspective of perceiving uncertainty as an external circumstance during the pandemic that affects the person's life, rather than as a part of anxious symptomatology. Furthermore, even though there was not much evidence of the effects of previous life circumstances in shaping COVID-19 experiences, previous studies have indicated that financial stress was an important theme and stressor that COVID-19 survivors faced (Akbarbegloo et al., 2022; Guo et al., 2022; Jamili et al., 2022), which is a topic rarely mentioned by the participants in this study. The reasons for this could be found in acute overwhelming stress related to participants' or their close ones' life-threatening health conditions, acute losses of the loved ones and other psychological experiences, which participants needed to work through first during the psychological sessions. However, future studies are needed to provide further explanations.

Finally, the study results did not reveal any positive experiences as a result of the pandemic (e.g. strengthening hope, feeling gratitude for the social support, cherishing life and family), identified by some of the previous studies, both assessing the effects of the COVID-19 pandemic (Akbarbegloo et al., 2022; Branquinho et al., 2020; Džamonja et al., 2020; Guo et al., 2022; Jamili et al., 2022; Sun et al., 2021; Vuletić et al., 2021), and the SARS epidemic (Bergeron et al., 2006; Chua et al., 2004). Even though this was beyond the scope of this work, we do believe it could be of particular importance for providing valuable insights for psychological support programs, which could rely on existing strengths and positive aspects of psychological functioning identified among people during the pandemic, and use it as a foundation for psychological empowerment. Furthermore, when discussing the practical implications of our study, the psychological paradox of the current crisis, experienced by the study's participants, should be highlighted. On the one hand, the crisis itself is perceived as a common experience of people

worldwide who, at least to a certain extent, have shared the burden and distress it brought. On the other hand, unlike various previous crises around the world (earthquakes, floods, etc.), the coronavirus pandemic led to social isolation, thus disabling one of the crucial coping mechanisms people rely on during difficult times. Our study, similar to previous research exploring psychological difficulties and stressors among different groups during the pandemic, identified themes centred on the lack of social support, isolation, loneliness and reduction of social networks as prominent (Akbarbegloo et al., 2022; Branquinho et al., 2020; Guo et al., 2022; Jamili et al., 2022; Kackin et al., 2021; Moradi et al., 2020; Pei et al., 2021; Sun et al., 2021). In the circumstances of limited social networks, resulting in the lack of regular lay, peer and community-based support, psychological support provided by experts became even more important, creating a rarely approachable safe space for people in highly stressful circumstances to be heard and supported.

There are a few study limitations worth noting. One limitation refers to an unbalanced gender structure where the vast majority of participants were female. However, this occurrence adequately represents differences in gender tendencies towards seeking professional support due to mental health problems (Kessler et al., 1981; Weissman & Klerman, 1977; Živanović et al., 2022). Furthermore, the conducted analysis relied on psychologists' protocols instead of recorded sessions and verbatim transcripts, which would allow for a more valid and detailed insight into the experiences and psychological difficulties of the persons seeking support. However, the decision not to record the sessions was made due to ethical reasons, so as to avoid any chances of instigating distrust and turning the participants away from seeking support. Finally, although we do not have a precise look into our participant's socio-economic backgrounds, it is clear that the experiences of seriously underprivileged or marginalized individuals with very limited access to information (extremely poor, migrants, rural elders, etc.) are not represented in the study.

Finally, study results offer recommendations for providing psychological support to the persons affected by COVID-19 in time of crisis. Namely, due to various psychological difficulties and challenges people face in the time of the COVID-19 crisis, there is a need for making free psychological support to persons in crisis widely available. The support should be comprehensive, and include brief interventions focused on psychological first aid and crisis intervention, as well as in-depth psychological counselling and support in order to address the individual needs of persons facing different challenges and psychological experiences. Therefore, mental health experts can use brief and directive interventions, e.g. those focused on altering cognitions and emotions related to the crisis such as Socratic questioning, decatastrophizing, reframing and normalization (Vukosavljević-Gvozden, 2009). In addition, continuous and more in-depth psychological support is needed for persons

who have experienced the pandemic as a trigger for retraumatization, relapse or onset of painful psychological processes that need to be worked through, those who have experienced loss or struggled with feelings of guilt. Furthermore, since somatization and increased focus on one's own body was identified as a common theme among the people affected by the COVID-19 crisis, tackling difficulties related to somatization could be done through techniques including the body, such as progressive muscle relaxation exercises, which have been proven to reduce anxiety and improve the quality of sleep for COVID-19 patients (Özlü et al., 2021). Finally, in order to address the lack of social support and contact as one of the challenges in daily life of persons in the time of crisis, group online therapy sessions could be applied, even though additional research concerning the effectiveness of such interventions is needed (Weinberg, 2020).

5. Conclusion

This study provided information on the common experiences and psychological difficulties among the people seeking psychological help during the coronavirus pandemic, and highlighted the main factors which made coping with psychological difficulties more challenging. The results add to the body of evidence enabling understanding of the most prominent difficulties and needs that should be addressed during this stressful period. It provides evidence which can be used as a foundation for the creation of much needed psychological programs and interventions that could support people during the pandemic. Furthermore, since this is the first study providing insights into experiences and psychological difficulties from psychological support sessions, it can be a valuable guidance for practitioners providing psychological support and crisis interventions during the pandemic. Even though it seems that the peak of the pandemic has passed, it is not possible to predict the duration of the crisis, nor its long-term or delayed negative effects on mental health and wellbeing, which may be prevented or mitigated by ensuring proper and timely support.

6. References

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Uobičajena iskustva i psihičke teškoće tokom pandemije: uvidi iz seansi psihološke podrške

Maša Vukčević Marković¹

Odeljenje za psihologiju i Laboratorija za istraživanje individualnih razlika, Filozofski fakultet, Univerzitet u Beogradu, Srbija

Psychosocial Innovation Network, Beograd, Srbija

Draga Šapić

Psychosocial Innovation Network, Beograd, Srbija

Biljana Stanković

Odeljenje za psihologiju, Filozofski fakultet, Univerzitet u Beogradu, Srbija

Usled prisustva psihičkih teškoća među populacijama širom sveta, intervencije posvećene zaštiti mentalnog zdravlja i psihosocijalnoj podršci koje su zasnovane na dokazima prepoznate su kao prioritet u odgovoru na zdravstvene potrebe tokom pandemije Kovida-19. Glavni cilj ovog istraživanja bio je da pruži dubinski uvid u uobičajena iskustva i psihičke teškoće kod osoba koje su bile neposredno pogođene Kovidom. Studija je uključila 32 osobe (28 žena), prosečne starosti 38.5 godina (SD 13.2) sa potvrđenom ili sumnjom na dijagnozu Kovida, ili čiji su članovi porodice ili prijatelji bili zaraženi Kovidom, a koji su bili korisnici online psihološke podrške u periodu od decembra 2020. do juna 2021. godine. Protokoli seansi podrške analizirani su uz oslanjanje na principe tematske analize. Istraživanje je ukazalo na to da su anksioznost, somatizacija, tuga usled gubitka bliske osobe i osećaj krivice najistaknutije psihičke teškoće kod osoba koje su tražile psihološku podršku tokom pandemije. Glavni faktori koji su otežavali prevladavanje psihičkih teškoća ticali su se prethodnih životnih okolnosti, neizvesnosti i nedostatka socijalne podrške. Istraživanje je omogućilo bolje razumevanje uobičajenih iskustava i najistaknutijih psihičkih teškoća i pružilo nalaze koji se mogu koristiti kao osnova za kreiranje fokusiranih psiholoških programa podrške tokom pandemije.

Ključne reči: psihička iskustva, psihičke teškoće, pandemija Kovida-19, psihološka podrška, kvalitativno istraživanje