MRC/CSO Social and Public Health Sciences Unit



How COVID-19 affected our social relationships

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MOVIES



MAIL



SHOPPING





RELAX



BILLS



SEX



Figure 6.1: Psychological well-being during COVID-19

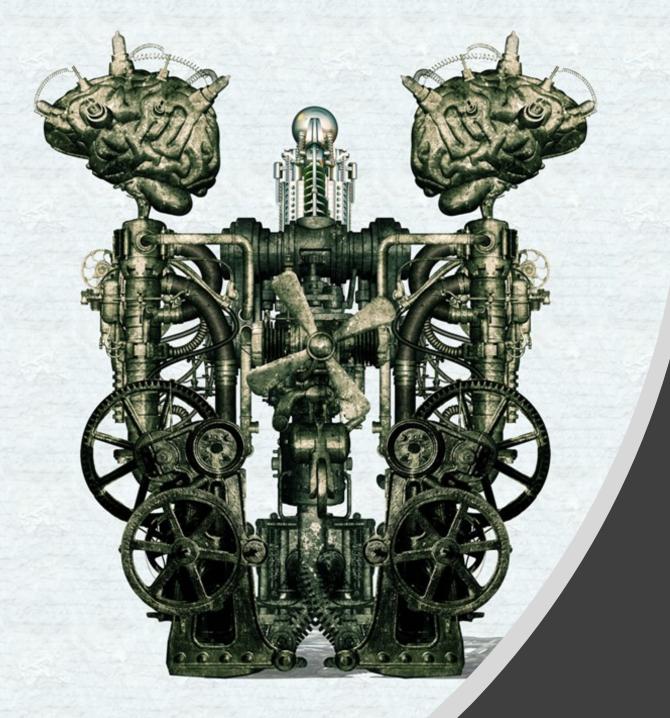
	PROTECTIVE FACTORS	RISK FACTORS
Psychological	Positive psychological characteristics: Gratitude, resilience, grit, flow Personality: Extraversion	Intolerance for uncertainty Pre-existing mental health conditions: Clinical diagnosis of depression, anxiety, & others
Social	Quality of relationships Connectedness, positivity resonance Quantity of relationships: Larger social networks Prosocial behavior	Engaging in distancing Quality of relationships: Loneliness, poor social support, abuse Types of relationships: Parent, child
Time Use	Daily activities: Physical activity, time outdoors	Social media use Online news sources: Consulting more sources, more time spent consulting sources
Circumstantial	Demographic factors: Older age	Demographic factors: Disease risk factors, occupation type Vulnerable groups: Financial insecurity, food insecurity, lower SES

SOURCE: Okabe-Miyamoto & Lyubomirsky. Ch6: Social Connection & Wellbeing during COVID-19. World Happiness Report, 2021



Why do we want to know?

- Associations between relationships and health are as strong as those been smoking and health, and obesity and health
- Intimate relationships are key source of social support



Relational mechanisms



Relational mechanisms

- Social networksSocial Support
- Interactional norms
- Intimacy

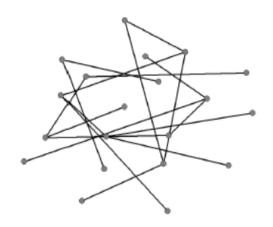
Social networks

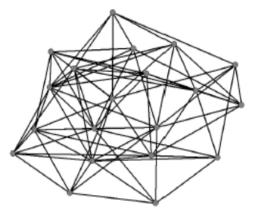


Some quick terms....

- Network size: Number of people in network
- Network density: proportion of potential connections that are actual connections
- Strong ties: Close relationships
- Weak ties: Distant relationships







Sparse network

Dense network

Our networks in COVID

- We tended to keep our strong ties and lose our weak ones networks became less diverse.
- Social networks are adaptive. BUT adaption harder for some than others
- Social networks create 'emergent properties' new sense of 'community' and 'neighborly caring'

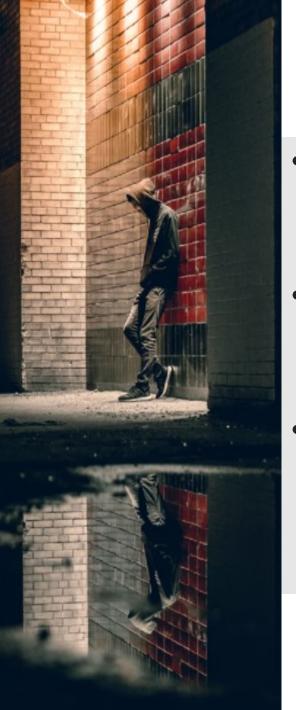


Social Networks: A study



- Overall network size decreased but NOT the core network (strong ties)
- Overall network density decreased
- Men experienced larger reductions in their networks than women
- Face to face interactions and interactions with close ties - associated with less loneliness

Kovacs B, et al. Social Networks and Loneliness During the COVID-19 Pandemic. Socius. January 2021. doi:<u>10.1177/2378023120985254</u> Small study (189 participants), convenience sample from Yale University Participant pool



Did we get more lonely?

- Perceived loneliness under strict lockdown quite stable, BUT for many these levels were high with no signs of improvement.
- In first few weeks of lockdown those who were most lonely got more lonely. Those who were least lonely got less lonely. Those in the middle continued as before...
- living with others or in a rural area, and having more close friends or greater social support were protective.

Bu F, Steptoe A, Fancourt D. Loneliness during a strict lockdown: Trajectories and predictors during the COVID-19 pandemic in 38,217 United Kingdom adults. Soc Sci Med. 2020 Nov;265:113521. doi: 10.1016/j.socscimed.2020.113521. Epub 2020 Nov 12. PMID: 33257177; PMCID: PMC7768183.



Who was lonely?

- Risk factors for loneliness were near identical before and during the pandemic.
- Young adults, women, people with lower education or income, the economically inactive, people living alone and urban residents had a higher risk of being lonely before and during pandemic.
- Pandemic heightened risk for: young adults aged 18-30 years, people with low household income, adults living alone and students.

Bu F, et al.. Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the COVID-19 pandemic. Public Health. 2020 Sep;186:31-34. doi: 10.1016/j.puhe.2020.06.036.

Social support

How COVID changed social support

- Fewer opportunities for indirect social support via spontaneous social interactions e.g. at work or cafes.
- BUT new opportunities for online support!
- INEQUALITIES in access to both online and offline social support



What happened to social Support: Study of older people in Scotland

- 1429 adults (84% aged 60 plus)
- The majority said network size, social contact frequency, and social contact time declined
- BUT majority also said social support quality, giving and perceiving social support remained largely the same.



Tomaz et al. Int. J. Environ. Res. Public Health **2021**, *18*(9), 4517; <u>https://doi.org/10.3390/ijerph18094517</u>



Did social Support help?

- MANY STUDIES show: Protective effect of social support
- Social support provided a buffer against COVID-related anxiety, generalized depression and anxiety and declines in physical health.

Social and Interactional norms

Türöffner



White House advisor Dr. Fauci says handshaking needs to stop even when pandemic ends—other experts agree

Published Thu, Apr 9 2020+1:17 PM EDT . Updated Tue, Jan 12 2021+10:49 AM EST

Jade Scipioni @JADESCIPIONI

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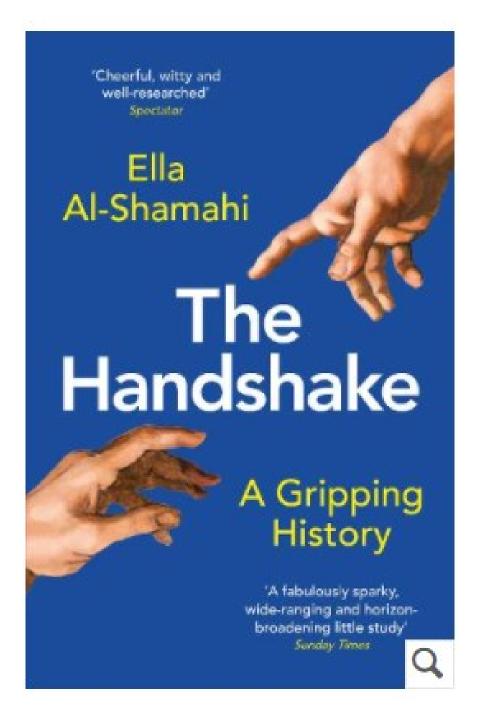


Trending No

Natural immu protect you as vaccines — he

The handshake

- Ancient History. Used to display Trust (show no hidden weapons)
- Uncertainty and instability what replaces it?





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Covid-19: Five ways to make hugging safer, from the experts

By Francesca Gillett BBC News

🕓 14 May





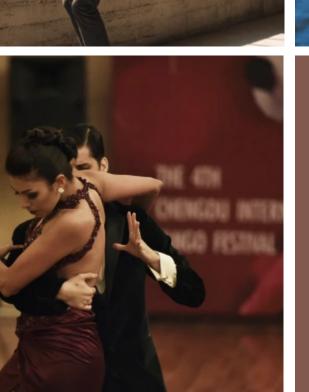
The Hug

- Used to display warmth, affection, support
- BBC advice: Be selective, keep short and turn face away, don't hug too many people









When the music stopped....





Of people in steady relationships during the first four months of lockdown:



perceived change in their sex-life quality 40% perce in the qualit

perceived change in their relationship quality

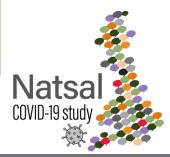
Where change was perceived:



sex-life quality was more commonly reported to get worse



relationship quality was more commonly reported to improve





Situated rationality: Weighing risks of COVID and social disapproval against need to feel normal, to counter boredom and loneliness, to fulfil sexual desire, to maintain a relationship, and to receive human connection, intimacy and support....

Craving human connection

just, like, just having someone's arms around you and, you know, holding hands, and all this sort of thing, all the things that you take for granted [...] You just miss that human interaction with that one person, don't you? (P12, F, 50-59, in a relationship) During lockdown I was bored and I just went on Tinder and got chatting to quite a few people then just to pass the time, that carried on for a couple of months... That's it really, just literally bored during lockdown and you run out of friends to talk to, run out of things to say to the kids. (P6, F, 40-49)

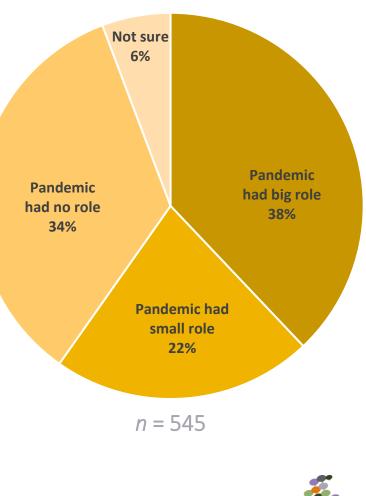
Boredom and loneliness

Normality, Continuity

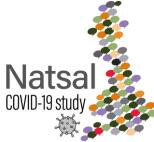
We've been going out for so long. We would see each other anyway and we were still talking all the time. So it just made sense. (P17, F, 30-39)



Relationship dissolution/formation, past year 9% of women and 9% of men reported a break-up



11% of women and 16% of men formed a new relationship





Summary

- Loss of 'weaker' social ties that previously provided support and resources
- New local area-based interactions
- Opportunities and inequalities associated with online social support
- Loss of physical touch and intimacy for those shielding or isolating alone
- Disruption to social interactions (e.g. handshakes build trust)
- Loss of events/activities which build group cohesion



Recommendations

- Count the relational cost of pandemic control policies
- Intelligently balance online and offline ways of relating
- Build stronger and sustainable local communities

THANK YOU!

Essay

COVID-19 pandemic and its impact on social relationships and health a

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Abstract

This essay examines key aspects of social relationships that were disrupted by the COVID-19 pandemic. It focuses explicitly on relational mechanisms of health and brings together theory and emerging evidence on the effects of the COVID-19 pandemic to make recommendations for future public health policy and recovery. We first provide an overview of the pandemic in the UK context, outlining the nature of the public health response. We then introduce four distinct domains of social relationships: social networks, social support, social interaction and intimacy, highlighting the mechanisms through which the pandemic and associated public health response drastically altered social interactions in each domain. Throughout the essay, the lens of health inequalities, and perspective of relationships as interconnecting elements in a broader system, is used to explore the varying impact of these disruptions. The essay concludes by providing recommendations for longer term recovery ensuring that the social relational cost of COVID-19 is adequately considered in efforts to rebuild.

J Epidemiol Community Health doi: 10.1136/jech-2021-216690

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