Research Report:

Lonely Learning & Learning to be Lonely:

(Phase 2) Student Resilience

June 2023

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Executive summary

Conducted under the Quality Assurance Agency's (QAA) Enhancement Theme 'Resilient Learning Communities', the aim of this study was to better understand how students at Queen Margaret University, Edinburgh cope with experiences of loneliness and social isolation. The study was funded in January 2023 through the SFC and UKRI Talent and Research Stabilisation fund. This study follows Phase 1 of the Enhancement Theme at QMU, during which we focused on exploring the experience of loneliness and social isolation amongst students during COVID-19.

In Phase 2 we returned to data from the questionnaires and focus groups of Phase 1, re-analysing the data with a particular focus on coping and resilience. Furthermore, we conducted an additional focus group with a small group of current students. The focus group had the dual aim of generating data on resilience and coping, as well as furthering our 'students-as-partners' approach in Phase 2; functioning as a practical demonstration for good practice, and ultimately an upskilling exercise for the student champions to prepare them to facilitate focus groups of their own.

The study identified a range of coping strategies for loneliness and social isolation among students. We have grouped these under two themes: Doing, which involves practical activities like cooking and taking exercise, and Being, which involves cognitive and emotional practices:

Doing

Coping mechanisms used by respondents:
- Engaging in hobbies, physical activity, creative and artistic activities, and spending time with family and pets
- Talking to friends and family, especially through video calls
- Connecting more with existing friends, flatmates, and other household members, as well as with new people through social media and apps
- Caring for others was important, with some feeling a responsibility to make sure others were coping well
- Seeking professional support, including therapy and counselling, was also a coping mechanism used by some participants.

Being

Coping mechanisms used by respondents:
- Accepting the situation
- Hoping for improvement
- Looking forward to activities when restrictions were lifted
- Spending time alone
- Working on oneself
- Engaging in reflective activities such as meditation, mindfulness and journaling
- Acknowledging and respecting personal boundaries and energy
- Keeping busy and distracting oneself

Participants distinguished between 'good' and 'bad' coping strategies.

Introduction

The national programme of Enhancement Themes is managed by the Quality Assurance Agency (QAA) Scotland and aims to improve the learning experience of students studying within the Scottish higher education sector. The current Theme, *Resilient Learning Communities* runs from July 2020 to July 2023. At Queen Margaret University (QMU) we have established an Institutional Team to identify and lead priority projects under the umbrella of the Resilient Learning Communities Theme, focusing on student experiences of loneliness and social isolation. In Phase 1 of the project – which lasted between July 2020 and January 2023 – we explored such experiences in the QMU student body, specifically within the context of COVID-19. In Phase 2 of the project, initiated in January 2023, we focused our attention on enhancing our understanding of students' coping and resilience in relation to loneliness and social isolation.

Literature review

Resilience

Resilience can be defined as the ability to adapt and cope effectively in the face of adversity, trauma, or significant stress. Psychological research suggests that resilience is not a fixed trait, but rather a dynamic process that can be developed and strengthened over time. Resilient individuals are able to maintain a sense of perspective, balance, and control in difficult situations, and they possess a range of cognitive, emotional, and behavioural skills that enable them to bounce back from adversity and recover from setbacks. These skills may include positive thinking, emotional regulation, problem-solving, social support seeking, and goal-setting, among others. Resilience has been found to be associated with various positive outcomes, such as better mental health, greater life satisfaction, and improved academic and occupational performance. While the concept of resilience has gained popularity in psychological research and practice, there are also some critiques and limitations to consider. One critique is that the emphasis on individual-level resilience can obscure the role of structural and systemic factors in shaping people's experiences of adversity and trauma. For example, individuals from marginalized or disadvantaged backgrounds may face more frequent and severe stressors than those from more privileged backgrounds, which can make it more difficult to develop and maintain resilience. Additionally, societal factors such as discrimination, poverty, and lack of access to resources can limit individuals' ability to cope and thrive in the face of adversity, regardless of their level of resilience. Another critique is that the focus on resilience as an individual trait can lead to blaming the victim and ignoring the social context in which stressors occur. This can create a culture that emphasises personal responsibility for overcoming adversity, rather than addressing the root causes of stressors and working to create more supportive environments. Furthermore, the concept of resilience can sometimes overlook the importance of negative emotions and experiences in personal growth and development. Research suggests that facing and processing negative emotions, such as grief and loss, can be an important part of adapting to adversity and building resilience over time. By emphasizing positivity and bouncing back quickly from setbacks, the concept of resilience may inadvertently discourage individuals from engaging with and learning from difficult experiences.

Resilience can be a valuable concept in higher education, particularly as a counter-narrative to deficit reporting and language that focuses solely on students' weaknesses and challenges. The emphasis on resilience can help students develop a sense of agency and empowerment, which

can ultimately support their academic success and overall wellbeing. Moreover, resilience can act as a positive counter-narrative to deficit reporting, which can often lead to negative labelling and stigmatization of students who are struggling. This negative labelling can have a detrimental effect on students' motivation and self-esteem, ultimately hindering their academic success. By emphasising resilience, institutions can create a more positive and empowering narrative that focuses on students' strengths and their ability to overcome challenges.

Resilience is an important concept in higher education, as it can help students adapt successfully to adversity and overcome challenges they may face during their academic journey. Students in higher education are often faced with a range of stressors, including academic pressure, financial concerns, and social isolation, which can impact their mental health and academic performance. The COVID-19 pandemic amplified these stressors, with loneliness and social isolation becoming major concerns for students. The importance of resilience, social support, coping skills, and a positive outlook in promoting positive outcomes and mitigating the negative effects of stress and loneliness cannot be overstated. Resilient students are better equipped to handle adversity and bounce back from stressful situations, while social support and coping skills can provide a buffer against the negative effects of stress and loneliness. A positive outlook can also help students maintain their motivation and focus during difficult times. The purpose of this literature review is to examine studies that investigate student loneliness, social isolation, coping strategies, and resilience in higher education and form a backdrop to this study. By exploring the current research on these topics, this review aims to provide insight into effective strategies for promoting resilience and wellbeing among students in higher education, particularly in the context of the COVID-19 pandemic.

Loneliness and social isolation are major stressors for students, especially during the COVID-19 pandemic, which has disrupted daily routines and interactions. To understand the impact of loneliness and social isolation on students in higher education, several studies have investigated the determinants of wellbeing and experiences of loneliness among university students. Brett, Mathieson & Rowley (2022) conducted a study to identify key determinants of wellbeing among a sample of 574 university students in the UK. The results indicated that a large percentage of students reported feeling stressed or overwhelmed, with residential students reporting higher levels of loneliness and stressors compared to commuter students. The study also found that postgraduate students reported higher levels of wellbeing, resilience, and sense of coherence, as well as lower levels of perceived stress and loneliness. The study highlighted the need to address high levels of stress and loneliness among university students, especially among residential students and those at lower levels of study. Similarly, Phillips et al. (2022) conducted qualitative research to understand the experiences of loneliness among students in higher education during the COVID-19 pandemic. Through self-interviews and peer interviews with 46 undergraduate and postgraduate students, the researchers found that disrupted relationships and interactions due to fragmented living and study spaces contributed to students' loneliness. Moreover, students who lacked a sense of belonging in their place of study and where they lived were more likely to experience loneliness. The study also found that students faced difficulties in transitioning through life stages, such as leaving home and forming relationships, and those facing larger life changes such as bereavement struggled to process these events, leading to feelings of being in limbo. These studies demonstrate the significant impact of loneliness and social isolation on the wellbeing of students in higher education, especially during the pandemic. The findings highlight the need to develop effective interventions and support systems that can address these stressors and promote resilience among students.

Coping strategies and resilience are important for promoting positive mental health outcomes and wellbeing during times of crisis. The COVID-19 pandemic has increased feelings of loneliness and social isolation, which have been linked to numerous physical and psychological problems, including depression and anxiety. Therefore, it is important to understand the impact of coping behaviours, resilience, and social support on emotional and social loneliness during the pandemic. A study by Labrague, Santos, and Falguera (2021) found that resilience, coping behaviours, and social support were protective factors against loneliness. The authors suggest that interventions aimed at increasing resilience, social support, and coping behaviours could help mitigate the emotional and social loneliness caused by the mandatory lockdown during the COVID-19 pandemic. Coping skills refer to the strategies and behaviours that individuals use to manage stress and adversity. A range of coping strategies have been identified in the literature, including problem-focused coping, emotion-focused coping, and social support seeking. Developing coping skills is an important factor in promoting resilience in students, as coping skills play a crucial role in mitigating the impact of loneliness on life satisfaction and academic performance among college students. Furthermore, protective factors such as self-esteem and resilience, as well as coping strategies such as social support seeking and parental support, have been found to mitigate the impact of loneliness on Chinese internal migrant children. Effective interventions must consider potential vulnerabilities and identify effective coping strategies to promote positive mental health outcomes and wellbeing during times of crisis. Ultimately, promoting coping strategies and resilience can help individuals manage stress and adversity, mitigate the impact of loneliness, and foster positive mental health outcomes.

While some studies have found significant increases in feelings of loneliness during the COVID-19 pandemic, there is also evidence that contradicts these findings. Luchetti et al. (2020) found no significant increase in loneliness among a sample of adults in Italy during the pandemic. Similarly, McGinty et al. (2020) found no significant increase in loneliness among a sample of adults in the United States during the pandemic. Sutin et al. (2020) also found no significant increase in loneliness among a sample of older adults in the United States during the pandemic. The discrepancies in findings may be due to differences in study samples, measures of loneliness, and timeframes of data collection. It is also possible that the impact of the pandemic on loneliness varies across different age groups, populations, and cultures. Nonetheless, it is important to recognise that loneliness remains a significant issue during the pandemic, and the potential physical and psychological consequences of loneliness should not be overlooked. The controversy surrounding the impact of the pandemic on loneliness highlights the need for continued research and interventions aimed at promoting social support and resilience during times of crisis.

Resilience has been identified as an important factor in promoting positive mental health outcomes and wellbeing during times of crisis. Arslan et al. (2022) conducted a study to examine the mediating effect of resilient mindset in the relationship between coronavirus-related stress and depressive symptoms. The results indicated that resilient mindset partially mediated the relationship between coronavirus-related stress and depressive symptoms, highlighting the importance of resilience in promoting positive mental health outcomes during the COVID-19 pandemic. Furthermore, the link between loneliness and physical and psychological problems has been well established. Tu et al. (2022) found that resilience serves as a compensating factor in the relationship between loneliness and physical and psychological problems among Chinese college students. The results of the study suggest that resilient individuals may be better equipped to cope with the negative consequences of loneliness.

Resilience is a dynamic and multidimensional construct that can be developed and strengthened over time through various interventions, such as cognitive-behavioural therapy and mindfulness-based interventions. Resilience has been found to be associated with various positive outcomes, such as better academic performance, improved coping strategies, and enhanced wellbeing. Overall, the mediating effects of resilience in the relationship between stress, loneliness, and mental health outcomes highlight the importance of resilience-building interventions in promoting positive mental health outcomes and wellbeing during times of crisis. These findings suggest that individuals can develop and strengthen their resilience through various interventions, which may have a positive impact on their mental health and wellbeing.

Community

Community can be defined as a fluid and dynamic entity that changes with different contexts, and individuals may belong to more than one at a time (Ozturk and Ozcinar, 2013). It is felt and symbolic, providing a sense of common/shared purpose through a common goal and shared interests, leading to a sense of belonging (Cohen, 1982; Westheimer & Kahne, 1993; Rovai, 2002). A sense of belonging among students can be conceptualized as felt inclusion, connection, and integration in social, academic, and institutional senses (Blankstein et al., 2020). Community membership can be chosen or conferred upon individuals, and there is a need for authentic communities in educational spaces that tie people together through shared goals and values (Watson, 2007; Sergiovanni, 1994). Community should not be limited to geographic boundaries but should be seen as a practice that aims to bring people together through reciprocity (Smith, 2012). Traill's (2021) approach to understanding community highlights the importance of communal practices, which involve necessity and sociality within communities, and activities that set up expectations of collective behaviour and regular engagement, thereby building communal feelings between previously unknown individuals. This approach allows for the exploration of various constellations of communities without presuppositions about what they should look like or do.

Students' engagement with community and the lack of community in higher education environments can have a significant impact on their academic success, mental health, and overall wellbeing. On one hand, a sense of belonging to a community can provide students with a support system that can enhance their academic and personal growth. When students feel like they belong to a community, they are more likely to feel connected to their school, engaged in their coursework, and motivated to achieve their goals (Blankstein et al., 2020; Rovai, 2002). Moreover, belonging to a community can provide students with a sense of purpose and identity that can contribute to their mental health and overall wellbeing (Cohen, 1982). On the other hand, students who lack a sense of community may experience feelings of isolation, loneliness, and disconnection from their school and peers. This can lead to negative outcomes such as poor academic performance, decreased motivation, and mental health issues such as anxiety and depression (Furr et al., 2010). The lack of community in higher education environments can occur due to several reasons, such as the large size of universities, the impersonal nature of online learning, and the lack of authentic and inclusive communities that tie people together through shared goals and values (Sergiovanni, 1994; Watson, 2007). Additionally, students may belong to multiple communities within the university context, such as academic communities, student organizations, cultural groups, and sports teams (Ozturk & Ozcinar, 2013). However, students may not always be aware of their community affiliations or may not feel a strong sense of belonging within these groups.

Educational institutions should strive to create authentic and inclusive communities that tie people together through shared goals and values. This can be achieved through the promotion of communal practices, such as activities that encourage collective behaviour and regular engagement, and the consideration of the necessity and sociality within communities (Traill, 2021). However, students play a critical role in fostering community in higher education environments. They are the primary members of the community and have the power to create and sustain a positive and supportive environment. By participating in community events, building relationships, contributing to the community, communicating with others, and embracing diversity, students can help create a positive and supportive environment that promotes learning, growth, and development.

In conclusion, the COVID-19 pandemic has significantly impacted the mental health and wellbeing of university students, particularly in terms of increased levels of stress and loneliness. While some studies have reported no significant increase in feelings of loneliness during the pandemic, there is still a considerable need to address the potential vulnerabilities and mental health risks associated with prolonged social distancing and lockdowns. Effective coping strategies, such as problem-focused coping, emotion-focused coping, and social support seeking, can play a crucial role in promoting resilience and mitigating the impact of stress and loneliness on mental health outcomes. Therefore, it is essential for universities and mental health professionals to identify and implement effective interventions that support students' mental health and wellbeing during times of crisis. By addressing the potential vulnerabilities and promoting effective coping strategies, universities can help mitigate the negative impact of stress and loneliness, ultimately promoting positive mental health outcomes and wellbeing for their students.

Development of project: Phases 1 and 2

In Phase 1 – which lasted between July 2020 and January 2023 – we explored QMU students' experiences of loneliness and social isolation during the COVID-19 pandemic. In so doing, our key objectives were to raise awareness of the experience of loneliness and isolation; to enhance understanding of the means by which these can be managed; and to develop resources to mitigate loneliness and isolation where they are felt to be detrimental to the individual. We used a psychosocial research and analytical approach with a mixed-method research design. The data were generated through staff and student questionnaires and online focus groups with (then) current QMU students.

Whilst the mixed method psychosocial study culminated in a full report, a range of dissemination activities and publications with findings that both chimed with and challenged much of the literature on loneliness, the experiences of resilience and strategies to manage loneliness amongst this population were under-explored due to time and capacity issues. This is an area generally under-explored in the wider literature too and as we moved into the development phase of the Enhancement Theme work, we decided to centre the resilience and agency of a population too often portrayed through the deficit language of psychological mental distress.

This short Phase 2 - which was initiated in January 2023 – had two key aims:

1. To further explore the experiences of loneliness and isolation amongst QMU students

2. To explore the resilience strategies of QMU students when confronting and managing such experiences

Students-as-partners

Phase 2 of the project was built around a 'student-as-partners' approach; a partnership where staff and students both benefit from the process of learning and working together (Taylor, 2015). In this project, 11 student champions were involved. They were recruited by the university as 'student partners' to better understand various learner journeys – and were upskilled by the research assistants in relation to the design, running and analysis of focus groups in this study. This upskilling took the form of initial information meetings about what the overall research process entails; one session (which ran twice, once on campus and once online) dedicated to the design and facilitation of focus groups, which also included guidance on ethical conduct and support whilst designing their own focus groups. It also involved a practical demonstration of the running of a focus group – facilitated by the research assistants – which also functioned as a method of data generation in this study. Overall, the students-as-partners approach enhanced the quality and relevance of this study, as well as providing valuable training opportunities for the student champions.

Research design and process

Phase 2 involved a combination of research activities, including the re-analysis of Phase 1 data and the running of an additional focus group with QMU students.

Focus group

One semi-structured focus group was conducted in March 2023, facilitated by the two research assistants. The discussion was guided by a set of open-ended questions designed to encourage participants to share their experiences, feelings, and perspectives on loneliness and isolation, as well as on coping strategies to manage such feelings.

The focus group was made up of four participants. The two schools of the university were represented: The School of Arts, Social Sciences and Management and The School of Health Sciences. The focus group took place in a booked room on the university campus and lasted for 1 hour and 45 minutes, yielding rich data.

Data (re-)analysis

The qualitative comments from the student questionnaire we issued in Phase 1 – focusing on QMU students' experiences of loneliness and social isolation during COVID-19 – were reanalysed with the aim of extracting narrative of, or related to resilience and coping strategies.

The focus group transcripts and qualitative comments were analysed through Thematic Analysis. A member of the research team first analysed and coded the focus group transcripts, making note of similarities and differences in students' experiences. These were formed into overarching themes. Subsequently, the qualitative comments were organised into the focus group themes as appropriate, and accounts of experiences that had not come up in the focus groups were considered and placed into separate themes. The comments and focus group extracts were then included in one table and analysed together.

The data generated in the Phase 2 focus group were also analysed through Thematic Analysis, and extracts were incorporated into the existing themes.

Participant criteria and recruitment

The recruitment criteria in Phase 2 were that participants had to be 1) over the age of 18 and 2) a current student at the university. As such, we kept our criteria broad and did not require participants to have partaken in Phase 1 of the study, thereby opening it up to students who had joined the university since 2021.

The student champions were recruited over email, as they formed part of the extended ET team. They were aware of the dual focus of the focus group – as a means to generate additional data, as well as for upskilling – and the standard ethical procedures were followed, including a strong emphasis on *voluntary* as opposed to mandatory participation.

Outwith the group of student champions, the research team sent out calls for participants to be included in the university student news bulletin (Moderator) as well as in the internal research bulletin (Research Digest). Subsequently, we attempted recruitment over social media – both using our personal-professional accounts and university affiliated accounts. We then made contact with all Heads of Division and Associate Heads of Division at the university to ask the Programme Leaders in their respective division to share the recruitment material at two occasions. Despite this, interest amongst students remained low. In total, we were contacted by six students – alongside the student champions. However, the timing of the project proved problematic as the majority of the students who got in touch were on placement at the time of the proposed focus group(s), and due to the limited contract time available for the research assistants focus groups could not be organised at a later time. Therefore, only one focus group was conducted by the research team as part of Phase 2.

Ethical considerations

The research was granted ethical approval by Queen Margaret University's Ethics Panel.

All standard ethical procedures were followed. Before the start of the focus group, the participants were informed about the study via the Information Sheet and verbally, including its purpose and what their involvement would entail. Subsequently, they signed a consent form which highlighted their rights and responsibilities as focus group participants. They were made aware of, and consented to, the discussion being recorded on a Dictaphone and that it would be analysed by the research assistants, to later be included in the QAA ET institutional report. After participating, the participants received a debrief sheet with signposting to support organisations, had they experienced any mild distress as a result of the discussion and to ensure that they were fully informed about the study and its purpose.

All data collected was kept confidential and stored securely on a QMU OneDrive account, with access restricted to the research team. The findings of the study are presented in as an anonymous and aggregated format as possible, and participants' real names have been replaced by pseudonyms.

Findings

The re-analysis of the Phase 1 focus group and questionnaire data, as well as the data generated in the Phase 2 focus group, can be conceptualised as falling under two overarching foci: *Doing* and *Being*. Whereas doing involves practical activities, such as cooking and exercise, being involves the cognitive and emotional aspects of coping with loneliness and social isolation. We also draw attention to the notion of students' perception of not doing or being – predominately making reference to activities undertaken to 'distract', as well as the positioning of good/bad coping.

Responses show a great variety of coping mechanisms in relation to feelings of loneliness and social isolation. All responses illustrate how the students perceived their sense of agency (or lack of agency) and how they used it to cope with the uncertainty of pandemic. Some respondents did not perceive themselves as having coped with their experiences but having just *"gotten on with it"* or *"waited until the feelings went away"* – what is notable is that getting on and waiting also requires resilience and involves mechanisms to cope.

Doing

Several participants said they coped by *"doing things I enjoy"* or *"engage(ing) in hobbies"* without further clarifications. However, some were more specific in their answers, providing examples such as cooking, baking, gardening and DYI/home improvement. Many also referred to creative and artistic activities, such as painting, drawing, doing crafts, sewing and making music.

A common coping mechanism was engaging in various forms of physical activity and exercise such as going for walks, running, doing sports and classes that were adaptable to COVID-19 restrictions at the time:

> *"It was really difficult not to have the gym during COVID. (...) I did get a lot of gym equipment in... I spend a lot of money on it and it's been so worth it"* (Maya – Focus Group Phase 1)

Many stated that their main strategy to cope was to talk to friends and family, either online, over text, phone call or video call. Notably, more respondents specified that they preferred video call when highlighting their coping mechanisms for dealing with loneliness specifically. Many respondents also emphasised that going on socially distanced walks or meeting their friends outdoors was helpful to deal both with feelings of social isolation and loneliness, but – aligning with focus group comments – that the weather made this more difficult during the colder months. However, many also mentioned they organised virtual meet ups with friends who were not local, or – potentially – as an alternative to meeting outdoors.

What is notable is that when responding to the question about coping with loneliness specifically, more respondents made reference to reaching out to people that they trust and that they know have similar experiences to them, explaining that sharing their feelings helped them cope:

"I reached out to those in my class to try connect as it is not a large class and we shared how we had all been feeling. Opening up to each other helped to not feel emotionally alone even though we were still physically alone" (Questionnaire)

In comparison, more responses regarding coping with isolation involved the respondents trying to make contact with new people via apps, social media and in class. In relation to loneliness, participants spoke of trying to 'connect more' to their existing friends/flatmates/other members of their households. Both to build on existing relationships and attempting to establish new ones, respondents spoke of 'reaching out', in an active sense, to other people, making conscious attempts to start conversations. The use of active words, such as 'reaching out', as opposed to solely 'talk to' were more common in response to coping with loneliness than isolation. Equally, whilst more actively language was used so were hesitant words such as 'trying to' (trying to – make plans, connect more, control throughs, focus on people that matter, take mind off things, keep upbeat) to a greater extent than when discussing isolation.

"I kind of tried to put myself out there a little bit (...) I think I'm doing it better or just reaching out to friends that you know there are more distant but just saying, 'right I'm going to go do this thing I'm going to buy tickets come with me' which is the kind of thing in the past that would have been all unsure about" (Hannah – Focus Group Phase 1)

A line of conversation coming through in the focus groups in particular was about care for others; not solely reaching out to cope yourself ,but to make sure others were coping:

"I have a friend here in Edinburgh and I felt a personal responsibility for her because she didn't have that little bubble I have so I felt I make more efforts than usually in my everyday normal time we usually met each other once per month out of work because we used to be work colleagues. So, out of work usually we meet once per month but we make it… more, uh, we've I've made an effort to meet more often because not because I enjoy her company, but I felt that it's for both of us, good to meet regularly" (Diana – Focus Group Phase 1)

Many referred to coping by spending time with other people, most notably members of their household (referring both to families with children, to partners, friends living together and so on). In that sense, it was about interacting with people who were physically there, rather than solely reaching out to those who were physically distanced during the pandemic. Spending time with pets (and, for one, even just looking at photos of their family pet) were also mentioned as having helped them cope both with feelings of loneliness and isolation.

Some participants discussed how they had tried to get more engaged with the university community during this time, joining university societies, taking part in extracurricular activities organised by their programme team and other virtual classes, groups and events.

> *"I really I try and make an effort to be more engaged with the with the student, with the academic, life. That's why I participate in PALS. Same just for that reason, because I really want to be active in the academic family and that was really good because it gave me that sense of belonging"* (Diana – Focus Group Phase 1)

Several respondents shared that they had sought professional support – most commonly therapy and counselling – to cope during the pandemic, which included coping with feelings of loneliness and social isolation. Some had done so for the first time, others had previous (and ongoing) experiences of accessing such support. Indeed, some participants noted how they had coped with their feelings better because of having experienced feelings of loneliness, social isolation, anxiety and depression in the past and how having tools and strategies to drawn on had been useful in the COVID context. Several participants also indicated that they had sought support and then had been prescribed medication to help them cope during the pandemic, and how doing so had been helpful. Others emphasised that they had been self-medicating – but without reference as to the nature of this activity and whether or not it had helped.

Some also noted how they had fallen back into 'bad patterns', including drinking, disordered eating, substance misuse, smoking and self-harm; others that they had picked up 'good habits' and had engaged in activities of self-improvement, such as *"trying to grow and educate myself"*, *"learning a new language"* or overall *"building skills"*:

> *"With art, I hadn't done it in two years so I was like "I have a bunch of empty sketchbooks" so I just I picked one up; it was just empty and I started to draw and it turned out well. So, it gave me more situation because it turned out well and it wasn't perfect, but it was better. And I was just drawing and drawing and drawing and I realised it gave me that productive feeling as well which made me focus less on feeling lonely because I was doing and achieving something"* (Leah - Focus Group Phase 2)

Being

In reference to coping, many participants spoke of *acceptance* of the time they were in, hoping that it would get better and looking forward to when it would. Some also highlighted how they had spoken about the future with their friends, particularly thinking of things that they wanted to do when rules were eased and how that hopefulness had helped them cope.

Others noted that they enjoyed spending time alone, particularly at the start of lockdown and some that they worked on being, and spending time, alone. Discussing loneliness, some also said that they 'sat with those feelings', some that they tried to reflect on the meaning behind them and some that they tried to learn more about loneliness and mental health by reading about it online. This level of reflection and contemplation did not feature to the same extent in how the participants reported coping with isolation. Similarly, some noted that they tried to be accepting of the fact that being/feeling alone is okay and that it was a shared, global experience. Others said that they had coped (or sometimes not coped) by feeling sad, crying and spending time in bed.

In parallel with some respondents 'being with' their emotions, some attempting to suppress them and some trying to understand them, many also noted that they engaged in reflective activities and in activities to try to calm their mind. The most commonly occurring ones were meditation, mindfulness, journaling and other writing:

> *"I use a lot of visualization and breathing exercises. They help. It helps ground me up and makes me feel like more in touch with my body" (Julie – Focus Group Phase 1)*

Such activities were sometimes referred to as part of 'self-care', which also involved a sense of acceptance and – again – sitting with those feelings and understanding that they were not alone: *"Self-care, reading, finding support that others were feeling similarly"*. Some also made reference to praying and practicing gratitude, particularly writing down things they felt grateful for.

Others found it reassuring to know they had gone through similar things before:

> *"Just telling myself things will improve and trying to believe it. Giving myself grace. Letting myself be sad in ways that sometimes felt profound. Knowing I've gone through it before and come out the other end" (Questionnaire)*

Some spoke about how they had coped by just being in the situation and relinquishing the notion that they were in control:

> *"I guess it's just about I just sort of accepted that that was where we were and that's you know where I was at and that's how the world was, that's not, I think because there was no level of control, it was from me. At least it was just about just accepting that I had absolutely no control over the situation. Because trying to provide yourself with a false sense of control, for me at least, would have been dooming" (Freja – Focus Group Phase 1)*

Participants also spoke about the importance of acknowledging and being respectful of their boundaries and energy, and how being so had helped them cope during the pandemic, making reference to acceptance in terms of not feeling guilty about how they were coping, but emphasising the fact that they were coping:

> *"I have found things I've enjoyed and stopped feeling guilty for not doing something at all times" (Questionnaire)*

The notion of 'being' as coping was also present in some participants' responses when discussing *not* coping; in particular, phrases such as 'just experiencing it' was used in combination with respondents stating that they did not cope with their feelings or coped with them badly. Indeed, several participants in the questionnaire in particular stated that they 'did

not cope' but then provided examples of what they did as a distraction, mostly being to *"just got on with it", "suppressed those feelings", "ignored it", "shutting down"*.

Not doing/being

Two of the most common terms used when speaking about coping with both loneliness and social isolation were *"keeping busy"* and *"distract myself"*. Several activities were subsequently placed under these two broad categories, including working and studying.

> *"Sort of put all my attention onto Uni. It gave me more focus like I need to finish my third year, I need to get good grades, and so it was kind of a healthy distraction" (Chloe – Focus Group Phase 1)*

Many also spoke of 'distractions', predominately in the form of various media and entertainment, such as watching films/TV/Netflix, playing video games (alone or with others) and listening to music. Notably, when asked about dealing with loneliness specifically, several respondents also referred to listening to podcasts to keep them company. The nature of what they were watching/reading/playing/listening was largely left out, but some specified that they liked to consume comforting media that were familiar to them and/or did not handle difficult topics.

> *"I started to watch a bunch of Studio Ghibli, like the anime movies? They were very comforting, I don't know what it is about them... I think it's just like because I watched them a lot when I was younger. So when I watched them back it was just like a lot of my childhood came back and it made me focus on something else" (Leah – Focus Group Phase 2)*

What is also notable is the distinction some participants made between 'good' and 'bad' coping:

> *"Good management: call friends, organise virtual meet-ups, meet friends in person if possible; Poor management: spend whole week in bed/binge read/Netflix binge" (Questionnaire)*

Students expanded of the perception of good and bad coping in the Phase 2 focus group:

> *"There shouldn't be a difference between if it's like good or bad coping strategy, I think it makes people feel worse and I think it probably makes people - like it's not helping anyone by doing that. I mean it's like their way of like coping and trying to deal with things and obviously it's probably might be having like negative effects in their health. But I don't think it's a good way to like, I don't know, like segregate the two because of the way it makes people feel about themselves. I don't think*

shaming in that way is promoting better coping or helping in any way" (Flora – Focus Group Phase 2)

Participants' discussion resonates with findings from Phase 1. In particular, what stands out in the questionnaire responses is that the same activities, or coping mechanisms, are perceived differently depending on their intensity and the purpose behind engaging in those activities. For example, consuming media was largely perceived as bad if it is done as 'procrastination', instead of a more active or 'productive' activity or as form of escapism from the real world. Even more, whilst escapism was deemed to be a problematic or bad coping mechanism amongst some, that was not necessarily so for others. Furthermore, the practice of cooking was generally framed in a good light, as enjoyment or self-care, whereas eating had more negative connotations (overeating, disordered eating and so on) and often in combination with the consumption of media, again – framed in a negative light. What is also notable is the distinction in the use of social media. In one sense, it is used by many as a lifeline that allows people to stay in touch with those physically distanced, in another sense communication on social media was often perceived as not being 'real' or authentic: you can be online in a good way or a bad way. Equally, studying and working were perceived as positive distractions by some, but only if not doing it too much – when it became detrimental.

Problematising resilience

The students discussed how not only coping is a multifaceted term and practice, so is the notion of 'resilience'. Explaining what they understand resilience to be, they drew attention to the term's many meanings:

> *"Resilience is kind of when you have to bounce back from some... from a really big hit. Resilience is also being determined, like having no matter how life puts you down, you're able to just come back from it. Really just head down, try again, take, take, take things better than you did last time" (Focus Group Phase 2)*

Others spoke of resilience in relation to accepting circumstances – aligning with above comments on (not) coping with loneliness and social isolation:

> *"I think to me, resilience means having like grit and like standing in the face of your circumstances or your problems and just trying to accept it and moving on" (Focus Group Phase 2)*

However, some also had reservations about the term, particularly regarding the perception of resilience as related to (hyper-)independence and a reluctance to seek help:

> *"But I think because 'oh, you're such a resilient person' is said like a compliment and a lot of people when they listen to that, they might think, 'oh, I'm doing this great thing and they're not seeking help' (...) I think because a lot of people have*

been called resilient like a compliment, they keep doing things alone and single-handedly. Taking like tackling problems when they shouldn't and there is help available" (Focus Group Phase 2)

This perceived implied meaning of the term was not shared by all participants. Some also drew attention to that it is a meaning that has been attributed to the word and not that the concept of resilience is not bad in and of itself:

"People give the meaning to the word, I don't think resilience has to be a bad thing. I think it depends on like what meaning like you have for it. Like you can still be resilient and you still have like support from other people because that's you acknowledging that you need help and still you're like persevering and you're trying, you know? So I feel like, I would say it's like quite like a positive thing" (Focus Group Phase 2)

Several participants expressed that the emphasis on personal responsibility to cope with difficult situations surrounds the term and that the focus on such personal responsibility is problematic. Indeed, several students noted that they perceived both the concept of resilience, and the word itself to have negative connotations. When asked if they felt a better word or expression represented the meaning of resilience as denoting coping, one participant said:

"I would call myself sturdy in a sense like I'm just... I'm just here. I'm me. That's why I'm sturdy, but anything can knock me over. But as long as I can get back up. No, I'd just call it standing my ground. Just plan having two feet on the ground at all time, just like I'm trying to keep my balance. Oh, actually I'd say balanced. I'm balanced" (Focus Group Phase 2)

Notably, all participants but one in the Phase 2 focus group agreed that they would not call themselves 'resilient'. For some, this was due to their perception of the word itself and the connotations it had for them, as discussed above; for others it was based on their perception that resilience is a word that should be used to refer to facing and dealing with challenges that are 'bigger' than those they had faced:

"I don't think I would use that word [resilience] on anyone who's not been through hell. You know, if someone like... new refugees, the ones that have to come here on boats - I would call that resilience because I could not do that. Like I know if it's something you physically yourself know that 'I could not have done that by myself' or 'I could not have done that at all'. I feel like then that's what resilience is when you've got been through literal hell in my opinion to get to where you need to be. Not like, I don't know, if you didn't get to the university of your choice or and you worked hard and maybe took a year off and then you got the grades and then you

got in. I mean, I would call you hardworking. I wouldn't call you resilient though, because I think resilience is much more, is a word that needs to be used for much more serious things" (Focus Group Phase 2)

Conclusion and recommendations

- The study highlights the **importance of a relational approach in providing support for students in relation to loneliness and social isolation,** suggesting that more investment and training of PATs and a better resourced (human) student support service is desirable
- The term and notion of **resilience is not neutral** but nuanced and loaded; Conversations with university students about resilience requires sensitivity and an awareness of varying perceptions of what it refers to and/or implies
- **Community-building initiatives** should be valued and promoted
- There are documented risks related to loneliness and social isolation but the findings indicate that many **students recognise and activate a range of coping strategies** when the situation demands this.

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