

## Covid 19 and lockdowns - Use of the Language of Religion for Survival - Focus on Elderly Sindhis in Sindh, Pakistan

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### Abstract

Language performs different roles, such as a tool of communication, identity development, and transmitting information. Researchers have studied the roles of languages in different contexts. In the wake of the Covid-19 and the new normal many people used language to comfort and console each other against the backdrop of the ensuing lockdowns. While awaiting the Covid-19 vaccine, language became an effective source of security for the pandemic affected world. Against this backdrop this research paper studies how the language of religion and faith helped elderly Sindhis in Pakistan's Sindh province to survive and be resilient during these lockdowns. Qualitative analysis of the purposively collected data from social media and interviews with senior Sindhis in Sindh was used to demonstrate how the respondents used faith-based language to survive the lockdowns. Interviews of 11 senior citizens - aged between 60 and 80 - were analyzed using Harrington's (2010) concept of faith and healing, and National Institute on Aging's concept of social isolation (2019) were used to discuss how humans use their language as a security tool against a crisis. Additionally, Austin's (2005) speech acts theory was used to analyse the research findings.

**Keywords:** Covid-19, elderly, healing, lockdowns, speech acts.

### 1. Introduction

Language performs different functions for human beings, such as communication, identity development and transmission of information. In the wake of the Covid-19, language users have

come to discover new roles of human language and one of these roles can be identified as securitizing human beings using the language of faith and religion against the pandemic. Although researchers have explored different functions of human language in different contexts, the role that faith-based language is currently playing in securing human beings against the pandemic-induced social isolation is yet to be explored. During the lockdown, people, especially the elderly, have taken to religious faith and worship as tools to guard themselves against the impending pandemic. Therefore, it is the aim of this research work to bring to light how the elderly in Pakistan's Sindh province are using language as a tool of security while awaiting the Covid-19 vaccine.

In Sindh, the Covid-19-induced lockdown was imposed on 23<sup>rd</sup> March 2020 (International Crisis Group, 2020) and lifted partially in August 2020 (The News, 2020). During the lockdown period, the vulnerable communities in Sindh, especially the elderly of the lower middle class, suffered more due to social isolation. Their social deprivation and closure of means of income compounded their problems, and they ultimately resorted to their religious practices and faith as a last refuge.

### **1.1 The Elderly's Vulnerability to the Covid-19**

The United Nations (2015) recently reported that the number of older people has increased considerably. According to Klimovan, Valis, and Kuca (2015), the number of the older people is growing faster compared to any other age group. Also, this increasing trend of population has exposed the elderly to increasing economic, social challenges (Klimovan, Valis, Kuca, 2015). One of these socio-economic challenges posed to the elderly is the recent outbreak of the Covid-19 because "the elderly population has been worst affected by both the virus, and the lockdown measures" (Jaarsveld, 2020: 1).

There are about 15 million older people currently living in Pakistan who contribute to about 7 percent of the country's population (Age in Asia, 2019). Similarly, many of these older people are living in Pakistan's Sindh province. Since Sindh lacks a policy for the aged population (Dawn, 2015), "older people [continue to] suffer from both degenerative and communicable diseases due to the aging of the body's immune system" (Age in Asia, 2019). Much like other provinces of Pakistan (Baluchistan, Khyber Pakhtunkhwa, the Punjab), Sindh's "older people are amongst the worst affected in ongoing the Covid-19 pandemic both in terms of morbidity and mortality" (Relief Web, 2020). In this state of affairs, Sindhi elderly are relying on faith factor to guard themselves against the virus and depression.

### **1.2 Language as a Security Tool against Diseases**

The relationship between language and security is not recent, but it has existed since the early years of twenty first century (Liddicoat, 2008). Language has been reported to have delayed the onset of mental disorders, for instance, Klimova, Valis, and Kuca (2017) demonstrated that

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**Language in India** [www.languageinindia.com](http://www.languageinindia.com) ISSN 1930-2940 21:4 April 2021

Ameer Ali, M.Phil. Scholar and Prof. Maya Khemlani David

Covid 19 and lockdowns - Use of the Language of Religion for Survival - Focus on Elderly Sindhis in Sindh, Pakistan

bilingualism might be used as a strategy to delay Alzheimer's disease. Moreover, it has been a norm in medical discourse and media discourse to use war rhetoric with respect to diseases (Hansen, 2018). Also, simple language with illustrations was used to spread awareness about the Covid-19 among Pakistanis of all age groups (UNICEF, 2020). Many of the elderly in Sindh and Pakistan also employed language of religion and religious practices to put off depression and social isolation.

### **1.3 Theoretical Framework**

In this research, National Institute on Aging's (2019) concept of social isolation, Harrington's (2010) concept of faith factor (God) and healing, and Austin's (2005) speech act theory have been used which are discussed here:

National Institute on Aging (2019) suggests that aging does not come alone, it brings social isolation and loneliness among the elderly. Consequently, social isolation and loneliness cause "health problems, such as cognitive decline, depression and heart disease" among the elderly. The institution elaborates the social process of how the elderly are sidelined and cornered in the process of aging. Unfortunately, their social isolation and loneliness increased after the outbreak of the pandemic and the lockdown.

In this phase of social isolation and loneliness, social health (social deprivation) of the elderly Sindhis was also affected. Since many of them were not given basic facilities of health, they took to religious practices as a shield to guard themselves against the Covid-19 pandemic and the depression pandemic. Therefore, in this research the concept of isolation has been linked to the concept of faith and healing to investigate the responses of the elderly Sindhi in the Wake of the lockdown.

According to Harrington (2010), there are four constituents of the faith factor and healing which play an important role in healthy aging. The first of these constituents is going to a church/mosque/temple. Harrington says that going to a place of worship for prayer has "been associated with everything with lower blood pressure, less hypertension, fewer health problems generally in old age, and even overall longer life" (Harrington, 2010: 5). The second constituent of the faith factor and healing is spiritual practices (like meditation) which "reduce stress and enhance health" (Harrington, 2010: 5). This is the reason she says that "virtually all religions encourage or facilitate opportunities for adherents to participate regularly in contemplative activities like focussed prayer and meditation" (Harrington, 2010: 6). The third constituent is faith in God which "can facilitate recovery from serious illness" (Harrington, 2010: 9). Finally, the fourth constituent involves "prayer for another [person which] can change the outcome of disease" (Harrington, 2010: 13).

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**Language in India** [www.languageinindia.com](http://www.languageinindia.com) ISSN 1930-2940 21:4 April 2021

Ameer Ali, M.Phil. Scholar and Prof. Maya Khemlani David

Covid 19 and lockdowns - Use of the Language of Religion for Survival - Focus on Elderly Sindhis in Sindh, Pakistan

In this research, the participants performed religious practices/acts using language, therefore, Austin's (2005) speech act theory has also been used to interpret the findings. According to Austin (2005), human beings use language to perform different acts/functions which include commanding, admiring, threatening, inviting, promising, etc. Cartel (2018) extends Austin's (2005) scope of speech acts by adding that there are also liturgical speech acts which enable speakers/writers to perform acts of worship through language. Thus, in this paper the extended aspect of Austin's theory of speech acts has been used.

#### **1.4 Research Questions**

This research work has addressed the following questions:

- a. Which practices have been used by the elderly Sindhis as a security tool against the Covid-19?
- b. How language of faith/religion has been used by the elderly Sindhis to perform acts of worship against the pandemic?
- c. How have these acts and practices helped the elderly Sindhis to achieve positive aging during the lockdown (social isolation)?

#### **1.5. Different Religious Adherents' Responses to the Covid-19 Pandemic**

Wright (2020) elaborating the Christian response to the Covid-19 pandemic and its effects says that the Christians lamented, complained, stated the case, and left the results with God. Putting the responses within a biblical framework, Wright (2020) looks at God's signs of new creation in the outbreak of the Covid-19. Furthermore, some practitioners of Hinduism in India started worshipping the Covid-19 by creating its statues because they claimed that this would appease the anger of the virus (see Roychowdhury, 2020).

### **2. Literature review**

In this section, the issues related to religious faith, Covid-19, language and healthy aging have been reviewed. The correlation between the elderly in Sindh and their increased vulnerability to the Covid-19 has been studied and discussed elsewhere, however, the elderly Sindhis' use of religion and faith in countering the virus is yet to be explored. It is hoped that this research work has filled up the vacuum by studying how the elderly Sindhis are securing themselves through language that carries religious beliefs.

Religion, especially the faith factor in religion, is linked to health (Koenig and Cohen, 2010). Their medical research focusing on the Eastern and the Western religious traditions demonstrated how the faith factor boosts up immunity mechanisms. According to Griffiths (2010: 1), "In recent years, a variety of Eastern religious beliefs and practices have been adopted by groups in the West and promoted as beneficial for health and spiritual well-being". These research findings

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suggest that religious faith and practices boost up humans' immunity system and thereby improve their health and age longevity.

In addition to religious traditions, folklore has also been shown to have links with healthy aging (Joseph, 2019). In the United States' context using hermeneutic phenomenological method, Joseph (2019: 1) found that Afro-Caribbean American community "used folklore healing practices for health and wellbeing on an ongoing basis". Additionally, Eyigor et al. (2008) in Turkish context discovered through an experimental research that folkloric dance has good impacts on the health of the elderly women. These studies also show that folklore boosts healthy aging.

## **2.1 The Elderly and Covid-19**

The elderly are more vulnerable to the pandemic than any other age group (Pant and Subedi, 2020). Pant and Subedi (2020) have narratively reviewed the elderly's vulnerability to the effects of the Covid-19. Reviewing studies conducted around the world, they set forth that "the risk of severity for the Covid-19 is higher among the elderly" (Pant and Subedi, 2020: 32). This increased vulnerability is due to the elderly's declining immune function and pre-existing health conditions which are rarer among the younger individuals (Nikolich-Zugich et al., 2020). In this way, the older people are more vulnerable to the impacts of the new normal.

In the wake of the Covid-19, "strong social restraint, social distancing, and quarantine measures to prevent the Covid-19 spread have raised concerns about [the elderly's] mental health" (Lee, Jeong, and Yim, 2020: 1). Although these measures might be preventing the spread of the Covid-19, there is need to look after the elderly's wants lest they should plunge into depression and anxiety. Furthermore, restrictive measures might also cause social isolation that would worsen their health problems (Gerst-Emerson and Jayawardhana, 2015). This shows how the Covid-19 and the ensuing lockdowns are causing health issues for the elderly.

## **2.2 Language: The Elderly's Tool of Socializing during Lockdowns**

The elderly's language/discourse reflects their experiences and sufferings (David and Kuang, 2015). This type of socially converging language enables the elderly to assume a sense of social cohesion and establish a close relationship with a listener (David and Kuang, 2015). The language/discourse also reflects the elderly narrator's negative traits of personality (David and Kuang, 2015). Although this discourse might show their negative traits, but it shows how well they are to express themselves and resist social isolation. In the wake of the Covid-19, the elderly in Sindh make use of self-disclosure discourse to demonstrate their faith-based resistance against the pandemic. Also, they use faith to brave the social isolation caused by lockdown.

## **3. Research Methodology**

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In this research, open-ended interviews were conducted for data collection from the elderly living in different districts of Sindh who were aged between 60 to 80 years. Eleven older men were interviewed. Moreover, all of the interviewees were Muslims, and their religion was Islam. Each interview lasted for about 3 minutes. The interviews were conducted using a smart phone in Sindhi language which was the interviewees' first language. The interviews were later manually transcribed and translated into English. The collected interviews were codified, and broader themes were developed. Purposively chosen chunks were taken from the interviews and these were qualitatively analyzed using Nation Institute on Aging (2019), Harrington (2010), and Austin's (2005) concepts.

In addition to the interviews, two online videos were also used for collecting data. These videos were taken from social media websites such as Facebook, and YouTube. In these online sites, the elderly Sindhis' interviews were shared which reflected their religious beliefs and perceptions. Data culled from these videos was also transcribed and translated into English which was also qualitatively analyzed using the concepts of National Institute on Aging (2019), Harrington (2010), and Austin (2005).

Participants' name, age, gender, district of residence and occupation have been tabulated in table 1.

**Table 1: Participants' Credentials**

Participant Number	Age	Gender	District in Sindh, Pakistan.	Occupation	Academic Qualifications
Participant 1	60	Male	Larkana	Vegetable seller	Illiterate
Participant 2	60	Male	Larkana	-	Bachelor
Participant 3	Almost 80	Male	Larkana	-	Graduate
Participant 4	62	Male	Larkana	Shopkeeper	Bachelor
Participant 5	65	Male	Qambar	Mechanic	Matriculation Pass
Participant 6	76	Male	Ghotki	Landlord	Intermediate Pass
Participant 7	62	Male	Larkana	Vendor	Illiterate
Participant 8	70	Male	Larkana	Cleric	Religious education
Participant 9	Around 62	Male	Larkana	Businessman	Bachelor

### Online Videos

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Ameer Ali, M.Phil. Scholar and Prof. Maya Khemlani David

Covid 19 and lockdowns - Use of the Language of Religion for Survival - Focus on Elderly Sindhis in Sindh, Pakistan



The online videos which were taken from Facebook and YouTube have been described in the following table. See Table 2.

**Table 2: Online Videos and their Resources**

Online Video Sites	Links to the Videos
Facebook	<a href="https://www.facebook.com/100004338815500/posts/1613122048842407/">https://www.facebook.com/100004338815500/posts/1613122048842407/.</a>
YouTube	<a href="https://youtu.be/sV4zJKCMEAw">https://youtu.be/sV4zJKCMEAw.</a>

Due to research ethics, the names of the participants were not mentioned, and they were assured of their confidentiality. Moreover, ensuring the safety of the participants standard operating procedures were followed which included physical distancing, wearing mask, and sanitizing.

#### 4. Research Findings

In this section, research findings have been tabulated and described.

##### 4.1. The Elderly's Language in Response to Covid-19 and Lockdown

The elderly Sindhis' responses, who were aged between 60 and 80 years, have been tabulated, compared, and contrasted in this section. The table 3 contains similarities and differences which were derived by codifying the elderly's responses. See Table 3:

**Table 3: Elderly Sindhis' Responses: Similarities and Differences**

Themes	Similarities among the participants' responses	Differences among the participants' responses
Mental disturbance	<b>The participants 1, 2, 4, 5, 7, 8, 9, and 11 felt mentally disturbed.</b>	<b>The participants 3, 6, and 10 were not mentally disturbed.</b>
Financial problems	<b>The participants 1, 2, 4, 5, 7, 8, and 9 suffered financial problems.</b>	<b>The participants 3, 6, 10, and 11 did not mention if they suffered financial losses.</b>
Precautions	<b>The participants 2, 3, and 6 took precautions.</b>	<b>The rest of the participants left it to God.</b>
Covid-19: myth or reality?	<b>Almost all participants said that it is real.</b>	<b>Only the participant 8 claimed that it was not real.</b>

Reliance on God	<b>All the participants relied on and called for God’s mercy.</b>	
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The above tabulated data reports on the participants’ mental disturbance, financial problems, precautions, perceptions of the Covid-19 pandemic, and reliance on God’s mercy. Their views are further elaborated here.

The participants 1, 2, 4, 5, 7, 8, 9, and 11 went through different types of mental disturbance during the lockdown. However, the participants’ 3, 6, and 10 responses did not reflect any psychological disturbance because the participants 3 and 6 were satisfied with their precautions, and the participant 10 firmly believed that God would protect him. In contrast, the participants 1, 2, 4, 7, and 9 felt much worried due to the lockdown and its effects. In the social isolation, the participants 4 and 7 also felt ‘terrified’, because they could not foresee the outcomes of the pandemic. Moreover, the participant 4 said that he mentally ‘suffered, the pangs of the pandemic’, while the participant 8 had to cope with ‘troubles’ during the lockdown. Some of the participants’ remarks which reflect their mental disturbances are given here.

### **i. Participants’ Responses**

“It influenced me in a way that it was difficult to go to vegetable market. I was worried and confined because I had to earn for my children. Our only trust rested in Allah” (Participant 1).

“The fact is that we were terrified, worried, and confined to our homes” (Participant 4).

“We were terrified of the government hospitals lest they should inject us poison and kill us and our children” (Participant 7).

“The transactions were closed, and I was confined to my home. Still, I am worried...” (Participant 9).

The above given chunks show that the participants were worried, terrified and disturbed during the lockdown, because they never knew what lay in future for them. In such an unpredictable, difficult situation many of the participants expected that their government would help them, however, their government could not satisfy their expectations, so their unaddressed problems grew into their financial burdens.

The participants 1, 2, 4, 5, 7, 8, and 9 suffered financial problems during the lockdown. The participants 1, 4, and 5 used to work in their shops, but the lockdown disrupted their means of income and their financial problems kept worsening. Moreover, the participant 7 who used to be a vendor became unemployed due to the strict lockdown. The participant’s 2 financial problems increased because prices of commodities were increased five times. Furthermore, the participants 8 and 9 suffered losses in their business which compounded their financial crises. Contrarily, the



participants 3, 6, 10, and 11 did not talk about their financial issues, however, it can not be assumed with evidence that they survived the crisis. The participants who suffered financial crises, their responses are given here.

## ii. Participants' Responses

“The entire country suffered due to it. Children’s education also suffered. The poor faced more troubles, especially because prices were hiked five times” (Participant 2).

“Due to lockdown, I could not open my shop, so it was difficult to earn my livelihood” (Participant 4).

“Yes, I have so far been unable to pay off my debt, we are currently living from our hand to mouth. I have a son who is a laborer so is my other son, but they do not find work regularly. Therefore, my constant thinking plunges me into worries” (Participant 7).

“My business suffered. It was difficult to buy grains and vegetables. Whenever I came out to buy these things, police would stop me. I had huge troubles to face” (Participant 9).

The above given chunks show that many of the participants suffered financial losses during the lockdown which they could not tackle effectively. This further multiplied their problems when their government could not provide them relief.

All the participants, except the participant 8, not only believed that the Covid-19 is a fact but also condemned those who denied reality of the pandemic. For instance, the participant 3 says it is ‘utter ignorance’ not to take the pandemic seriously. In the same vein the participant 4 tells “different pandemics have occurred at different times in different parts of the world. Similarly, this pandemic is also a fact which has physically and mentally affected people”. Additionally, the participant 6 says “it is real, it is not fake, but humans should remain in ablution and offer prayer”. These views confirm that the participants do not believe in conspiracy theories and accept the Covid-19 reality.

These increasing problems intensified their worries that majority of them left their fate to their God. Only the participants 2, 3, and 6 took precautionary measures, while the majority of them believed that God would do better for them. Perhaps, the lockdown, depression, losses and isolation led them to narcissistic scar.

The narcissistic scar, governmental inefficacy, financial problems, and mental disturbance pushed them into a state of utter helplessness. Perhaps, in this state of utter helplessness they saw the light of hope in religion and they turned to their God for mercy and blessing. Many of the participants’ responses also reflect this assertion. When all their doors were closed, they worshipped their God and called for His help. All the participants relied on God during the pandemic, their responses which reflect their faiths are manifested in the following chunks.

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### iii. Participants' Responses

“I have got no vaccine. I have left everything to Allah. It is Allah who cures, and He is my Lord (Mola)” (Participant 1).

“With the grace of Allah, everything will be fine” (Participant 2).

“If God wills, they will soon give me appointment” (Participant 3).

“God opened ways for us from some places. God kept blessing us, however, the government helped some, while others who were not helped God helped them” (Participant 4).

“So, this difficult time we passed remembering Allah” (Participant 5).

“Humans should do ablution and offer prayer” (Participant 6).

“We call our Lord (Maalik) and plead Him to guide this ruler (Imran Khan, Pakistan's prime minister) ...” (Participant 7).

“We much invocated and worshiped Allah, so things became somehow better” (Participant 8).

“I called for Allah's mercy” (Participant 9),

All the above excerpts culled from the participants' responses show that they relied on and called their God during the pandemic as they believed that He would help them. The participants 2 and 3 also called and relied on God, however, they also took precautionary measures to protect themselves against the pandemic.

Now the views of the participants 10 and 11 are presented.

The participant 10 was asked by an anonymous interviewer what Corona virus is. To that question, the elderly responded “Our ‘Waris’<sup>1</sup> (The Supreme Inheritor) is Allah and Ali. Corona is not our ‘Waris. The interviewer realizing the elderly's situation said again: “Corona virus, I am talking about VIRUS”. Then, the elderly responded: “Those who have no Waris, Corona is their Waris”. The interviewer told him that he is talking about a virus which is a type of disease. This brief interaction between two Sindhis shows how an elderly is using his faith as a protective shield against the virus through **pragmatic diversion**.

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<sup>1</sup> Waris is God's name which is an Arabic word. It means ‘The Supreme Inheritor’. The name ‘Waris’ may have different meanings in different contexts. When it is used by a deprived Sindhi, it means ‘Some one who helps in a difficult time’. The elderly Sindhi uses ‘Allah Waris’ and ‘Ali Waris’ to imply that they will help him in the difficult time. Ali is the first Imam (religious leader) of Shia Muslims and the Sindhi Shias usually use the term/slogan ‘Ali Waris’ in ecstasy or difficulty.

Apart from the participant's 10 response, the participant's 11 response reflects his religious beliefs. He was actually reciting his poetry when his views on the Covid-19 came to surface. He expressed his views by saying:

“O Corona! everyone is talking about you,  
May God break your neck,  
Because of your tricks, the Ka’ba was closed down,  
O Corona your tricks have created chaos in the world!

Follow true path O brother Ahmed!  
Finally, this pandemic will come to end,  
God, the Provider, will forgive us,  
The Corona has made lives intolerable,  
O Corona, your tricks have created chaos in the world!

The above piece of verse shows that the Covid-19 which has caused chaos in the world may be brought to end if human beings follow true path of God. This way they will please God Who will then break the neck of the Covid-19.

## **5. Analysis of the Findings**

Here, the findings presented above have been analyzed using National Institute on Aging's (2019) concept of social isolation and loneliness, Harrington's (2010) concept of faith (God) and healing, and Austin's (2005) theory of speech acts.

### **5.1 The Elderly's Financial Problems during the Social Isolation**

Some of the research participants (1, 4, 5, 7, 8, and 9) faced financial problems and business losses due to the lockdown. All these participants suffered losses because their means of income were disrupted during the social isolation period. Besides, during this period of confinement, the participant 2 also suffered as he lamented that the price hike was increased 'five times'. The participant 9 who is a businessman also suffered financially, because his business was affected, and he could not recover the losses. Their responses demonstrated that the Covid-19-induced social isolation/distancing brought about their financial woes which increased their stress and worries.

#### **5.1.1 Rising Stress/Fear/Worries of the Elderly during the Social Isolation**

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The social isolation and loneliness during the lockdown caused fear, worry, depression, and sufferings for the elderly. These negative feelings have been associated with increased health problems by the National Institute on Aging. The participants (1, 2, 4, 5, 6, 7, 8, 9, and 11) suffered the pangs of social isolation and loneliness during the lockdown. During the social isolation, fears and stress crept into the participants' mind because they felt worried, depressed, and troubled. Similarly, the participant 5 complained that the poor felt more stressed than the rich during the lockdown. The participant 5 also mentioned that the virus is God's will as he wanted to test the people's faith. These mental problems might be weakening the immunity system (American Psychological Association, nd) of the elderly participants and thereby increasing their risk of contracting the Covid-19 virus. Furthermore, in the situation of loneliness the participant 7 plunged into worries and the participant 8 had to face 'troubles'.

Apart from these participants, the views expressed by the elderly Sindhis in online videos reflect their worries and fears which are detrimental to their immunity system. The participant 10 was worried about those who had no Divine supporter because the pandemic will affect these people. Also, the participant 11 discussed the havoc wreaked on the world by the Covid-19 pandemic. Living in social isolation and loneliness he says that "the Corona has made lives intolerable". In this way, different types of people were affected mentally during the lockdown.

### **5.1.2 Decay of Trust during the Social Isolation**

During the lockdown and social isolation, the feelings of distrust also developed among the elderly. The participant 2 and 5 lost their trust of the government because they claimed that relief fund would be misappropriated and the 'promised' help would not be meted out to them. Moreover, the participant 7 refrained from going to a governmental hospital suspecting that doctors would 'poison and kill' him. These feelings emerged in their minds in a socially isolated situation. In the social isolation the elderly felt deprived, and their trust of the government and its promises kept decaying. In this situation of distrust, they turned to their religious practices and put their trust in their God. Therefore, many of their responses demonstrated that they left their matters to their God Who as they trusted would solve their problems and worries.

According to the National Institute on Aging (2019) these feelings of fear, depression, worries, and distrust which emanate among the people who are living in social isolation and loneliness are likely to weaken their immunity system and cause other health problems. Therefore, it might be deducted that the elderly participants living in isolation may have more chances of contracting the Covid-19 virus because their immunity system is being weakened by the negative feelings.

## **5.2 Religious Faith/Practices: A Way towards Healthy Aging?**

Majority of the participants who shared their views were of the opinion that religious practices and faith bring forth healthy aging. Their views have been analyzed in this section using Harrington's (2010) concept of faith (God) and healing.

### **5.2.1 The Elderly's Faith: God-determiner of Healthy and Diseased Aging**

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Due to the lockdown, the participants could not easily go to public places of worship, so they worshipped in their homes. All the participants in this research said that they left it to their God Who would protect them against the pandemic and solve their problems. The participants 1 and 2 believed that their illnesses and losses would be treated and recovered by God. Additionally, the participant 3 believed that his healthy aging was Divine blessing and if God willed, he would soon be vaccinated and protected. Thus, the three participants claimed that the faith in God would obliterate the Covid-19 virus and that healthy aging was a Divine gift. These remarks show that the participants believed that disease and health came from God though the participants 2 and 3 also stressed taking precautionary measures against the pandemic. The participant 3, who was more educated, had even applied for the Covid-19 vaccination in a hospital.

The participants 10 and 11 also expressed their religious faiths with respect to the Covid-19 pandemic. The participant 10 believed that those who believe in God would be protected against the pandemic, while those who did not believe in God would be affected by the pandemic. Similarly, the participant 11 believed that the tricks of the pandemic might be brought to end only if God wills it. Thus, the participants expressed their religious beliefs.

### **5.2.2 The Elderly's Faith: God-the Helper of the Oppressed**

Some of the participants were of the faith that when no one was there to help them, God opened doors of help to them. For instance, the participant 4 said: "God opened ways for us from some places. God kept blessing us, however, the government helped some, while others remained unhelped. So, God also helped these unhelped people". During the lockdown help came to him from unexpected persons so he attributed it to God. This belief that God was caring for and helping him gave him feelings of satisfaction and happiness as reflected in his facial expressions. These feelings 'reduce stress and enhance health'. Additionally, the participant 5 also kept praying God for help during the lockdown.

### **5.2.3 The Elderly's Religious Practices: A Road to Positive Aging**

In addition to the religious faith, some participants resorted to religious practices in the social isolation period. The participant 5 remarked: "We were praying Allah... So, this difficult time we passed remembering Allah". According to the participant 5, praying and remembering God is a religious/spiritual practice which ensures good health. Additionally, praying for another person can also change the outcome of a disease or a loss. The participant 6 also argued that spiritual practices, such as cleaning body and soul by doing ablution, and offering prayer are effective guards against the pandemic. He succinctly said: "humans should do ablution and offer prayer. Small children and the elderly are more vulnerable to it. Man should always purify himself/herself. It is not fake, it is real. Purification and faithfulness are the keys".

The participant 7 also engaged in the spiritual practice of pleading God as he demonstrated: "We call our Lord (Maalik) and plead Him to guide this ruler (Imran Khan, Pakistan's prime minister)". This shows both his faith and his religious practice. It is his faith that God can drive

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Ameer Ali, M.Phil. Scholar and Prof. Maya Khemlani David

Covid 19 and lockdowns - Use of the Language of Religion for Survival - Focus on Elderly Sindhis in Sindh, Pakistan

away the misfortune, while it is his spiritual practice to ‘call’ and ‘plead’ God. Moreover, the participant 8 did not believe that there is this virus called Corona as he said: “There is no Covid-19 if you remember Allah and offer prayer”. His statement shows that it is his faith that even if there is this virus it can be subdued by the spiritual practice of worshipping God. He also said that his troubles during the pandemic were solved through the religious practice of remembering Allah: “We much invocated and worshiped Allah, so things became somehow better”. Furthermore, the participant 9 also called for ‘Allah’s mercy’ during the difficult time.

### **5.3 Speech Acts of Worship and Prayer: The Elderly Sindhis’ Approach to Healthy Aging**

The collected responses from the participants also show that the participants were performing speech acts of worship and prayer by using religious language. The participant’s 1 responses, such as ‘our...trust rested in Allah’, ‘surrendering everything to Allah’, and ‘He is Allah Who cures’ all are speeches acts in which the participant praises God. Praising God is a type of worship which involves the use of religious language and beliefs. The participant 2 is also performing the act of worship by saying: “with the grace of Allah, everything will be fine”. In this act, he is worshipping by admitting God’s quality of omnipotence through which He can solve all problems. Moreover, the participant’s 3 speech acts, such as ‘this is blessing of my Lord (Maalik)’, ‘if God wills, they will soon give me appointment’, and ‘if Allah wills you will be protected’ show how he is praising Allah’s beneficence, omnipotence, and mercy.

The participant 4 also performs acts of worship by admiring God when he says, ‘God opened ways’, ‘God kept blessing’, and ‘God helped’. These speech acts define God’s greatness and beneficence and thus these are also acts of worship. Also, the participant’s 5 speech acts which include ‘praying God’, ‘remembering God’ are the acts of worship which have been performed using religious language. The participant 6’s ‘do ablution’ and ‘offer prayer’ are two phrases which enable him to perform acts of obeying God by doing ablution and offering prayer which have been prescribed by God for Muslims in Islam. Additionally, when the participant 7 says ‘call our Lord (Maalik) and plead Him’ he is performing acts of praying and worshipping.

Much like the participant 7 when the participant 8 says ‘I remember Allah and offer prayer’, and ‘every misfortune can be overcome by worshipping Allah and reciting Durood (a Muslim prayer)’, he is performing acts of worship. Similarly, the participant 9’s ‘called for Allah’s mercy’ is also an act of worship which he has performed using the religious terminology. When the participant 10 accepts the Lordship of God, he is performing the act of worship by surrendering himself to God. Additionally, the participant 11 is also praising God’s omnipotence and mercy when he says, ‘may God break your neck’, and ‘God...will forgive us’. Thus, the participants performed speech acts in their language.

### **3. Discussion and Concluding Remarks**

Researchers have shown that religious practices and faiths have good effects on people of different age groups (see Koenig and Cohen, 2010; Griffiths, 2010). Malone and Dadswell (2018) also say that religion plays an important role in the process of positive aging. Similarly, the

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Ameer Ali, M.Phil. Scholar and Prof. Maya Khemlani David

Covid 19 and lockdowns - Use of the Language of Religion for Survival - Focus on Elderly Sindhis in Sindh, Pakistan



participant 3 also said that his healthy aging was due to God’s blessing which enabled him to take exercise regularly. Moreover, the religious attendance in worship places creates social cohesion and support among the adherents of a religion which also counter loneliness and social isolation (Rote, Hill and Ellison, 2013). The participant 4 in this research also told that his sense of social deprivation and isolation was overcome by the Divine help which came to him from the Caring and Merciful God.

Increasing age also influences the way a person speaks or performs a speech act. This has been discussed by Horton, Spieler, and Shriberg (2011: 708) who demonstrated that “increasing age, however, was also associated with longer utterances and greater lexical diversity”. In this investigation the participants’ words, such as ‘Allah’, ‘God’, ‘Lord’ (Mola/Waris/Malik/Qudrat) show lexical diversity in their religious language/discourse. Furthermore, these liturgical speech acts enable the adherents to do worship using religious words (Calvert, 2018). In this way, acts of worship have been performed by almost all the participants who took part in this research work.

According to Harrington (2010), religious faith and practices are essential for healthy aging as they boost up immunity. Since the elderly Sindhis remained helpless and worried during the pandemic isolation, they employed their faiths and religious practices as tools which boosted their immunity against the pandemic. However, it cannot be claimed that the religious practices or faiths are the only solution of diseases. They may have their role to play in healthy aging, while at the same time taking medication and vaccination should not be downplayed.

Finally, it is concluded that the elderly Sindhis suffered many problems during the Covid-19-induced lockdown, however, they managed to overcome these hardships through their religious faith and acts of worship which they performed through their language. Moreover, this research was limited in its scope because only the male Muslims’ responses were included. Someone else may focus on the elderly Sindhi women and carry out research on how they use faith as a shield against the pandemic during the lockdown. Also, there is need of carrying out further research from the medical science point of view on how the religious practices affected the aging process of the elderly Sindhis during the lockdown. Thus, healthy aging might be ensured for the elderly Sindhis.

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