The impact of Covid-19 lockdowns on social support networks and mental wellbeing in the United Kingdom: A qualitative exploration

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Abstract

The Covid-19 pandemic lockdowns significantly disrupted individuals' access to social support networks, with implications for mental wellbeing. This qualitative study explored how people navigated these disruptions during the UK's national lockdowns. Data were collected from 12 participants over age 18, who lived through all three UK national lockdowns using online semi-structured interviews. An inductive reflexive thematic analysis was applied. One overarching theme was created, comprising four subthemes: seeking and valuing physical proximity; experiencing disconnection and separation; the complex role of online communication; and the use of coping strategies. Participants described emotional challenges linked to physical separation, mixed experiences with digital communication, and the importance of both relational and individual coping mechanisms. These findings remain relevant in today's context, where remote working, hybrid education, and digital socialisation continue to shape everyday life. The study offers insights into how support networks function in digitally mediated environments and highlights the need for policies and practices that foster meaningful connection and promote mental wellbeing in a post-pandemic society.

Keywords

Mental wellbeing, social network, support network, online communication, Covid-19 lockdown, reflexive thematic analysis

Introduction

Social Support Networks and Mental Wellbeing

Social support networks tend to be comprised of individuals' close relationships with immediate friends, family members, partners, and close community members, and play a vital role in psychological resilience and wellbeing (Putnam, 2000); these individuals can provide support during challenging times. Close positive social relationships are associated with less mental health-related problems, higher self-esteem and better personal adjustment to stressful situations or events than those who have less supportive social support networks (Sinokki et al., 2009; Voydanoff, 2005).

Attachment theory also highlights the importance of proximity to close others, suggesting that separation—real or perceived—can trigger anxiety and distress (Bowlby, 1988). During times of crisis, such as the Covid-19 pandemic, the availability and quality of social support can significantly influence psychological outcomes. Insecure attachment styles, for example, have been linked to increased vulnerability to psychological distress when support networks are disrupted (Marshall & Frazier, 2019; Moccia et al., 2020).

Social support is not only protective against mental ill-health but also facilitates coping and recovery. It can buffer the effects of stress, reduce the risk of depression and anxiety, and promote a sense of belonging and emotional regulation (Åsberg et al., 2008; Li et al., 2021; Szkody et al., 2021). The absence or disruption of these support networks, therefore, can have profound implications for mental wellbeing.

Disruption to Social Support Networks during Covid-19 Lockdowns

The Covid-19 pandemic led to unprecedented global lockdowns and social restrictions. In the United Kingdom (UK), three national lockdowns occurred between March 2020 and July 2021, involving the closure of schools, hospitality venues, and non-essential businesses, alongside restrictions on movement and social gatherings (Brown & Kirk-Wade, 2021). These measures disrupted daily routines and physically separated individuals from their social support networks (Usher et al., 2020), reflected globally.

The psychological toll of these restrictions has been widely documented. Studies reported increased levels of anxiety, depression, stress, and fatigue across the general population (Chirico et al., 2021; Rossi et al., 2020; Wang et al., 2020). In the UK, longitudinal data showed that mental health declined significantly during the first lockdown, particularly among young adults, women, and those with pre-existing mental health conditions (Pierce et al., 2020). Similarly, Rauschenberg et al. (2021) found that social isolation during lockdowns was strongly associated with psychological distress, especially among young people.

Among students and young adults, the disruption to education, uncertainty about the future, and loss of peer interaction contributed to heightened anxiety and depressive symptoms (Baloran, 2020; Grubic et al., 2020; YoungMinds, 2020). For many, the absence of in-person support from friends, family, and colleagues exacerbated feelings of loneliness and emotional disconnection. A study by Liu et al. (2020) found that 7% of participants in China reported symptoms of post-traumatic stress disorder (PTSD) during lockdown, highlighting the severity of psychological responses to prolonged isolation from social support networks.

Furthermore, the impact of lockdowns was not uniform. Individuals with limited access to social support, those living alone, or those with insecure attachment styles were disproportionately affected (Moccia et al., 2020). The loss of routine, restricted

communication, and uncertainty about the future created a context in which mental health challenges were intensified, and coping resources were strained.

Support Networks, Coping Strategies and Online Communication

To manage stress during the lockdowns, individuals employed a range of coping strategies, which are conscious or unconscious cognitive and behavioural strategies (Monat & Lazarus, 1991; Ray et al., 1982). There are positive and negative ways of coping, such as self-distraction, denial, use of emotional support and behavioural changes (Aspinwall & Taylor, 1997; Baker & Berenbaum, 2007; Rippetoe & Rogers, 1987; Skinner et al., 2003). Those who used problem-focused and avoidant coping mechanisms during the pandemic displayed more mental ill-health symptoms, whilst those who used emotion-focused coping were associated with fewer of these symptoms (Fluharty et al., 2021). Significantly, use of socially supported coping during UK and global Covid-19 lockdown was associated with a faster decline of anxiety and depressive symptoms and helped to maintain mental health (Aristovnik et al., 2020; Fluharty & Fancourt, 2021), which suggests that social support may have acted as a protective factor for psychological distress. Similarly, Kazerooni et al. (2020) found that an online peer-mentoring platform, which used social support strategies to support Iranian university students, helped reduced levels of anxiety symptoms over time. Therefore, it is crucial to explore how contact with social networks for support was maintained and how this may have impacted mental wellbeing during lockdowns.

However, the physical separation from support networks meant that many people had to rely on digital communication to maintain contact. Online platforms such as video calls, messaging apps, and social media became essential tools for staying connected. Research on the effectiveness of online relationships is mixed. Some studies suggest that online relationships are ‘weaker’ forms of relationships as they are thought to result in less

understanding between individuals, and in a lack of commitment and restrictive social interactions; for example, text-based messaging can limit individuals' ability to express themselves and can result in a lack of important social information being exchanged (Bright et al., 2015; Dhir et al., 2018; Lee et al., 2016; Zhang et al., 2016). However, other studies suggest that online communication can result in a positive, beneficial relationship which is meaningful, close, and long-lasting (Forest & Wood, 2012; Sheldon et al., 2011; Stewart et al., 2014; Zywica & Danowski, 2008). During the Covid-19 lockdowns, many people used mainly online communication methods, such as video calls or social media, to interact with their support networks (Dimmock et al., 2022), and as a way to cope with isolation and loneliness (Juvonen et al., 2021).

The quality of online communication and its ability to convey emotion, foster empathy, and maintain relational closeness, was a key factor in whether it served as an effective substitute for in-person support. This complexity underscores the need to understand not just whether people stayed connected, but how they experienced those connections and whether they felt supported by their social networks.

Study Rationale and Research Gap

While existing research has examined the general mental health effects of the Covid-19 lockdowns, there is a lack of qualitative insight into how individuals experienced their social support networks during this time. Much of the literature has focused on quantitative measures of distress, coping, and isolation, but less attention has been paid to the lived experiences of navigating relationships and support in a context of enforced physical separation.

This study addresses that gap by exploring how individuals maintained contact with their support networks and how this influenced their mental wellbeing during the UK national lockdowns. By using a qualitative approach, the research aims to capture the nuanced and subjective experiences of individuals, including the emotional, relational, and contextual factors that shaped their wellbeing.

Importantly, although the lockdowns have ended, their impact continues to shape everyday life. Remote working, hybrid education, and digital socialisation remain prevalent in 2025, often reducing opportunities for in-person support. According to the Office for National Statistics (2023), nearly 40% of UK adults continue to work from home at least part of the time, compared to just 12% before the pandemic. This shift has implications for how individuals access and experience social support in their daily lives.

Understanding how individuals navigated support during enforced separation can inform future mental health interventions, workplace practices, and social policy in a post-pandemic world. It can also help identify which forms of digital communication are most effective in fostering emotional connection and resilience, and which may fall short. As society continues to adapt to new modes of interaction, insights from this study can contribute to building more socially supportive environments—both online and offline.

Method

Study Design

A qualitative design was employed to explore individuals' experiences of social support networks and mental wellbeing during the Covid-19 lockdowns. This approach was chosen to allow for rich, in-depth exploration of participants' subjective experiences, meanings, and

interpretations; this was particularly important given the emotionally complex and context-dependent nature of the topic. A qualitative approach also enabled sensitivity to the nuances of participants' relational dynamics and coping strategies. The study was underpinned by a critical realist ontology and interpretive epistemology, acknowledging participants' lived experiences and the phenomenological lens through which they are understood. The study took place during the third UK Covid-19 lockdown (data were collected between March 2021 and May 2021), during which time little was known about the role of support networks and impact on mental wellbeing.

Participants

Twelve participants were recruited through the use of advertisements placed on social media platforms, such as X (formerly known as Twitter) and Instagram, as well as through word of mouth. The recruitment advert stated the following inclusion criteria, inviting individuals to share their experiences of the impact of the Covid-19 pandemic on mental health, via an online interview. The inclusion criteria were quite broad: (1) aged over 18, and (2) having lived in the UK for all three of the UK national Covid-19 lockdowns. The sample included ten women and two men, aged between 20-36 years, who were all attributed pseudonyms.

Data Collection and Ethical Considerations

Institutional ethical approval was granted (18283) by the Psychology Research Ethics Committee at Middlesex University prior to the start of recruitment. Following ethical approval and receiving informed written consent from participants, data were collected through use of semi-structured interviews as it allowed both the participant and researcher to direct the course of the interview without being restricted by the interview questions, as well as the opportunity for in-depth exploration of participant experiences (Blee & Taylor, 2002). Interview questions were based on a review of the literature and explored experiences of the

lockdowns, the value of support networks and the role they played on mental wellbeing during this time. Examples of the questions include: (1) can you tell me whether it is important for you to have someone close to you?, (2) can you tell me how not being able to maintain in-person social contact with others has impacted on your relationship with them during lockdown?, and (3) can you tell me about a particular time during lockdown when you may have experienced difficulties, feeling of stress or distress?; who did you turn to for support? While these questions were designed to explore social support and wellbeing, participants were encouraged to guide the conversation and reflect on what felt most meaningful to them (see Appendix A for the interview guide).

Interviews were arranged at a mutually convenient time over Zoom, an online meeting tool, and participants were asked to ensure they had a good internet connection and were in a private and quiet space from which they could participate. The first author, who collected the data, was also in a private and quiet space during the interviews. Participants had already received a detailed Information Sheet and Consent form, which they had signed before commencing the interview. Given the potentially distressing nature of the topic, several steps were taken to protect participant wellbeing. Participants were informed prior to taking part that they could pause or stop the interview at any time without having to give a reason for doing so, and that they were not required to answer any questions that made them uncomfortable. They were reminded of this at the start of the interview. Participants were debriefed after the interview, and the first author took time to check that they were not feeling distressed as a result of participation. A list of mental health support resources was provided at the end of the interview for any follow-up support needs, and participants were reminded that they could withdraw their data up to two weeks after participation, thus allowing them time to reflect on what they had discussed and to retract their data should they subsequently feel uncomfortable; however, none did.

The participants were informed before starting the interview that they could take a break at any time for any reason, and that they did not have to talk about anything they did not want to. Participants were fully debriefed afterwards and were also informed they could withdraw their data up to two weeks after their interview date,

Interviews each lasted around an hour and were audio-recorded; the audio files were stored on an encrypted password-protected folder until they could be transcribed. Interviews were transcribed verbatim and double checked for accuracy; the first author carefully reread the transcripts while listening to each respective audio-recording. Furthermore, to ensure confidentiality was maintained, transcripts were assigned pseudonyms and any possible identifying details were redacted to preserve anonymity.

Analytic Approach

Braun and Clarke's (2021) framework of reflexive thematic analysis was then applied to the data to identify the key patterns of meaning and experience in the data, using an inductive approach and a phenomenological epistemological stance (Willig, 2013). In the initial step of the analytic process, the first author familiarised herself thoroughly with the data by reading and rereading through the transcripts, after which she conducted systematic coding of the dataset. Initial themes were subsequently created from the codes and checked against the raw data, and then grouped together into main themes, forming a thematic map. The thematic map was further reviewed and refined until the final themes were distinct from one another and provided an appropriate representation of the meanings and experiences in the data (Braun & Clarke, 2021). These were thoroughly discussed and reviewed with the second author and further refined into the final thematic map, and both authors were involved in the subsequent interpretation and write-up of the analysis (and manuscript).

Throughout the research process, both authors engaged in reflexive practice to consider how their own experiences, assumptions, and positionalities shaped the research. The first author kept a reflexive journal to document thoughts, decisions, and emotional responses during data collection and analysis. Both authors had lived through the UK lockdowns and had experienced separation from their own support networks, which informed their sensitivity to participants' accounts. Reflexive discussions between the authors helped to surface shared assumptions and ensure that interpretations remained grounded in participants' meanings rather than researcher projections.

Findings

The analysis generated one main theme in addressing the research question, which asked: what impact did the Covid-19 lockdowns have on individuals' experiences of their support networks, and on their mental wellbeing? The main theme 'Navigating Social Support and Wellbeing during Lockdown' is composed of four subthemes: Subtheme 1: 'Seeking and Valuing Physical Proximity from Support Network'; Subtheme 2: 'Experiencing Disconnection and Separation from Support Networks'; Subtheme 3: 'The Complex Role of Online Communication'; and Subtheme 4: 'Use of Coping Strategies'. These encompass the key issues participants experienced during the UK lockdowns.

Theme: Navigating Social Support and Wellbeing during Lockdown

This theme delves into how participants navigated social support and wellbeing during lockdown through a mix of physical proximity, digital connection, and personal coping strategies. While cohabiting relationships offered comfort and emotional grounding,

separation from others led to feelings of disconnection and loneliness. Online communication was valued for maintaining contact but often felt emotionally limited and draining. Despite these challenges, participants demonstrated resilience by engaging in practices like mindfulness and seeking remote support from friends and family. These experiences reflected a dynamic process, shaped by relational needs and emotional responses to the constraints of the lockdowns. The sub-themes are explored below.

Subtheme 1: Seeking and Valuing Physical Proximity from Support Network

The participants highlighted a myriad of difficulties they faced during the Covid-19 lockdown such as being unable to physically see friends and family. In this context, in-person proximity was an important factor in receiving effective support.

The ability to able to seek physical comfort from others was valued, especially within participants' immediate support networks, with whom they were living: *"if I'm feeling sad or anything, I just go and speak to my mum and sit with her"* (Lily) and *"I definitely prefer to be in close proximity to whoever I was seeking comfort from"* (Keethi), illustrating the comfort found in embodied presence. Being in the physical presence of the person providing support helped participants to feel more emotionally connected to the support they were receiving: *"It helps more when you're physically there, they're physically looking at you and you can see their emotions and stuff*" (Ethan), suggesting that non-verbal cues in physical proximity enhanced emotional connection. Overall, participants preferred and valued having physical proximity to support networks, which was restricted during the lockdowns.

Seeking physical proximity also helped participants when their mental wellbeing was low or they needed extra support: *"if I was struggling, I would go talk to them and seek a*

companionship with them" (Mariah), and similarly Rachael would physical seek out her friends, with whom she lived with during the lockdowns said: *"Some of my friends are quite calming and I think others are very good at problem-solving, so they're good to talk to because they give great advice"*. Participants sought physical proximity from the friends and family they lived with during the Covid-19 lockdowns when they were feeling low or needed someone to help them feel calm, appearing to impact positively on their mental wellbeing.

As the researchers, we found ourselves resonating with these accounts. Our own lockdown experiences involved navigating support within shared households, and we recognised how proximity often carried symbolic weight—representing safety, intimacy, and immediacy. This reflexive awareness prompted us to interpret these narratives beyond descriptions of behaviour, and as expressions of relational need and emotional grounding during this challenging time.

Subtheme 2: Experiencing Disconnection and Separation from Support Network

Whilst being able to receive support from close others during lockdown was important, the analysis highlighted the impact physical separation had on the mental wellbeing of the participants and on their relationships. This seemed to lead to many participants feeling more detached from their loved ones. Ethan describes his girlfriend as someone who *"lived in my TV",* which also resonated with other participants: *"everyone's on a screen dimension and you feel physically disconnected from people"* (Jackson). These metaphors evoke a sense of surrealism and emotional flatness, where close relationships seemed to become abstracted and appear less emotionally fulfilling. Separation from non-cohabiting support networks due to lockdown meant participants relied on communicating over a screen, which seemed to create a disconnection between them.

Chloe also struggled with the physical separation from her support network that lockdown had caused: "*it's difficult knowing that lockdown is keeping you away from people that you were so close to"*. The physical separation seemed to negatively impact wellbeing as participants also missed in-person connection opportunities within their relationships, such as the ability to *"have a hug or a cuddle* […] *which made it difficult"* (Keethi). Separation from their support networks not only meant that participants felt more emotionally disconnected, but for some participants it led to feelings of insecurity in their relationships: *"I was spiralling at points, doubting whether my friends still liked me"* (Anita). Keethi had similar feelings towards her own relationships and spoke about her non-cohabiting partner: *"He's not someone who's on his phone as much…I think I felt a bit insecure"*. These statements suggest that physical separation disrupted not only access to support but also participants' sense of relational stability and self-worth, illustrating the negative impact of physical separation on their wellbeing.

The physical separation from friends and family also felt isolating to participants during the Covid-19 lockdowns: *"I wasn't able to see friends and that kind of felt more isolating"* (Anita). Similarly, Jackson also mentioned: *"it just felt really lonely because I don't know what it is about seeing people in person, but I think it feels a lot different than video"*. Online communication offered some relief for participants' low mental well-being, but it was less effective than in-person support. These reflections suggest the emotional tone of face-to-face contact appeared to be central to participants' sense of connection, and its absence appeared to be felt as a tangible loss, contributing to a sense of emotional disconnection. The lack of face-to-face interaction led to feelings of isolation and increased loneliness, negatively affecting their mental wellbeing.

Educational institutions and most businesses were completely home-based during the lockdowns, meaning many students and colleagues respectively spent months without seeing

their peers in person. Participants struggled with not being able to physically attend university, for example: *"You can't go to campus and see people"* and *"you lose more of that support"* (Lily); and *"I lost all motivation because I couldn't see any friends"* (Jackson). Participants who were working professionally from home were also affected by not being able to make in-person connections with work colleagues: *"with my current job, I haven't met anyone and don't know if I ever will, which is a bit sad"* (Keethi), and: *"In January I just felt like I was depressed, from all the stress at work and not seeing my co-workers in person"* (Susan). Participants who were studying or working from home during the lockdowns appeared to be negatively impacted regarding their lack of ability to physically connect with and seek support from their peers. These accounts highlight how everyday environments—such as campuses and workplaces—functioned as informal support systems, and separation from these appeared to be disruptive.

In our reflexive discussions, as researchers separated from our own everyday environments, we considered how we each experienced separation and emotional disconnection, and how that impacted our respective sense of loss and of 'missing out'. Our discussions enabled us to become aware of our shared experience yet carried nuanced meanings. This awareness helped us to look deeper for the nuance in our participants' narratives when they spoke about their own separations and disconnections, allowing us to foreground their own meanings.

Subtheme 3: The Complex Role of Online Communication

When it came to online communication during the Covid-19 lockdowns, participants valued video calls or phone calls over text messages due to the social cues that are often lost in the latter, for example: *"I hate messaging and reading texts' tones and stuff. I always need your*

emotions or something. But I think my preferred ways of talking to people are always like a phone call or even better if it's a video" (Lily). The importance of tone in communication was also clear in Susan's account: *"I prefer being able to call people, that way I can listen to their tone… you get more of an emotional connection"*. These quotes highlight how participants were attuned to the emotional subtleties of communication, and the preference for video and phone calls reflects a desire for emotional resonance, suggesting that participants were actively seeking forms of communication that could approximate face-to-face interaction. The ability to convey emotion, particularly through phone or video calls, was seen as an important factor in more effective online communication and connection with their support networks during the lockdowns.

Nevertheless, participants also experienced difficulties in terms of expressing emotions through video communication methods, for example Mina stated: *"I don't think that virtual ways of communication can properly convey emotion",* and Rachael commented: *"I do think that some conversations are harder to have over video calls, you lose that emotional aspect"*. These experienced difficulties in emotional connection through video-calling seemed to have not only impacted participants' ability to communicate with their support networks but also affected their mental states. For example, when Lily was separated from her partner, she felt it was more challenging to communicate about difficult things because they were not having those conversations in-person: *"It's just at that moment in time, you just, well I get irritated and frustrated"* (Lily). These accounts suggest that even the most emotionally rich forms of digital communication were experienced as lacking in depth and nuance, pointing to a mismatch between the need for relational closeness and the limitations of the medium. Therefore, while video-calling was seen as a better communication method during the lockdown restrictions, participants still experienced difficulties in connecting with their support networks.

Furthermore, although online communication enabled participants to feel connected with their support networks while being physically separated from them, they experienced a sense of mental drain. This led to some participants feeling less willing to maintain online contact, illustrated when Mina stated: *"I didn't have the energy sometimes to keep up with online communication because it felt a lot more draining than in-person communication"*. Keethi also had similar feelings towards online communication: *"I sometimes get a bit overwhelmed with messages… sometimes it becomes like a bit of a chore because there are so many things to look at and read"*, and likewise for Anita: *"Being online was like really online fatigue for me"*. The language used — *"draining," "chore," "fatigue"* — reveals how digital connection, though necessary, became emotionally burdensome. These expressions suggest that maintaining relationships online required sustained effort and cognitive load, which over time diminished participants' capacity to engage. The tension between the need for connection and the exhaustion it produced reflects a paradox of digital reliance during lockdown. This illuminates the complex nature of online communication which, whilst being the main form of maintaining contact with support networks and thus was seen as a positive factor, it could also be exhausting and so impact on participants' mental wellbeing in both positive and negative ways.

Reflexively, as researchers who also relied heavily on online communication during the lockdowns, we recognised a shared sense of ambivalence. While digital tools offered continuity in our own social networks, they also introduced a layer of emotional distance and fatigue for both of us, that mirrored participants' experiences. This awareness prompted us to approach the participants' experiences with empathy and caution, acknowledging that our interpretations were shaped by both personal resonance and a commitment to centring participants' voices.

Subtheme 4: Use of coping strategies

Differently to the first subtheme which focused on valuing physical proximity, another factor which helped participants to cope was through seeking remote support from the social networks they were physically separated from. For example, Anita mentioned: *"from friends, I got company and support in times that I was feeling low"*. Ethan reported talking (through video or phone calls) to his parents and partner was of benefit for support when feeling stressed: *"Usually talking about it with my girlfriend or my mum…I would discuss with them why I'm feeling stressed and hopefully they have some suggestions to sort of rationalise my thinking"*. Similarly, Keethi discussed receiving appropriate support from close ones who lived in other cities:

"With my friends and my boyfriend, they're all like able to give support, like online very well", and Rachael reached out to her university peers: *"One of the main people I went to was my university friends because I can complain to them, and they don't mind"*. These accounts demonstrate that emotional support was not confined to physical proximity; participants found meaningful ways to maintain relational closeness through digital communication. The act of complaining, rationalising, and receiving company suggests that participants were not only seeking advice but also emotional validation and shared understanding. The quotes reflect a relational dynamic where being heard by social networks, even remotely, appeared to be central to coping. Being able to seek support from support networks participants were separated from was a valuable way to cope with stress during the difficult Covid-19 lockdowns, with participants experiencing positive impacts to their mental wellbeing from this.

Participants used a wide range of methods to relieve stress beyond turning to their support networks, such as mindfulness techniques and journaling. They experienced a

positive impact to their mental wellbeing as a result of these coping strategies: *"the gratitude, affirmations and mindfulness exercises had such a positive impact on my wellbeing"* (Chloe). Other participants reported that being outside of their homes as a way to cope had a positive impact on their wellbeing: *"We went for a nice walk and it's just that little boost you need to get through the day"* (Lily). These quotes suggest that participants were actively engaging in self-regulation practices that offered a sense of control and emotional grounding during a time of widespread uncertainty through intentional coping practices, highlighting the agency participants exercised in managing their mental health. This illustrates participants' use of the various coping tools at their disposal during the Covid-19 lockdowns to take care of their mental wellbeing, and which had a positive impact.

As the researchers, we reflexively recognised parallels between participants' coping strategies and our own during the lockdowns. Practices such as going for walks, journaling, and reaching out to friends we could not see, among other practices, resonated with us, prompting us to reflect on how our own experiences may have shaped our attentiveness to these participant accounts. We had an 'us too!' moment when discussing this the first time. However, we remained mindful of the need to interpret these accounts not through the lens of our own resonances, but by centring the meanings participants themselves attributed to their coping efforts.

Discussion

This study qualitatively explored how individuals navigated their social support networks and mental wellbeing during the UK's Covid-19 lockdowns. One overarching theme was created from the analysis, with four subthemes, reflecting the complex interplay between connection, disconnection, and coping. Participants described the emotional significance of physical

proximity, the psychological toll of separation from close others, and the nuanced role of online communication in maintaining relationships. The findings also highlighted a range of coping strategies, both relational and individual, that shaped participants' wellbeing during the lockdowns.

The findings of the current study illuminated ways in which social support and wellbeing were navigated in relation to support networks during the lockdowns; seeking and valuing physical proximity from support networks, such as from close friends and family was crucial in protecting mental wellbeing, particularly during challenging times. This supports previous research highlighting the importance of close positive relationships, which can lead to fewer mental health problems and better coping skills during stressful situations (Cannuscio et al., 2004; Voydanoff, 2005). The present study also demonstrated that physical separation from close others during lockdowns had a negative impact on mental wellbeing. Participants found it challenging to maintain their mental health without the physical presence of their support networks, engendering feelings of separation and disconnection from them. These findings are consistent with Hawryluk et al.'s (2004) study, which found that removing social support can cause individuals to feel disconnected and experience poor mental health.

Another key finding from the present study was that, for some participants, online communication offered a felt a sense of connection with support networks during the Covid-19 lockdowns. The research showed that expressing emotions, thoughts, and feelings through online interactions can create a meaningful connection, and of particular importance during enforced physical separation from support networks. This supports the results of previous studies which found positive and close relationships can indeed be maintained through online communication (Forest & Wood, 2012; Sheldon et al., 2011; Stewart et al., 2014; Zywica & Danowski, 2008), and can help reduce anxiety symptoms (Kazerooni et al., 2020). This

highlights the importance of online communication as a form of accessing social support when this is unavailable in-person, such as when working or studying remotely and physically separated from support networks. Nevertheless, other participants found online communication to be emotionally limiting or exhausting, highlighting the varied and complex role of this medium.

Additionally, this study sheds light on the discrepancies in previous research regarding the influence of online interaction on effective communication and relationships. While both this study and the aforementioned studies (Forest & Wood, 2012; Sheldon et al., 2011; Stewart et al., 2014; Zywica & Danowski, 2008) indicate that online communication has a positive impact on social networks, other studies have shown that it can lead to weaker relationships due to a lack of understanding between the communicators and limited social interactions (Bright et al., 2015; Dhir et al., 2018; Lee et al., 2016; Zhang et al., 2016). However, these studies focused on the particular use of text-based messaging through social media platforms, which resulted in a lack of emotional connection and difficulties experienced during social exchanges. Further, the current study also found that text-based messages were not valued as an effective communication method during the lockdowns due to the absence of meaningful social information, such as emotional tone. Video and phone calls were preferred by participants as more social information was available to them, which lends support to Juvonen et al.'s (2021) quantitative study results which found that video calls were rated as a more satisfactory method of maintaining contact and connectedness with friends and protected against loneliness during Covid-19. Furthermore, the current study extends this to understand reasons for this, such as the ability to convey emotion through video calls, which are not so available through other online communication methods. Therefore, through its in-depth and exploratory qualitative approach the present study helps to clarify and offer a novel understanding of the conflict in previous research. These findings

illuminate that the medium of online communication with support networks plays a complex role; it is multifaceted and can have both positive (e.g., video calls) and negative (e.g., text-based messages) impacts on effective communication, which can affect mental wellbeing. This was especially important during the Covid-19 lockdowns, where online communication with social networks was the primary method of maintaining contact.

A key finding from the current study is that participants resorted to using various coping strategies beyond accessing their support network to manage the stress brought about by the pandemic. Among these strategies, mindfulness, affirmations, and gratitude were mentioned as having a significant positive impact on participants' mental health. This is consistent with Bono et al.'s (2020) research, which emphasised the importance of expressing gratitude as a means of safeguarding mental wellbeing during the Covid-19 pandemic. Moreover, the results are also in with Faulkner et al.'s (2021) study, which highlighted the crucial role of maintaining a positive exercise routine as a way to cope and promote better mental health and wellbeing during Covid-19 restrictions.

Additionally, the present study found that seeking remote support from close others they were physically separated from to cope with stress during the lockdowns, appeared to impact positively on mental wellbeing. This is consistent with previous research that shows receiving support in close relationships can alleviate stress (e.g., Asberg et al., 2008; Li et al., 2021; Szkody et al., 2021). Similarly, the present study supports Gabbiadini et al.'s (2020) results that seeking support from close others during the Covid-19 lockdowns played a vital role in mitigating the negative impact on mental health, especially loneliness. The study suggests that staying connected helped individuals to maintain social interactions, feel a sense of belonging, and receive emotional support, promoting overall wellbeing (Gabbiadini et al., 2020).

Strengths and Limitations

A strength of the study is that data collection took place during the third UK national lockdown. Thus, the participants' recollection of their lockdown experiences included the first two lockdowns retrospectively, as well as the third one they were prospectively experiencing at the time, allowing insight to their current experiences and the longer-term impact of the lockdowns. Another strength was the diversity of participants' living situations during the several lockdowns. Some lived with their family during one lockdown and with friends during another, while others lived alone for one, and with family for the others. This variety of living situations enabled participants to compare and contrast their own experiences and offer insight to the effects of living alone or with their support networks on their mental wellbeing.

Nevertheless, the quality of the data collected during the UK third national lockdown (which started on the 6th January 2021), when the pandemic was still at a heightened stage may have been negatively impacted by this; some participants had difficulty remembering events from the first lockdown (which started on the 23rd March 2020). Experiencing continuous traumatic stressors caused by the Covid-19 pandemic and the lockdowns have been found to impair memory (Kira et al., 2022). Research also found that the prevalence of depression, anxiety and stress in the general population increased during the Covid-19 pandemic (Lakhan et al., 2020), and these can also negatively affect memory (e.g., Dillon, 2018; Lukasik et al., 2019). Although participants in the current study were from a non-clinical population, they may have been experiencing continuous traumatic stress and increased symptoms of depression, anxiety and stress, affecting their memory of the first lockdown and thus affecting how they made sense of their experiences. While the research question did not aim to compare experiences across different lockdowns, participants often reflected on earlier phases of the pandemic when describing changes in their support

networks and wellbeing. Therefore, memory and recall were important to how participants constructed and narrated their experiences. Nevertheless, as previously mentioned, it was also a strength of the study to capture participant experiences at the time they were living through the third lockdown. Future research could include the use of visual methods to aid data collection, which are particularly useful in gaining richer data with difficult topics through accessing experiences and meanings which can be challenging to verbalise, and to support recall in interviews (Pain, 2012).

Conclusion

While the immediate context of this study was the UK's national lockdowns, the findings speak to broader and ongoing societal shifts in how individuals experience social support. The emotional disconnection, reliance on digital communication, and varied coping strategies described by participants are not confined just to the pandemic period. Instead, they reflect enduring challenges in maintaining relational closeness in increasingly remote and digitally mediated environments. These insights are particularly relevant today, as many people continue to work, study, and socialise in ways that limit face-to-face interaction, raising important questions about how support networks function in a post-pandemic world.

The findings from this study offer insights into how individuals may navigate social connection and mental wellbeing in contexts of physical separation, whether due to lockdowns or ongoing remote arrangements. Participants' experiences of emotional disconnection, online fatigue, and the nuanced role of digital communication remain highly relevant today, as many continue to rely on virtual platforms to maintain relationships. The study highlights that while video calls and phone conversations can foster emotional closeness, they are not always sufficient substitutes for in-person interaction, especially when emotional nuance and relational depth are needed.

Furthermore, the coping strategies identified are not only reflective of lockdown experiences but also resonate with current challenges faced by individuals working or studying remotely. These strategies may serve as protective factors in today's increasingly digital and geographically dispersed social environments.

As society continues to adapt to hybrid modes of living and working, the findings underscore the importance of designing mental health interventions and workplace practices that acknowledge the emotional limitations of digital communication. Organisations and policymakers should consider how to foster meaningful social support in remote contexts, ensuring that individuals are not left feeling isolated despite being digitally connected.

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Appendix A – Interview Guide

Thank you for participating in my research about mental wellbeing during the COVID-19 pandemic. I just want to reiterate that this will be a confidential conversation and that you may withdraw your data at any time without giving me a reason.

Demographic Questions:

- Age?
- Preferred Pronouns?
- Who were you living with during the lockdown?
- Preferred form of communication? (video call, phone call, messaging, face-to-face, none at all, etc)

1. **Can you tell me about your experience during lockdown?**
    a. Did you live with someone?
    b. Were you working or studying?
2. **Can you tell me whether it's important for you to have someone close to you?**
    a. Why do you say that?
    b. What do you mean by that?
3. **Can you tell me what you do when you're feeling stressed or experiencing difficulties?**
    a. How do you cope/deal with this?

b. Why do you think you feel like this?

4. **How did the lockdown affect your mental wellbeing?**

    a. Did this change whether you had contact with people within your social support network?

5. **What role do people play in helping you cope/supporting you when you're having a hard time, feeling stressed or upset?**

    a. What kind of support do you receive from x?

    b. Why do you think this might be?

    c. Is there someone in particular you go to for support? why?

6. **During the lockdown, if you were living alone/with someone, how was that?**

    a. How did that affected your ability to cope with the situation?

    b. If well how? If not how?

7. **Can you tell me about a particular time during lockdown when you may have experienced difficulties, feeling of stress or distress?**

    a. What happened?

    b. What was it about?

    c. What did you do?

    d. Who was involved?

    e. What role did other people play if any?

f. How did you feel about it all?

g. Do you think you would've felt differently if you lived with someone (if living alone)?

h. Do you think you would've felt different if you lived alone (if living with someone)?

8. **Can you tell me about a particular time during lockdown when you may have experienced joy or support?**

   a. What happened?

   b. What was it about?

   c. What did you do?

   d. Who was involved?

   e. What role did other people play if any?

   f. How did you feel about it all?

   g. Do you think you would've felt differently if you lived with someone (if living alone)?

   h. Do you think you would've felt different if you lived alone (if living with someone)?

9. **Finally, is there anything else you would like to add about with regards to your experiences during lockdown?**