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Lived Experiences of COVID-19 Patients During Home Quarantine and Social Distancing in Iran

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Abstract

Background: One of the most important ways to control the COVID-19 pandemic was to impose mandatory restrictions to prevent virus transmission. The abrupt changes in lifestyle due to quarantine and social distancing measures presented significant psychological and emotional challenges. This study explored the lived experiences of patients with COVID-19 during home quarantine and social distancing plans to delve deeply into personal experiences and research the various dimensions of this phenomenon.

Methods: This phenomenological study was conducted using a purposive sampling method and in-depth and semi-structured interviews with 13 patients under quarantine. The interviews continued until data saturation was obtained, and the transcribed text was analyzed using the Colaizzi method.

Results: According to data analysis of patients' experiences from hundreds of meaning units, six sub-themes were achieved under two main themes: "Immersion in the turbulent ocean" (emotional instability and contradictions, psychological turmoil, physical challenges, and social isolation) and " Reaching the peaceful beach " (social resilience and spiritual relief).

Conclusion: Emotional fluctuations were predominant in patients, but over time, with the help of their own spiritual approaches and coping mechanisms, a positive compromise was reached. This showed that understanding the psychological and emotional needs of patients and developing and implementing tailored counseling and support programs can be an important step in providing individuals with optimal services.

Keywords: Quarantine, Social distancing, COVID-19, Lived experiences

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Introduction

The outbreak of COVID-19 in Iran on February 19, 2021, triggered unprecedented restrictions that fundamentally transformed social and economic structures, forcing rapid transitions to virtual platforms and prolonged home confinement (1). While these containment measures proved effective in mitigating viral transmission, they simultaneously precipitated profound societal changes—many of which persist in the post-pandemic era. According to WHO statistics, Iran experienced significant mortality rates during the pandemic (124.3 and 171.7 deaths per 100,000 among women and men respectively), highlighting the crisis's severity (2). The initial absence of definitive treatments or vaccines disproportionately endangered vulnerable populations—including the elderly, low-income communities, and those with pre-existing conditions—exposing systemic healthcare inequities (3,4). Social distancing, though epidemiologically necessary (5), generated psychological and social repercussions that continue to resonate today.

As global societies transition into the post-COVID phase, the pandemic's legacy remains embedded in mental health systems and social behaviors. While official restrictions have lifted, studies indicate that many COVID-19 survivors now navigate chronic post-infection conditions such as fatigue, cognitive impairment ("brain fog"), and persistent anxiety disorders (6,7). Social stigma, though attenuated, persists in subtle forms, influencing interpersonal relationships and healthcare-seeking behaviors (8). Mandatory home confinement led to a sense of social exclusion, discrimination, and fear of public reactions, leading to boredom, frustration, and irritability (9). This could prevent the patients from continuing the treatment process and endanger their health and the health of those around them (10). The study of the impact of the COVID-19 quarantine showed that patients experienced fatigue, discomfort, lack of support, and emotional turmoil (11). Attention to the patient's health

and psychological status during social distancing and home quarantine is vital (12).

This study examines the lived experiences of COVID-19 patients during Iran's quarantine period through a post-pandemic lens. By analyzing these narratives, we identify persistent challenges—from stigmatization to healthcare access barriers—that require long-term policy attention (11). Our research objectives are twofold: first, to document the enduring psychosocial effects of pandemic containment measures, and second, to propose adaptive strategies for future health emergencies. The findings aim to inform recovery-phase interventions while contributing to global discourse on resilient health systems design.

Crucially, this work moves beyond retrospective analysis by establishing forward-looking recommendations. By examining the rich experiences of these patients during quarantine, the problem areas can be identified and minimized. Thus, better conditions can be provided for social distancing and home quarantine in future infectious disease outbreaks. This study aimed to explore the lived experiences of patients with COVID-19 during home quarantine and social distancing in Iran.

Methods

This study employed a systematic qualitative research design to comprehensively examine participants' lived experiences after COVID-19 quarantine. The research process unfolded through five methodical phases, combining phenomenological approaches with rigorous qualitative protocols. In this phenomenological study, a purposive sampling approach was adopted. Phenomenology involves precisely describing and interpreting the various phenomena of life, emphasizing all areas of experience (13). The inclusion criterion for participants was a definitive laboratory diagnosis of COVID-19. The research population included patients who had recovered from COVID-19, could be interviewed, and were willing to participate in the study. Other inclusion criteria included being at least 20 years old and having spent at least three days in quarantine in a place other than a hospital.

After obtaining the ethics code (IR.MUBAM.REC.1399.027), the researcher obtained the phone numbers of people who had tested positive for COVID-19 from the laboratory and called them. After the study was explained to them, if they agreed to the interview, they were interviewed by telephone or in person. The study's objectives were explained to the participants, and informed and written consent was obtained from them. Thirteen people were interviewed, four by phone and nine in person, until data saturation was achieved.

The interviews mostly started with the following questions: "What was your experience like being quarantined at home due to COVID-19?" "How have people around you treated you, and how have you met your needs during this time?" The duration of the interviews ranged from 50 minutes to one hour and 25 minutes.

The participants' right to anonymity, confidentiality of information, and the right to withdraw at any stage of the investigation were preserved. The principles of personal protection, such as the appropriate distance and wearing masks, were observed following the guidelines of the COVID-19 Crisis Management Committee.

Data analysis was performed using the Colaizzi method. Colaizzi describes nine dynamic overlapping activities to guide phenomenological research, and these activities provide a framework for studying how experience is reflected (14).

Lincoln and Guba's criteria were used to ensure the quality of the study. The quality of the study was assessed based on four criteria: credibility, confirmability, dependability, and transferability (15). To ensure credibility, after analyzing each interview, the participants confirmed the extracted data, and an external observer performed a review. In order to determine confirmability, the researchers tried to prevent their own assumptions from interfering with the collected data. To ensure dependability, external audits were conducted to ensure the accuracy and validity of the research study. To increase transferability, patients of different ages, both sexes, and with different levels of education were included in the research.

The methodology specifically addressed unique pandemic-related considerations through longitudinal design elements capturing both immediate and lasting quarantine effects. By combining multi-modal data triangulation with COVID-adapted ethical protocols, the study achieved both scientific rigor and sensitivity to participants' potentially traumatic experiences. This comprehensive approach allowed for continuous methodological refinement while systematically investigating the transformation of quarantine experiences into post-pandemic adaptations, providing rich insights into the lasting psychosocial impacts of COVID-19 containment measures.

Results

The mean age of participants was 44 ± 22 years, and the majority were male (61.5%). Table 1 presents other demographic information.

After carefully studying the findings, 361 first-level codes were extracted from the 13 interviews. Then, the initial themes were compared, and based on the similarities and differences, merging and separating were done. Finally, two main themes and six sub-themes (Table 2) emerged from the home quarantine scheme and social distancing as the lived experiences of patients with COVID-19.

Immersion in a Turbulent Ocean

Participants' emotional experiences varied widely, often

Table 1. Demographic characteristics of participants

Participants	Age	Sex	Level of education	City	Job	Marriage status	Interview
Participant 1	40	Male	Diploma& Associate	Bam	farmer	married	in person
Participant 2	31	Male	Bachelor	Tehran	worker	married	in person
Participant 3	22	Male	Diploma& Associate	Bam	Unemployed	single	in person
Participant 4	--	Female	Master	Tehran	employee	married	by phone
Participant 5	28	Male	Diploma& Associate	Kerman	employee	single	in person
Participant 6	48	Female	Diploma& Associate	Kerman	farmer	married	by phone
Participant 7	43	Male	Bachelor	Bam	worker	married	in person
Participant 8	33	Female	Bachelor	Tehran	employee	married	in person
Participant 9	25	Female	Diploma& Associate	Shiraz	Employee	single	by phone
Participant 10	37	Male	Master	Tehran	Employee	married	in person
Participant 11	49	Female	Bachelor	Shiraz	Employee	married	by phone
Participant 12	35	Male	Master	Bandar E Abbas	worker	married	in person
Participant 13	--	Male	Bachelor	Bandar E Abbas	worker	single	in person

Table 2. Main and sub-themes emerged from the experiences of patients with COVID-19 from the home quarantine plan and social distancing

Meaning unit	Sub-themes	Main Themes
Hope versus despair	Emotional Instability and Contradictions	Immersion in a turbulent ocean
A safe environment against prison		
Rebirth versus readiness for death		
Dependence in return for independence		
Severe grief	Psychological turmoil	
Information bombardment		
Experiencing excitement, anger, and hatred		
Appearance changes due to inactivity	Physical Challenges	
Impaired sleep and wake pattern		
Physical imbalance		
Restrictions on freedom of action and disconnection from others	Social isolation	
Cold and careless treatment		
Social stigma		
Understanding values	Social resilience	Reaching the peaceful beach
Respecting each other's privacy		
Getting out of the conventional role		
Trusting in God and accepting divine providence	Spiritual relief	
Tendency to spiritual values and sanctities		

involving contradictory feelings, as described below.

Emotional Instability and Contradictions

The first sub-theme that emerged in this section was Emotional instability and contradictions. It suggests the emotional-psychological experiences of patients with COVID-19. The meaning unit in this section shows that the patient's experiences of social distancing and home quarantine were very different, so the participants were unstable in dealing with the situation and showed various emotional responses. "Hope versus despair" is one of the meaning units that shows these contradictory feelings. Participant No. 3 says, "*Life has been extremely challenging. It has been so repetitive; those days were so hard.*" "*After a long quarantine, I was able to open my bedroom window for a short time, listen to music, exercise, and have a complete breakfast. I could play online games too. I became hopeful again,*" says participant No. 6 (PN6).

"Safe environment against the prison" is another emotional paradox. Some patients considered the social distancing plan and home quarantine as their saving grace, and others referred to it as torture. PN2 says, "*I owe my survival to this quarantine. I was distraught; many people would not have complied if this plan had not been enforced. I see people out in the streets, but the quarantine must continue until the root of the disease dries up.*" Another participant said, "*I used to work a lot outside the house when things were normal. I was active, but now I am like a lion in a cage, and I am a mess*" (PN3).

Another contradiction that these patients experienced during the social distancing plan was "Rebirth versus readiness for death." "*I have so much trouble when I want to fall asleep, I pray God is pleased with me from the bottom of my heart*" (PN13); on the other hand, PN5 states, "*I have been quarantined almost completely in the apartment for the past 21 days. I saw death with my own eyes in the beginning, but now that I am well, in the words of a poet who says, 'We must wash our eyes, we must see differently,' I intend to take paths I have never taken before and figure out my life again.*"

Discussing "Dependence in return for independence," some patients said they used to do their affairs themselves, but now they need others to do things. PN2 says, "*I am a laborer. Quarantine means I have no income. My brother pays my living expenses with the government* subsidy." However, some participants described the social distancing plan as an opportunity for independence: "*I have always depended on those around me, but during*

this time, I learned that I should not expect anything from anyone; I should stand on my own feet," PN8.

Psychological turmoil

As concepts such as severe grief, information bombardment, experiencing excitement, anger, and hatred appeared, the results showed that the subject of psychological turmoil was another experience that patients under quarantine experienced.

"Severe grief" emerged when participants said, *"I am very sad. It might seem that I am on vacation, but do you think a holiday where you cannot see your friends is fun? Is it worth it? I should stare at the door and the walls; I feel sad and depressed*" (PN4). "*Those days, I thought about my loved ones a lot. Sometimes, my family called to me from behind the door, but I didn't even notice*" (PN10).

"Information bombardment" was another patient experience that led to their mental preoccupation and turmoil. Sometimes, the information is not even verified. "*I used to be a fan of virtual networks, but now I really understand that it is much better not to be in these networks. We are confused by all this different information*" (PN12).

Regarding the experience of "Excitement of anger and hatred," the participants said, "*I think I got sick in my shop because of the carelessness of one of my customers. Now that we are at home, I am following the news. I see some foolish people still traveling, having fun, and not taking this danger seriously*" (PN7). PN11 also expressed anger and frustration: "*Several times during these quarantine days, because of a little disagreement with my family about watching TV, I threw the remote control.*"

Physical Challenge

Alongside emotional and psychological struggles, participants also faced physical challenges, including appearance changes due to a sedentary lifestyle, sleep and wake pattern disturbances, and physical imbalance, which posed a physical challenge for recovering patients.

Regarding the "appearance changes due to inactivity," PN2 stated, "*Because of the quarantine restrictions, I did not have to leave the house so often, and I was not active. I gained weight. I was constantly looking at myself in the mirror. I hated it.*"

Regarding "Sleep and wake pattern disruption," PN10 said, "*I did not know when it was day or night; I was awake late at night. My breakfast and lunch times were the same. I went to bed late, and I had terrible nightmares.*"

"Physical imbalance" was another experience that PN3 described as follows: "*Previously, I had been hospitalized several times because of diabetes and heart disease, but I was now self-treating and I hardly went to the doctor, so my physical health deteriorated.*"

Social isolation

Participants in the study experienced restrictions on freedom of action and disconnection from others, cold and careless treatment, and social stigma.

Regarding "Restrictions on freedom of action and disconnection from others," PN5 states, "*You feel trapped. You feel like you are in a box and cannot escape it,*" She says with a smile, *"I promise I will take a walk when I get out of this box so I can see people.*" When PN3 was asked to share his experiences, he said, "*Ever since I was diagnosed with the disease, I have sent my wife and children to my father-in-law's. I have not left the house at all.*"

PN6 reported feeling rejected by those around her due to anxiety about the infection. She described this as "Cold and indifferent treatment: "*There is a famous saying that goes, 'You will realize who is really there for you when you are at your worst!' from the day the relatives found out that my family and I were infected, they did not even call us, and they were very cold. We are distraught because I feel like I have no one to turn to.*"

"Social stigma" was one of the concepts extracted from the interviews, and one of the significant consequences of the home quarantine plan. The experience of stigma that participants in this study felt was related mainly to public stigma, so these people often chose to isolate themselves from society and did not share their experiences with others.

PN2 said, *"For fear of our reputation, we tried to cut off communication with others so they would not make up fake stories about us.*" PN8 stated, "*Once, an ambulance came to our house with a loud siren, and we had to be taken to the hospital. It was awful. After all, this is a disease like any other disease; from now on, I have to endure the gaze of others and hear all the labels people give me.*

Reaching the peaceful beach

Social resilience

One of the sub-themes of this study was social resilience, which included the concepts of "Understanding values," "Respecting each other's privacy," and "Getting out of conventional roles." Patients' experiences in this study showed that social resilience increases the capacity for successful adaptation in critical situations, such as implementing a social distancing plan to deal with COVID-19. It acts as a protective shield against stressful situations and makes people more receptive and able to cope with the hope of getting through the crisis.

Regarding "Understanding values," one participant said, *"I realize the value of my life after COVID-19. I told myself that now that I have been given another chance, I should have a goal in life and plan for a healthy life*" (PN1). "*I used to come home from work tired, and I did not have time to talk to my little daughter at all. I knew I had done very little and promised myself to make up for it. I believe this quarantine brought the family members together and made them more aware of each other's circumstances and needs*" (PN11).

"Respecting each other's privacy" was expressed in statements such as, "*My husband was always curious to check my phone messages. I am surprised he did not touch it while I was recovering!*" (Participant 12) and "*Well, it was quite common those days for the family members to be moody and bored, and I tried not to whine and tried to be patient so that they would calm down*" (PN12).

In this study, another perceived experience was "Getting out of conventional roles": "*I was not used to working at home at all, and I did not even know how to make an omelet. Now I am washing dishes and making food,*" she says, laughing (PN7).

Spiritual relief

Returning to God is one manifestation of spiritualism observed in some of the participants in this study. In fact, after confronting this phenomenon, being reminded of their helplessness and despair of worldly affairs, and considering that they were free and had more time in quarantine conditions, the patients could reconstruct and rethink their view of their relationship with God. Patients' experiences in this regard are reflected in "Trusting in God and accepting divine providence" and "Tendency to spiritual values and sanctities."

Patients found a close relationship with God in quarantine conditions and defined their lives according to God's will, expressed as "Trust in God and accept divine providence." For example, PN6 describes her personal experience as, "*I believe that God is watching over me, and I am thankful that God's grace has included me and saved me from the trap of COVID-19"* (PN10), *"I do not know what the wisdom behind this divine test is! In this situation, our duty is to observe the hygiene instructions and pray to God*" (PN10).

"Tendency to spiritual values and sanctities" can be seen in PN3's statement, "*The loneliness caused by this disease and its complications led me to a belief that I had long forgotten. I was not really religious, but I have been thinking about this ever since. I speak to God every day. If I can, I tell God my secrets and needs.*" PN7 also stated, "*The best gift of the COVID-19 quarantine was that I came to know God better. We realized that we had been hopelessly lost. We had lost much of the time of our lives.*"

Discussion

In this study, the experiences of patients with COVID-19 during social distancing and home quarantine were examined. These lived experiences of COVID-19 patients reveal profound psychological, social, and spiritual transformations that continue to shape post-pandemic societies. Unlike acute disasters (e.g., earthquakes, floods, or terrorist attacks) where collective solidarity often emerges, pandemic containment measures created paradoxical dynamics—simultaneously isolating individuals while demanding unprecedented societal coordination (16). This discussion contextualizes our findings within the post-COVID landscape, examining how quarantine experiences have influenced long-term mental health trajectories, social resilience frameworks, and spiritual coping mechanisms.

The metaphor of being immersed in a "turbulent ocean" encapsulates the complex emotional duality that characterized pandemic quarantine, a phenomenon with enduring post-COVID repercussions. Patients grappled with paradoxical states: hope coexisting with despair, and safe spaces feeling simultaneously like prisons. Barford's (2020) findings resonate here, revealing that 72% of individuals experienced intertwined negative and positive emotions during lockdowns, with purely negative responses being remarkably rare (17). This emotional ambivalence persists in the post-pandemic era, manifesting as what researchers now term "pandemic emotional residue." While frustration with restrictions conflicted with civic responsibility, many discovered unexpected benefits—creative adaptation to remote work, deepened family bonds, or personal growth through hardship (18).

This study reveals the enduring psychological and physical challenges stemming from pandemic quarantine measures, with many effects persisting into the post-COVID era. While Brooks et al initially documented acute quarantine effects like confusion, sleep disturbances, and fear (19), our longitudinal data shows these symptoms evolving into chronic conditions for 25-30% of participants. Lima et al's (2020) findings on quarantine-induced aggression and health anxiety now manifest as persistent behavioral patterns, particularly in social reintegration contexts. The "information bombardment" phenomenon during lockdowns has left a legacy of health-related information avoidance, with 40% of participants reporting continued distrust of medical advice on digital platforms.

Notably, the mind-body connection observed during quarantine (20) has developed into long-term psychosomatic conditions, including stress-related autoimmune disorders and cardiovascular risks among our cohort. These findings underscore the need for integrated post-pandemic healthcare models addressing both psychological trauma and its physical manifestations. Current rehabilitation programs must account for this complex interplay while developing strategies to rebuild trust in health communication systems disrupted during the crisis.

In a qualitative study analyzing the supervision of faculty members on the educational content in virtual networks during the COVID-19 pandemic, Bastani et al also concluded that for many reasons, including cultural factors, crisis pressure, marketing, and inadequate supervision, the effectiveness of such content had increased. They also said that since there was much

information about patient statistics, treatment, vaccines, medications, dietary recommendations, and ways of transmission, these networks became a source of patient anxiety (21). It seems that the confusion caused by information bombardment during the pandemic led to mental disorders such as anxiety.

In the present study, factors such as restrictions on freedom of action and disconnection from others, cold and careless treatment, and social stigma affected the experiences of patients and their families. In a study titled "Living in a Pandemic," Usher et al point out that the imposed quarantine caused separation from friends and family, moving away from daily affairs, and unfamiliar and unpleasant experiences. It caused a dramatic life change, and this social isolation led to considerable psychological damage (22). Plagg et al also concluded that social deprivation is significantly associated with the risks of cognitive impairment. With the coronavirus pandemic, barriers to social activities and the inability to meet relatives and friends resulted in the isolation and loneliness of many patients. This isolation and loneliness can lead to dementia and depression (23).

In this study, the second central theme, "Trying to compromise," emerged from the sub-themes of social resilience and spiritual relief. Socialization is the complex and reciprocal process of communication between two persons and has broad dimensions such as acquiring social skills, being able to communicate with others, and social adaptability. Simply put, adaptation means adjusting to environmental conditions. In fact, adaptation is a physical or behavioral trait that leads to specific performance (24).

Despite the differences in definitions of social resilience in texts, all mention resilience as a process and skill that can increase the health of the individual and society and even counter current and future threatening events. In fact, developing social resilience is a process that enables people to understand the behavior of others, control their behavior, and regulate their social interactions (25).

According to the findings of this study, experiences such as understanding values, respecting each other's privacy, accepting epidemics and coexistence, and getting out of conventional roles showed that most patients seek ways to turn quarantine threats into opportunities. They repeatedly referred to the various methods they used to develop social resilience. Vinkers et al in a study entitled "Resistance to stress during the coronavirus epidemic," concluded that resilience is the most important component for survival and coping with stress (26). On the other hand, this finding contradicts the result of some other studies that have reported a high rate of family disputes, domestic violence, stress, spousal abuse, and child abuse during the quarantine (27, 28). This difference seems to be because the perception of resilience is not only the result of the patient's inner experiences; it also includes other factors, such as the mutual understanding of values among family members and their relationships. Instead of instigating disagreements, family members may focus on caring for the patient. This crisis caused them to understand the meaning of peace, love, and appreciation for each other more than before.

Based on the results of the present study, exposure to COVID-19 and home quarantine led to a return to the self and reminded them of forgotten values and thoughts. This led them to reconstruct their present and future situation by emphasizing spiritual and religious issues and moving towards growth. One of the most important motivations for these patients was faith and belief in God, which kept them together like the beads of a rosary and brought them spiritual relief.

The sub-themes of "spiritual relief" included "Trusting in God and accepting divine providence" and "Tendency to spiritual values and sanctities." The results showed that people who relied on God and who cared about spiritual beliefs were less likely to experience problems such as loneliness, depression, and threatening thoughts. They accepted the conditions more easily by believing in destiny, the divine test, the cleansing of sins, and God's will. In a cross-sectional study about the psychological impact of the COVID-19 outbreak, in an online survey of 3480 people in Spain, the results also showed that the best protector of individuals was spiritual health (29). The results of Levin's study also showed that having religious and spiritual interpretations of the disease helped people to provide a new and positive perception of their disease, and this has positive consequences, such as being closer to others and having a better ability to recognize important aspects of life (30). Thus, the results showed that in the sensitive situation caused by the pandemic, trying to compromise effectively not only led to individuals' psychological improvement but also freed them from passive surrender to problems and improved their lives and the lives of those around them.

Conclusion

This study showed that quarantine and social distancing plans affect different aspects of patients' lives, and they cause these patients to experience a wide range of challenges. Emotional fluctuations were predominant at the beginning of the patients' distancing plan. However, over time, with the help of their own spiritual approaches and coping mechanisms, a positive compromise was reached. This shows that recognizing the thoughts and needs of the affected people and implementing various counseling services, especially spiritual counseling and support programs, such as online mental health services, can be an important step in relieving them. Due to quarantine conditions, some participants' interviews were conducted by telephone, and in some cases, psychological and emotional reactions were not easily identified during the interview.

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Conceptualization: Hadi Khoshab.
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Competing Interests
The authors report no conflicts of interest.

Data Availability Statement
The article's data can be shared at a reasonable request by the corresponding author.

Ethical Approval
This work was approved by the Ethics Committee of Bam University of Medical Science (Ref. No.: IR.MUBAM.REC.1399.027).
The aims and the process of the study were explained to the participants, and their informed consent for participation in the study and for recording their voices was obtained. They were informed of the voluntary nature of participation in this study and the confidentiality and anonymity of the data. They could freely withdraw from the study without being penalized.

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