



UWL REPOSITORY

repository.uwl.ac.uk

Living through lockdown: a qualitative exploration of individuals' experiences in the UK

Taylor, Cheryl, Lafarge, Caroline ORCID logoORCID: <https://orcid.org/0000-0003-2148-078X>, Cahill, Sharon, Milani, Raffaella Margherita ORCID logoORCID: <https://orcid.org/0000-0003-1683-2410> and Goerzig, Anke (2022) Living through lockdown: a qualitative exploration of individuals' experiences in the UK. Health and Social Care in the Community. ISSN 0966-0410

<http://dx.doi.org/10.1111/hsc.13772>

This is the Published Version of the final output.

UWL repository link: <https://repository.uwl.ac.uk/id/eprint/8828/>

Alternative formats: If you require this document in an alternative format, please contact: open.research@uwl.ac.uk

Copyright: Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy: If you believe that this document breaches copyright, please contact us at open.research@uwl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

ORIGINAL ARTICLE



WILEY

Living through lockdown: A qualitative exploration of individuals' experiences in the UK

Cheryl Taylor¹ | Caroline Lafarge¹ | Sharon Cahill¹ | Raffaella Milani¹ | Anke Görzig^{1,2}

¹University of West London, London, UK

²Psychology and Counselling, School of Human Sciences, University of Greenwich, Royal Naval College, Greenwich, London, UK

Correspondence

Caroline Lafarge, School of Human and Social Sciences, University of West London, Paragon House, Boston Manor Road, Brentford TW8 9GA, UK.
Email: caroline.lafarge@uwl.ac.uk

Funding sources

No external funding sources were used for this study.

Abstract

In response to the COVID-19 outbreak, the British government introduced a lockdown resulting in country wide restrictions on movement and socialisation. This research sought to explore individuals' experience of the first lockdown in the UK. A qualitative online survey was conducted between April and June 2020. Using a convenience sample, 29 individuals participated in the study. Data were analysed using thematic analysis. Four themes were identified: 'health and well-being', 'social connectedness and belonging', 'employment and finances' and 'personal and collective values'. Participants' experiences involved both challenges and opportunities. Participants reported challenges to their physical health, mental health, sense of connection to others as well as their employment and finances. However, they also viewed the lockdown as an opportunity to reassess their goals and values, and define a 'new normal' for society. Lockdown restrictions threatened individuals' well-being on many aspects of their lives. As anxiety, loneliness and a compromised grieving process may lead to severe mental health issues, early interventions are needed to prevent these and promote well-being. Interventions may include traditional therapies (e.g. Acceptance and Commitment Therapy), or focus specifically on developing social networks and social support (e.g. mutual help groups). These interventions may also be conducive to the experience of growth reported by some participants.

KEYWORDS

anxiety, COVID-19, lockdown, loneliness, psychosocial experiences, qualitative research, thematic analysis

1 | INTRODUCTION

COVID-19 disrupted lives and caused death and distress in unprecedented ways (Ghebreyesus, 2020). At the time of writing, over 13 million cases of COVID-19 and over 149,000 deaths were reported in the United Kingdom (gov.uk, December 2021). In response to the COVID-19 outbreak, the British government introduced a national lockdown on the 23rd March 2020, which involved closing

schools and non-essential high street businesses, ordering people to stay at home and banning social gatherings (Brown & Kirk-Wade, 2021). Two additional national lockdowns and a series of country wide restrictions on movement and socialisation were subsequently imposed in England. Of those, the first lockdown remains the most restrictive one (Brown & Kirk-Wade, 2021).

Evidence suggests that the experience and impact of the first national lockdown has not been uniform. Initial data collected by

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2022 The Authors. *Health and Social Care in the Community* published by John Wiley & Sons Ltd.

the Office of National Statistics (ONS) between 28 March and 26 April 2020 indicated that compared with the same period in 2014–2015, individuals from a low socioeconomic status (SES) spent an increased amount of time outside their home in paid employment (ONS, 2020a). This exposed them to higher risks of infection compared with people from higher SES, who could work from home. Data also suggested that although women decreased, and men increased the amount of time spent on unpaid work (e.g. caring responsibilities, housework), the gap between men and women remained substantial (ONS, 2020a). Claims of inequality have since been substantiated. COVID-19 infection rates in England are higher among those from lower SES (ONS, 2021) and those living in the poorest 10% areas are almost four times more likely to die from COVID-19 (Suleman et al., 2021). There is also growing evidence of women bearing the brunt of the pandemic in terms of employment and domestic work (Andrew et al., 2020), with women 43% more likely to have increased their hours beyond (Murray, 2020).

Throughout the pandemic, the National Health Service's focus has been on preserving life. However, the mental health sequelae of the pandemic at both individual and collective levels are inescapable (Groarke et al., 2020). This is particularly relevant as mental health concerns have historically been the costliest burden of disease in the UK (Department of Health, 2011). Research examining the psychological impact of COVID-19 indicated that the UK population experienced varied levels of distress (Pierce et al., 2020), which may be linked to anxiety, substance misuse, sleep disorders and the disease itself (Ghebreyesus, 2020). Depression rates in the UK have more than doubled pre-COVID-19 levels, reaching 19% in November 2020 and 21% in March 2021 (ONS, 2021), and 13% of adults developed moderate or severe depression during the first lockdown (ONS, 2020c 2021). Due to social distancing rules, travel restrictions and the need to self-isolate—sometimes on a recurrent basis—isolation has become a primary source of distress (Cowan, 2020), with 23.8% of adults under 70 years old describing feeling lonely (ONS, 2020b), and those experiencing mental health issues facing even higher levels of isolation. Indeed, Wang et al. (2020) suggest that individuals experiencing pre-Covid mental distress are at greater risk of worsening symptoms, and those not previously unwell are at risk of developing mental ill health.

With the high COVID-19 death rate in the UK, grief is likely to be implicated in mental health challenges (Wallace et al., 2020). Bereavement is a time when people would ordinarily reach out to others for social support; however, lockdown restrictions have meant that they are unable to do so (Burrell & Selman, 2020). Restrictions may further exacerbate distress as family and friends are unable to say goodbye to loved ones in a way that satisfies their personal, cultural or religious practices (Johns et al., 2020). As such, they disrupt the process of mourning, which has been shown to prevent grief from becoming pathological (Diolaiuti et al., 2021).

The decision to 'lockdown' the country also negatively impacted the employment market (Bell & Blanchflower, 2020), with increased concerns about jobs (Chartered Institute of Personnel & Development, 2020; ONS, 2020d), particularly in the tourism

What is already known on this subject?

- The COVID-19 pandemic can negatively impact on individuals' well-being.
- The lockdown restrictions have exacerbated these issues.
- As future waves of infection and related restrictions are likely, interventions are needed.

What does this study add?

- The lockdown presented challenges related to health, connectedness, employment and societal impact.
- It also brought opportunities to reassess personal values and define a new normal for society.
- Early interventions targeting social support may alleviate distress and promote positive outcomes.

and hospitality sectors (Organisation for Economic Co-operation & Development, OECD, 2021). In the UK, during the first lockdown, advertisements for low-skilled positions decreased by 40% compared with 25% for high-skilled workers (OECD, 2021). Thus, unemployment is likely to impact SES and compound the psychological impact of lockdown (Mental Health Foundation, 2020). Pierce and et al. (2020) also suggest that individuals employed prior to the lockdown experienced increased levels of distress due to the stress of working from home, being furloughed, concerns about safety at work and future unemployment.

The compounded effect of concerns regarding contracting the virus, the psychological impact of being 'locked down', combined with worries about employment may lead to anxiety, depression and/or post-traumatic stress symptomology (Morris et al., 2012). As new variants of the virus regularly emerge (e.g. Delta, Omicron), the expectation is that coronavirus is here to stay (Mahase, 2021), and further lockdown/restrictions are likely despite the roll out of the vaccination programme. Indeed, at the time of writing, 56% adults in the UK remain worried about the pandemic's impact on their life and almost 40% do not expect life to return to normal for at least another year (up by 18% compared with December 2020) (ONS, 2021).

This qualitative study explores individuals' experiences of the first and most restrictive lockdown in the UK and the impact these had on their life, in terms of challenges and opportunities. It is hoped that understanding individuals' experiences will contribute to informing practice and policy aimed at supporting individuals through future waves.

2 | METHOD

This study employed a qualitative approach. It is part of a larger research project which examined perceptions of lockdown policies,

mental and physical well-being, resilience and the coping strategies employed during lockdown. The larger research project comprised an online quantitative survey and an online qualitative study, which is the focus of this article.

Participants were recruited through researchers' personal and professional networks, and social media such as LinkedIn and Facebook. To be included in this study, participants had to be over 18 years and live in the UK. Altogether, 213 participants completed the quantitative online survey, with 136 indicating being willing to take part in the online qualitative survey. Of those, 29 completed it (response rate 21.32%). Participants' demographic profile is displayed in Table 1.

Data were collected online using the Qualtrics software. Individuals were directed to the Qualtrics website (www.qualtrics.com) where they were given information about the survey, and asked questions to elicit their consent to participate. The survey comprised demographic questions and measures of well-being, coping and resilience. On completing the survey, participants were asked if they would be willing to participate in the qualitative study, the focus of this paper.

Participants were asked eight open questions which sought to explore their feelings about the lockdown, coping strategies, social connections and post COVID-19 expectations. Examples of questions asked include: 'How do you feel about the lockdown situation?' and 'To what extent do you feel connected to others?' A pilot study estimated the study completion at 20–30 min. Data were exported to Microsoft Word for analysis. Responses from participants were connected to their answers to demographic questions. Participants' responses varied in length from one-word answers to paragraphs comprising several sentences, with most responses providing rich enough data to convey participants' experience.

Ethical approval was obtained from the Research Ethics Committee of the University of West London. In accordance with the British Psychological Society (BPS) guidelines on Internet research (BPS, 2017), participants were informed they could skip questions and withdraw from the study at any time. They were also informed that data would be anonymised, kept confidential and stored in line with the Data Protection legislation. Participants were given pseudonyms to ensure confidentiality. Given the potential for distress, a list of support organisations was supplied at completion of the study.

An inductive thematic analysis was conducted to identify patterns in the data (Braun & Clarke, 2006). This approach has been used successfully with data collected online (Malik & Coulson, 2008). Braun and Clarke (2006) guidelines were closely followed. The analytical process is displayed in Table 2. Author 1 familiarised herself with the data, coded the data and created an initial coding framework. This was discussed with Author 2, and themes were further refined to ensure congruence with the analytic 'story'. Authors 2, 3 and 5 also coded a subsample of the data independently. Disconfirming cases were also given voice to ensure rigour and breadth. The coding framework was reviewed by the whole research team, with amendments agreed through discussion.

3 | FINDINGS

Four themes were identified that illustrate that participants encountered both challenges and opportunities: 'health and well-being', 'social connectedness and belonging', 'employment and finances' and 'personal and collective values'. Figure 1 provides an illustration of the themes and subthemes identified in the data.

3.1 | Health and well-being

Both physical and psychological health and well-being featured prominently in participants' narratives.

3.1.1 | Physical health and well-being

It is acknowledged that COVID-19 can have extensive negative effects on the human body; however, participants mentioned additional physical health challenges relating to the lockdown, including the ability to exercise. Although the public could leave home to undertake daily exercise, many participants felt this allowance was inadequate. This was partly because the restrictions did not allow them to engage in the type of exercise that suited them: *"I am a very active person who loves hiking up mountains, climbing, swimming, playing badminton etc and I now have none of those options available. I feel very cooped up and unhealthy"* (Anna).

TABLE 1 Participants demographics profile (N = 29^a)

	Mean age	Gender	Ethnicity ^b		Has a partner	Has children	Not religious	Employed	High SES
			White	BAME					
Male	43.20	5	4	1	4	2	2	5	4
Female	40.29	22	17	4	18	11	12	13	13

^aFor two participants, it was not possible to retrieve demographic information.

^bEthnicity: 1 undisclosed ethnicity, BAME (N = 1 Indian, N = 3 African/Caribbean, 1 = Arab); High SES = highest household earner held a managerial/middle managerial position.

TABLE 2 The six phases of undertaking a thematic analysis

Phase	Analytical process
1. Familiarising yourself with the data	Transcribing data, reading and re- reading the data, noting down initial ideas.
2. Generating initial codes	Coding the data across the data set, gathering data for each code
3. Searching for themes	Grouping codes into potential themes, gathering data for each theme.
4. Reviewing themes	Checking that the themes work in relation to the codes (Level 1) and the entire dataset (Level 2), generating a thematic “map” of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine each theme, and the themes narrative; defining and labelling the themes
6. Producing the report	Final opportunity for analysis. Selection and final analysis of extracts, relating the analysis to the research question, report writing

Note: Adapted from Braun and Clarke (2006).

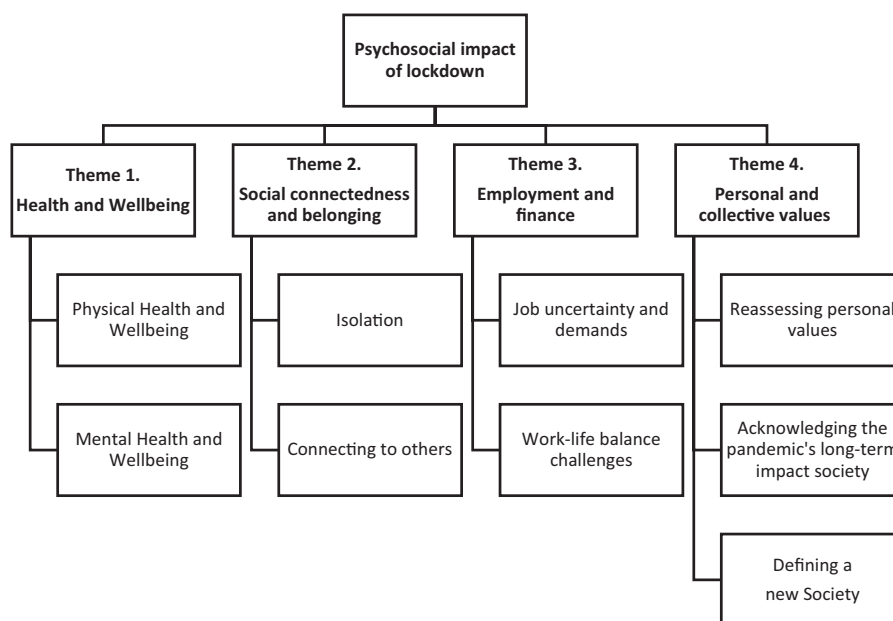


FIGURE 1 Themes and subthemes relating to the experiences of the lockdown

It was also evident that with juggling work, family, household responsibilities and home-schooling commitments, finding time to exercise at all was also a challenge: *“I can't fit a run/walk in without extending the day further, but the lack of sleep would undo anything gained from the exercise!”* (Liz).

Nonetheless, some participants identified new exercising opportunities including attending *“exercise classes on zoom”* (Faith) which meant that they felt *“fitter as can exercise more”* (Robert). Participants also identified the absence of a vaccine for COVID-19 as an important challenge and did not see an end to the pandemic without a suitable vaccine: *“At the moment there are still many uncertainties about the reality of the virus we are dealing with, such as whether a reliable vaccine is possible within the next year or so.”* (Laura).

There were concerns about the *“increasing death toll”* (Annabel). However, not everyone thought that the vaccine was the solution, but rather that the new normal might involve learning *“to understand HOW TO LIVE as a community WITH the disease among us”* (Tony).

3.1.2 | Mental health and well-being

Concerns about mental health were common among participants, with many reporting a range of mental health difficulties. Some indicated that the lockdown made them *“stressed at times”* (Abdul) or *“really anxious”* (Donatella), whilst others pointed to more severe experiences: *“I feel like my insides are constantly shaking”* (Charlene). There was also evidence that participants were experiencing symptoms that could be linked to depression: *“the lockdown is pretty awful ... I now find it hard to concentrate, and constantly feel tired and anxious”* (Anna).

Participants' anxiety levels seemed to be impacted by the extent to which they felt in control of their lives: *“I feel out of control of something all of the time and I like to have control”* (Liz). In an attempt to regain control, some engaged in compensatory behaviours including shifting their focus onto areas they could master: *“I've found that I've become more controlling in other areas of my life to compensate (i.e. routine, diet)”* (Melanie). The loss of structure

was also experienced as problematic: *"I used to commute and have little time, so every activity had a time and space, now it's almost impossible for me to stay motivated on top of my own schedules"* (Aisha). Many participants reported anxiety about themselves or a loved one becoming unwell, particularly among those with relatives in the vulnerable category: *"I am concerned about myself or my family catching the virus, especially for my 98-year-old mother"* (Emily). Not everyone, however, was fearful of catching the virus and some participants did not perceive themselves or their families to be at great risk: *"I am not really worried about COVID-19. I feel if I caught it, I'd be ok. My family are keeping safe and following government guidelines"* (Beverley).

Whilst many participants were anxious about the implications of catching COVID-19, others were dealing with grief following the death of a loved one. Bereavement under lockdown was particularly challenging as the restrictions meant that participants were coping with multiple losses, including the loss of social support from family and friends. Faith disclosed that having been *"widowed 3 weeks before lockdown"* she was *"living alone"*, was *"depressed and lonely"* and had not *"been able to get over or deal with that situation."* Hazel also reported struggling with not seeing *"family and friends"*. She had experienced a death during the lockdown and the inability to perform normal rituals created great distress: *"My mother-in-law has died during the lockdown and can't have a proper funeral because of the social distancing measures in place so it is distressing not being able to properly say goodbye"*.

Yet not everyone had a negative experience of lockdown. Some participants, like Liz, had 'mixed feelings' about it: *"I would sum up my feelings as oscillating between feeling confident and on top, to feeling overwhelmed, stressed and anxious, to feeling sad at the dearth of social connectedness"*. Others indicated that they were *"quite enjoying"* (Robert) the improved sense of well-being that the lockdown provided. Reasons given for these improvements included being a *"master of their own time"* (Laura) *"less stress"* (Connie), and the lockdown suiting their personality or lifestyle better:

I am a self-confessed introvert so am very much suited to the lockdown lifestyle! ... I feel almost guilty saying this as I know many are facing a lot of difficulties - however I am actually enjoying the lockdown and feel my well-being has improved. (Gina)

In addition to physical and mental health challenges, participants also expressed concerns about their ability to maintain connections with others.

3.2 | Social connectedness and belonging

3.2.1 | Isolation

Isolation related to participants' physical confinement, estrangement from loved ones and the psychological distress created by a

lack of emotional connection. Several participants reported struggling with *"loneliness"* (Alan), feeling *"isolated"* (Melanie) or *"miss[ing] human contact"* (Beverley), particularly those who were single. Latoya, an unemployed single mother, identified loneliness as the most difficult aspect of the lockdown. Whilst being single could result in feeling lonely, 'having people around' or being in a relationship did not necessarily preclude the lack of intimacy or connectedness to others: *"Sometimes I feel very lonely, despite never being alone"* (Liz). Participants wanted quality connections, which they felt being confined to their homes prevented. Hence participants sought out a myriad of technological ways to connect with others.

3.2.2 | Connecting to others

Technology was an important resource for connecting to geographically dispersed family, friends, and the wider world. Participants employed technology in creative ways to maintain connections. Many scheduled online dates with people where they would share drinks, meals, games, engage in online exercise classes and/or just talk. Whilst some participants indicated that the lack of novelty in their lives resulted in *"less interaction because people do not have as much to share"* (Connie), others created novelty by arranging *"to watch TV shows that simulate sharing an evening with friends,"* (Laura). Participants employed a range of applications to connect with family and friends:

Technology has been a great resource ... I belong to a variety of WhatsApp groups with family members, friends and colleagues, and we exchange audio/video calls and messages to stay connected ... in my family we have a standing Sunday date, where via a conference call, we check in with everyone, as far flung as we all are, to catch up and pray together (Dayo).

Participants also made connections with new people, some would talk to *"neighbours and anyone they meet when out"* (Emily). For Helen *"getting to know neighbours and building a local sense of community"* had been a positive experience, and like many other participants she hoped to keep these connections once the lockdown lifted.

Without the distractions from the outside world, many participants were also able to dedicate more time to their family, which resulted in them feeling more connected to others, including their children: *"through this pandemic, I feel more connected with my daughter"* (Beverley), and reporting more *"meaningful interactions"* (Anna). Joy indicated that she felt that the lockdown presented her family with a unique opportunity to spend *"fun"* time together:

For me it's been so far and continues to be a blessed time. Mine and my family's health is great; we all have food; we work remotely so we continue to get paid. We have a gazillion ideas for fun to try and we now have time to go through them all.

Liz also recognised that the lockdown has benefited her family, a positive change she hoped to retain after the lockdown: *"it has been great to spend this time together and I hope when work returns, school returns, etc. we can continue to spend quality time together."* Although the lockdown presented participants with the opportunity to spend more (quality) time, together, for many, employment and financial matters were a major source of concern.

3.3 | Employment and finance

Participants saw lockdown as a significant 'financial' setback. Several participants were met with financial uncertainty, job insecurity and/or changes in their employment which impacted on their work-life balance.

3.3.1 | Job uncertainty and demands

Whilst some were able to access the Government job security schemes, participants were concerned about the impact of the lockdown on employment: *"I am also concerned about the economic implications of the lockdown as my husband works for a global business which is suffering in the current economic climate"* (Hazel). Concerns about job security were widespread: *"At the moment I do not know. I do not know if I will still have my job"* (Donatella) as were those relating to their ability to cover their expenses: *"trying to work to make sure there is enough for the rent."* (Charlene).

In the study, participants who self-identified as keyworkers tended to be in the lower economic brackets. They often found themselves overwhelmed with work due to a 'sudden' increase in their workload, and an expectation that workers would work longer hours to meet the growing demands of the job:

It's all quite stressful. Mostly because for me, this has meant going from working 3 days (24 hours) a week to working 5 days (and 50 hours) per week. As I work at a warehouse in food import and distribution, we have more work than we can handle and not enough people to do it. (John)

Keyworkers were also at increased risk of contracting COVID-19 and some expressed concerns about having access to personal protective equipment. John also disclosed that what worried him most was *"travelling to work every day"*.

3.3.2 | Work-life balance challenges

Maintaining a work-life balance was another challenge identified by participants, and not only by those going out to work. Some women working from home with childcare commitments found the lockdown particularly difficult, and reported feeling that they had fallen short of both their work and family commitments:

I am struggling very much with finding appropriate balance between managing the children, work and my own mental and physical well-being. Two of the three I can sort of do, but not three. Something is always lacking ... He [husband] also finds schooling hard, and so leaves this out. I end up having to cram it in at the end of a workday or I feel I have let my daughter down. (Liz)

On the other hand, working from home enabled some participants to have an improved work-life balance which they hoped to retain post lockdown. *"I hope this newfound work-life balance that many of us are having a taster of, will be retained by employers and that we see new 'smarter' ways of being productive"* (Gina).

Beyond the challenges reported by participants regarding their health, their connections to others, their employment and finance, the lockdown also presented them with a unique opportunity to reassess and reflect on personal and collective values.

3.4 | Personal and collective values

3.4.1 | Reassessing personal values

Being confined to homes with limited novel activity created the time, space and opportunity for participants to re-evaluate their lives. Many considered new possibilities and developed a new appreciation for what they had. Family and friends were the focus of much of this appreciation. Some participants, like Connie, expressed gratitude for what they had:

My family is in a privileged position economically, and although our income has dropped by 20% since lockdown, I have adjusted our outgoings and we are still able to cover all of the essentials. We have a fairly large house and garden, so we are in a comfortable position and that makes it easier to cope.

By acknowledging her privilege Connie highlighted the greater difficulties that people without her privileges may be experiencing.

The lockdown also presented opportunities in self-development. Some participants reported engaging in a wide array of online activities, offering them possibilities to pursue or develop interest: *"New opportunities have presented themselves: watching theatre shows online, accessing videos from art collections and galleries, and taking a short online course in a topic that interests me"* (Laura). The lockdown also provided a chance for participants to examine whether their employment aligned with their personal values. Several participants reported considering making positive changes to their employment: *"For me, COVID-19 has shown me how little value I find in my current work. It has raised some questions about what I would like to do in my life and where I can find meaning and fulfilment"* (Laura).

The lockdown also provided participants with an opportunity to reflect on the collective long-term impact of the pandemic in terms of values and goals, and what may come out of it.

3.4.2 | Acknowledging the pandemic's long-term impact on society

Participants felt that the pandemic and the lockdown would have a longstanding psychological effect upon society, which would “*be incredibly hard to measure*” (Gina).

I am afraid the society will live with several ghosts ... I am worried that people will remain fearful long after this misadventure and will let their human side go in favour of a chimeric personal hygiene that would see us forgetting the importance of hugs and true personal connection. (Tony)

Many felt that the pandemic's psychological toll was being overlooked and could not yet be fully appreciated. This was because the lockdown threatened individuals' well-being in many aspects of their lives: physical, mental, financial and social. Gina felt that there “*will be many emotionally and financially damaged people and families who will need support post COVID-19*”. Several participants mentioned “*children in vulnerable situations*”, “*abusive families and those who are less fortunate*.” There was a consensus that a sizable proportion of people would be scarred by the situation, which Donatella posited would result in a “*collective mourning*”.

Participants also expressed concerns about the lasting implications of the lockdown on future generation, particularly on education. Whilst some parents found some benefits to home schooling (e.g. spending extra time with their children), others worried about the longer-term impact of remote learning: “*My son is in year 10 so I am concerned about the quality of remote education that he is receiving*.” (Hazel).

More generally, participants felt that the country was unprepared for the scale of the pandemic and that the government needed to have systems in place to minimise the impact of future disasters. Abdul felt that the government needed to “*create emergency funds*” in preparation for future calamities. However, Tony indicated that he hoped that lessons would be learnt: “*society will have a better understanding of what a disease is and how we should prevent it with very little things engrained in our behaviour (e.g. washing our hands)*.”

Alongside acknowledging the negative impact the lockdown and the pandemic may have on themselves and society as a whole, participants also expressed hope and optimism.

3.4.3 | Defining a new society

Participants saw the lockdown and the pandemic as unique opportunities to ‘reset things’ and create a ‘new normal’. For Alan: “*new*

normal will be a very different world”, enabling members of society to create one that better suited their needs. Whilst uncertainty was accepted as a necessary feature of the journey, participants saw a brighter future as they perceived that society had a vested interest in reappraising and determining what the “*map of the new country*” would look like:

I am hopeful that people in the UK are beginning to change their attitudes for the better and to question that status quo. With the flowering of mutual aid groups, I think people have demonstrated that society can be compassionate and community-oriented ... This gives me hope that people will be more willing to stand up for others in the future, pushing for more protection from the government for the poorest and most disadvantaged in our society. (Laura)

Many also saw the lockdown as a welcome reprieve for nature, with the environment benefitting from the reduced mobility and human confinement. Dayo thought it was important for society to come together to prioritise people and the environment over the economy:

One of the 'benefits' of COVID-19 has been the effect of shutdown on air quality in major cities around the world. I hope we can collectively come together and find ways to prioritise humanity and the environment over monetary returns (...) I live in hope.

4 | DISCUSSION

This study aimed to explore individuals' experiences of the first lockdown in the UK. The findings indicate that the lockdown presented some challenges and opportunities. Participants reported challenges to their physical health, mental health, sense of connection to others, as well as their employment and finances. Some of these findings support the current literature on the pandemic, particularly in relation to anxiety, loneliness and the experience of bereavement.

Anxiety was commonly reported in this study. As per Taylor et al. (2020), anxiety mainly related to worries about catching the virus and socio-economic concerns. Participants also specifically reported struggling with maintaining a routine, balancing work and home responsibilities as well as having financial and employment security concerns. Participants' uncertainty about their ability to meet their financial commitments was also highlighted within the ONS surveys (ONS, 2020). Although being part of the furlough scheme appeared to alleviate anxiety for some participants, that experience was not uniform as long-term prospects remained uncertain. Importantly, many of those employed during the lockdown reported feeling overworked and appeared to be at risk of burnout. Without the customary division between home and work life, some individuals struggled to separate professional and personal identities and commitments,

which negatively impacted on their well-being (Kossek, 2016; Wepfer et al., 2018). Women, in particular, expressed difficulties in managing work, home-schooling and childcare commitments. This is supported by national data showing that women were more to bear the increase of workload in terms of employment and domestic work during the pandemic (Andrew et al., 2020; Murray, 2020)

Loneliness was another challenge reported by participants, an issue also identified by the ONS as a significant risk to mental well-being (ONS, 2020c). Indeed, loneliness has been shown to correlate with negative health outcomes including increased morbidity and mortality (Cacioppo et al., 2010). In line with the literature, the experience of loneliness among participants was not premised upon physical isolation (Matthews et al., 2016), but rather upon the assessment that interrelationships were not satisfying intimacy needs (Hawkley & Cacioppo, 2010).

Some participants experienced bereavement during the lockdown and identified it as a significant stressor. They were often distressed due to the social distancing rules which meant that they were unable to be with their family and friends to give or receive the social support they needed. Furthermore, they were unable to adhere to usual bereavement rituals (Unützer et al., 2020). This is particularly important as the inability to hold a funeral, and thus honour the deceased, has been shown to increase the risk of complicated grief (Burrell & Selman, 2020). Furthermore, participants expressed concerns about the long-term impact of the lockdown restrictions, and the pandemic more generally, on society in terms of disrupted education for the young, negative socio-economic consequences and the legacy on human interactions (e.g. avoiding others).

However, the lockdown also provided participants with some opportunities, an area seldom addressed in the current literature. Whilst many found the experience challenging, some appeared to enjoy it and somewhat thrive under the circumstances. One factor for this improved well-being related to being 'a master of their own time', which enabled some individuals to have a better work life balance. Participants welcomed this (new) sense of agency and the freedom it offered them. For some, this translated into an opportunity to become physically fitter. Being at home also meant that participants could spend quality time with family; this was often accompanied by a sense that this was 'time they would not get back'. The lockdown also provided opportunities to deepen existing relationships (albeit remotely) and/or create new ones.

Importantly, being in 'lockdown' provided participants with the time, space and impetus to reassess the assumptions they held about their lives and priorities. Many asserted developing new perspectives which they indicated would change the way they would live in future, and a renewed appreciation for family and friends. Some participants also questioned their vocation, expressing a desire to engage in more meaningful work. These findings are consistent with the literature on posttraumatic growth, which proposes that some individuals undergo positive transformation in self-perception, relationships and life philosophy through their attempt to adjust to difficult events (Tedeschi & Calhoun, 2004). Whilst the stress of the lockdown was evident in most participants' experiences, some

participants were able to positively reframe their experiences, expressing gratitude for what they had and looking outwards towards an enhanced sense of community. Their responses conveyed a sense of hope: hope for a new world, better aligned with the collective values of equality, solidarity and compassion.

The study has several implications for practice. As anxiety, loneliness and a compromised grieving process may lead to severe mental health issues, early interventions to address these needs would be beneficial. Interventions such as Cognitive Behavioural Therapy and Acceptance and Commitment Therapy, which can be delivered online (Brown et al., 2016) may go a long way in alleviating distress, preventing symptoms worsening and helping individual reframe their experience. Similarly, interventions focused on encouraging individuals to connect with others online, access online discussions, games, hobbies and other kinds of virtual social activities would be useful in addressing loneliness (Mental Health Foundation, 2020). Social networking has been shown to alleviate mental health symptoms and promote well-being (Grieve et al., 2013) and its value has been particularly acknowledged during the recent pandemic (Wiederhold, 2020) and traditional self-help groups successfully moving online (e.g. Milani, Keller, & Roush, 2021). Mutual aid groups have also played an important role, with many groups created during the pandemic (Covid-19 Mutual Aid UK, 2020). Social prescribing could also play a significant role in this process by signposting individuals to appropriate community interventions. In fact, a recent study showed that greater social connectedness during lockdown was associated with lower levels of perceived stress, lower COVID-19 related worries and feeling less fatigued, demonstrating that social connections play an important role in promoting resilience by buffering against negative physical and mental health outcomes (Nitschke, et al., 2021).

The shift to online delivery of many services observed during the lockdown could lead to support being more readily available, to a wider audience and in a more timely manner. It may also ensure sustainability of service provision in the long term (Aknin et al., 2021). In terms of implications for policy, the study findings underline the complexity for governments in making public health decisions. Although lockdowns have been shown to save lives, both their individual and collective cost is not yet understood. Beyond the economic costs, lockdowns have also been shown to have adverse corollaries in terms of non-Covid health outcomes, disruption to education and increase in domestic violence (Haug et al., 2020). It is therefore important that governments proceed with caution when deciding on the measures to combat COVID-19.

The study has a number of limitations. Relying on a convenience sample derived from researchers' personal and professional networks, resulted in a strong bias towards white, well-educated females participants. Therefore, the experiences reported in this study may not be reflective of the larger, more diverse, British population. Additionally, the online survey format denied the participants and researchers the opportunity to clarify any particular experiences. However, this also ensured that the feedback participants provided accurately reflected their preoccupations. The study also provides valuable insights into the early experiences of lockdown (and most

restrictive lockdown). It adds to a growing body of knowledge demonstrating the negative impact of lockdowns and the wider pandemic on individuals' mental health. It also provides evidence of positive lockdown experiences, which to our knowledge, are seldom discussed. Further research is needed to ascertain how experiences evolved over time and whether any of the positive outcomes reported here were sustained through subsequent lockdowns.

5 | CONCLUSION

This study explored individuals' experiences of the first national lockdown in the UK. Participants reported challenges centred around their physical and mental health, employment and finances and as well as their connection to others. However, they also viewed the first lockdown as an opportunity to reset priorities at both an individual and collective level. In the context of new variants emerging, travel restrictions back on the agenda and caution urged with regards to socialising, developing early interventions to prevent mental health issues and build resilience is paramount. Interventions that focus on building social networks, increasing social support and reframing experiences would be beneficial and make future lockdowns/restrictions less psychologically challenging. They may also be more conducive to experience of positive growth and promote well-being more generally.

ACKNOWLEDGEMENTS

The authors would like to thank all the participants who took part in this study.

CONFLICT OF INTEREST

The authors have no conflict of interest to disclose.

AUTHORS CONTRIBUTION

Cheryl Taylor led the data analysis and drafted the initial manuscript. Caroline Lafarge led the research design and data collection and contributed to the analysis and drafting of the manuscript. Raffaella Milani contributed to the research design, data collection and analysis and the drafting of the manuscript. Sharon Cahill contributed to the research design, data collection and analysis and the drafting of the manuscript. Anke Görzig contributed to the research design, data collection and analysis and the drafting of the manuscript.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Caroline Lafarge  <https://orcid.org/0000-0003-2148-078X>

REFERENCES

Andrew, A., Cattán, S., Costa Dias, M., Farquharson, C., Kraftman, L., Krutikova, S., Phimister, A., & Sevilla, A. (2020). How are

mothers and fathers balancing work and family under lockdown?. *The Institute for Fiscal Studies*, Retrieved from <https://ifs.org.uk/uploads/BN290-Mothers-and-fathers-balancing-work-and-life-under-lockdown.pdf>

- Aknin, L., De Neve, J. E., Dunn, E., Fancourt, D., Goldberg, E., Helliwell, J. F., & Ben Amor, Y. (2021). Mental health during the first year of the COVID-19 pandemic: A review and recommendations for moving forward. *Perspectives on Psychological Science*. Online ahead of print. <http://doi.org/10.1177/17456916211029964>
- Bell, D. N., & Blanchflower, D. G. (2020). US and UK labour markets before and during the Covid-19 crash. *National Institute Economic Review*, 252, 52–69. <https://doi.org/10.1017/nie.2020.14>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- British Psychological Society (2017). *Ethics Guidelines for Internet-mediated Research*. BPS.
- Brown, M., Glendenning, A. C., Hoon, A. E., & John, A. (2016). Effectiveness of web-delivered acceptance and commitment therapy in relation to mental health and well-being: A systematic review and meta-analysis. *Journal of Medical Internet Research*, 18(8), e221. <https://doi.org/10.2196/jmir.6200>
- Brown, J., & Kirk-Wade, E. (2021). Coronavirus: A history of 'lockdown laws in England. House of Commons Library. Retrieved from <https://researchbriefings.files.parliament.uk/documents/CBP-9068/CBP-9068.pdf>
- Burrell, A., & Selman, L. E. (2020). How do funeral practices impact bereaved relatives' mental health, grief and bereavement? A mixed methods review with implications for COVID-19. *OMEGA-Journal of Death and Dying*. Online ahead of print. <https://doi.org/10.1177/0030222820941296>
- Cacioppo, J. T., Hawkley, L. C., & Thisted, R. A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging, and Social Relations Study. *Psychology and Aging*, 25(2), 453. <https://doi.org/10.1037/a0017216>
- Chartered Institute of Personnel and Development (CIPD) (2020). Impact of COVID-19 on working lives. Retrieved from <http://www.cipd.co.uk/knowledge/work/trends/goodwork/COVID-impact>
- Covid-19 Mutual Aid UK (2020). <https://covidmutualaid.org/>
- Cowan, K. (2020). Survey results: Understanding people's concerns about the mental health impacts of the COVID-19 pandemic. MQ: Transforming Mental Health and the Academy of Medical Sciences. Retrieved from <https://acmedsci.ac.uk/file-download>
- Department of Health (2011). No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages. Retrieved from <https://www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government-outcomes-strategy>
- Diolaiuti, F., Marazziti, D., Beatino, M. F., Mucci, F., & Pozza, A. (2021). Impact and consequences of COVID-19 pandemic on complicated grief and persistent complex bereavement disorder. *Psychiatry Research*, 300, 113916. <https://doi.org/10.1016/j.psychres.2021.113916>
- Ghebreyesus, T. A. (2020). Addressing mental health needs: An integral part of COVID-19 response. *World Psychiatry*, 19(2), 129. <https://doi.org/10.1002/wps.20768>
- GOV.UK (2021). Coronavirus (COVID-19) in the UK. Retrieved from <https://coronavirus.data.gov.uk/cases>
- Grieve, R., Indian, M., Witteveen, K., Tolan, G. A., & Marrington, J. (2013). Face-to-face or Facebook: Can social connectedness be derived online? *Computers in Human Behavior*, 29(3), 604–609. <https://doi.org/10.1016/j.chb.2012.11.017>
- Groarke, J. M., Berry, E., Graham-Wisener, L., McKenna-Plumley, P. E., McGlinchey, E., & Armour, C. (2020). Loneliness in the UK during the

COVID-19 pandemic: Cross-sectional results from the COVID-19 Psychological Wellbeing Study. *PLoS One*, 15(9), e0239698. <https://doi.org/10.1371/journal.pone.0239698>

Haug, N., Geyrhofer, L., Londei, A., Dervic, E., Desvars-Larrive, A., Loreto, V., Pinior, B., Thurner, S., & Klimek, P. (2020). Ranking the effectiveness of worldwide COVID-19 government interventions. *Nature Human Behaviour*, 4(12), 1303–1312. <https://doi.org/10.1038/s41562-020-01009-0>

Hawkey, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2), 218–227. <https://doi.org/10.1007/s12160-010-9210-8>

Johns, L., Blackburn, P., & McAuliffe, D. (2020). COVID-19, Prolonged Grief Disorder and the role of social work. *International Social Work*, 63(5), 660–664. <https://doi.org/10.1177/0020872820941032>

Kossek, E. E. (2016). Managing work–life boundaries in the digital age. *Organizational Dynamics*, 45(3), 258–270. <https://doi.org/10.1016/j.orgdyn.2016.07.010>

Mahase, E. (2021). Covid-19: South Africa pauses use of Oxford vaccine after study casts doubt on efficacy against variant. *BMJ*, 372, n372. <https://doi.org/10.1136/bmj.n372>

Malik, S. H., & Coulson, N. (2008). The male experience of infertility: A thematic analysis of an online infertility support group bulletin board. *Journal of Reproductive and Infant Psychology*, 26(1), 18–30. <https://doi.org/10.1080/02646830701759777>

Matthews, T., Danese, A., Wertz, J., Odgers, C. L., Ambler, A., Moffitt, T. E., & Arseneault, L. (2016). Social isolation, loneliness and depression in young adulthood: A behavioural genetic analysis. *Social Psychiatry and Psychiatric Epidemiology*, 51(3), 339–348. <https://doi.org/10.1007/s00127-016-1178-7>

Mental Health Foundation (2020). The COVID-19 Pandemic financial inequality and mental health. Retrieved from <https://www.mentalhealth.org.uk/sites/default/files/MHF%20The%20COVID-19%20Pandemic%201.pdf>

Milani, R. M., Keller, A., & Roush, S. (2021). Dual diagnosis anonymous (DDA) and the transition to online support during COVID-19. *Journal of Concurrent Disorders*. ISSN 2562-7546

Morris, M. C., Compas, B. E., & Garber, J. (2012). Relations among post-traumatic stress disorder, comorbid major depression, and HPA function: A systematic review and meta-analysis. *Clinical Psychology Review*, 32(4), 301–315. <https://doi.org/10.1016/j.cpr.2012.02.002>

Murray, N. (2020). Burnout Britain: Overwork in an Age of Unemployment. The 4 Day Week Campaign, Compass, Autonomy. Retrieved from <https://www.compassonline.org.uk/wp-content/uploads/2020/10/Burnout-Britain-overwork-in-an-age-of-unemployment.pdf>

Nitschke, J. P., Forbes, P. A., Ali, N., Cutler, J., Apps, M. A., Lockwood, P. L., & Lamm, C. (2021). Resilience during uncertainty? Greater social connectedness during COVID-19 lockdown is associated with reduced distress and fatigue. *British Journal of Health Psychology*, 26(2), 553–569. <https://doi.org/10.1111/bjhp.12485>

Office for National Statistics (2020). Coronavirus and the social impacts on Great Britain: April 2020. Retrieved from <https://www.ons.gov.uk/releases/thesocialimpactsofcoronaviruscovid19april2020>

Office for National Statistics (2020). Coronavirus and how people spent their time under lockdown: 28 March to 26 April 2020. Retrieved from <https://www.ons.gov.uk/economy/nationalaccounts/satelliteaccounts/bulletins/coronavirusandhowpeoplespenttheirtimeunderrestrictions/28marchto26april2020>

Office for National Statistics (2020). Furloughing of workers across UK businesses: 23 March 2020 to 5 April 2020. Retrieved from <https://www.ons.gov.uk/releases/thefurloughingofworkersacrossbusinessesanalysisofbusinessimpactofcoronaviruscovid19surveybyics>

Office for National Statistics (2020). Coronavirus and depression in adults, Great Britain: June 2020. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020>

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S., & Abel, K. M. (2020). Mental health before and during the COVID-19 pandemic: A longitudinal probability sample survey of the UK population. *The Lancet Psychiatry*, 7(10), 883–892. [https://doi.org/10.1016/S2215-0366\(20\)30308-4](https://doi.org/10.1016/S2215-0366(20)30308-4)

Policy Responses to Coronavirus (COVID-19) (2021). An assessment of the impact of COVID-19 on job and skills demand using online job vacancy data. Organisation for Economic Co-operation and Development. Retrieved from <https://www.oecd.org/coronavirus/policy-responses/an-assessment-of-the-impact-of-covid-19-on-job-and-skills-demand-using-online-job-vacancy-data-20fff09e/>

Suleman, M., Sonthalia, S., Webb, C., Tinson, A., Kane, M., Bunbury, S., Finch, D., & Bibby, J. (2021). Unequal pandemic, fairer recovery. The COVID-19 impact inquiry report. Health Foundation, <https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery>

Taylor, S., Landry, C., Paluszek, M., Fergus, T. A., McKay, D., & Asmundson, G. J. (2020). Development and initial validation of the COVID stress scales. *Journal of Anxiety Disorders*, 72, 102232. <https://doi.org/10.1016/j.janxdis.2020.102232>

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence". *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Unützer, J., Kimmel, R. J., & Snowden, M. (2020). Psychiatry in the age of COVID-19. *World Psychiatry*, 19(2), 130–131. <https://doi.org/10.1002/wps.20766>

Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief during the COVID-19 pandemic: Considerations for palliative care providers. *Journal of Pain and Symptom Management*, 60(1), e70–e76. <https://doi.org/10.1016/j.jpainsymman.2020.04.012>

Wang, J., Lloyd-Evans, B., Marston, L., Ma, R., Mann, F., Solmi, F., & Johnson, S. (2020). Epidemiology of loneliness in a cohort of UK mental health community crisis service users. *Social Psychiatry and Psychiatric Epidemiology*, 55(7), 811–822. <https://doi.org/10.1007/s00127-019-01734-6>

Wepfer, A. G., Allen, T. D., Brauchli, R., Jenny, G. J., & Bauer, G. F. (2018). Work-life boundaries and well-being: Does work-to-life integration impair well-being through lack of recovery? *Journal of Business and Psychology*, 33(6), 727–740. <https://doi.org/10.1007/s10869-017-9520-y>

Wiederhold, B. (2020). Using social media to our advantage: Alleviating anxiety during a pandemic. *Cyberpsychology, Behavior, and Social Networking*, 23(4), 197–198. <https://doi.org/10.1089/cyber.2020.29180.bkw>

How to cite this article: Taylor C, Lafarge C, Cahill S, Milani R, Gözrig A. Living through lockdown: A qualitative exploration of individuals' experiences of the first lockdown in the UK. *Health Soc Care Community*. 2022;00:1–10. <https://doi.org/10.1111/hsc.13772>