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# Being young in times of uncertainty and isolation: adolescents' experiences of well-being, health and loneliness during the COVID-19 pandemic

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## ABSTRACT

Large gaps exist in the literature on COVID-19 pandemic-related mental health outcomes and after-effects specific to adolescents and young adults. The aim was to explore adolescents' and young adults' experiences of well-being, health and loneliness during the COVID-19 pandemic. A qualitative exploratory design with qualitative content analysis was used. Twenty-three participants (aged 19–27; four men and 19 women) were interviewed in Finland in 2021. Four main categories emerged: Changed social networks – fewer and closer contacts, Changed mental and physical health, Increased isolation and social loneliness, and Well-being, internal growth and need for support. Adolescents' and young adults' experiences of well-being, health and loneliness are subtle and complex. Participants experienced changed social networks, mental and physical health, and well-being. Internal growth, need for support and increased loneliness were also seen. Clear information on how to seek help and support from professionals should be made available.

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## KEYWORDS

Adolescents; health; loneliness; well-being; young adults

## Introduction

On 11 March 2020, about 3 months after its discovery in Wuhan, China, the World Health Organization (WHO) declared the novel coronavirus outbreak a global pandemic (WHO, 2020). Since then, the virus (COVID-19) has spread worldwide and profoundly affected the lives of most human beings (WHO, 2020). Psychosocial environments have been impacted by the various measures implemented during the COVID-19 pandemic, e.g. country-wide isolation orders, social contact restrictions and economic shutdowns (WHO, 2020).

The World Health Organization's Commission on Social Connection has declared loneliness to be a global public health concern, linking social isolation and loneliness to serious and still as yet underrecognized impacts on health and lifespan. It is estimated that about 20% of adolescents and young adults worldwide experience mental health problems, while up to 15% of adolescents experience loneliness (WHO, 2023).

During the COVID-19 pandemic, not only were adolescents' and young adults' well-being and health affected but also their development. This can be related to reduced possibilities for real-life peer interactions, worry about the uncertain future, and anxiety about the threat to self, family and friends (The Lancet Child Adolescent Health, 2020). Those born between 1995 and 2012, 'Generation

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Z', were found to be at greater risk of mental illness and insecurity during the COVID-19 pandemic (Middleton et al., 2021). In Finland during the COVID-19 pandemic, experiences of loneliness were seen to have increased among more than half of students in higher education (Finnish Institute for Health and Welfare THL, 2021).

As far back as 1989, it was stated in the United Nations Convention on the Rights of the Child that the 'voice' of young people should be valued. To identify young adults' true needs, one must first listen to them (Ottova et al., 2013). In one inter-country project on the impact of the COVID-19 pandemic on children and young people in the Nordic countries, an expert group of adolescents and young adults was included (Nordic Welfare Centre, 2021).

The World Health Organization defines mental health as a state of mental well-being that supports an individual's capacity to cope with life stresses, learn and work well, contribute to society and realize their abilities (WHO, 2022). Mental health is also an integral component of health and well-being through which the ability to make decisions, build relationships and take charge of one's life are facilitated. A complex phenomenon, mental health is experienced subjectively; the degree to which difficulty and distress is experienced varies between individuals, and social and clinical outcomes can vary (WHO, 2022).

Mental health conditions can be defined as including mental disorders, psychosocial disabilities and/or other mental states associated with great distress, functional impairment or the risk of self-harm. Various possible combinations of individual, social and structural determinants might possibly protect or even undermine an individual's mental health status. Psychological factors, biological factors, emotional skills, substance use and/or genetics might result in some individuals being more vulnerable to mental health problems. Even adverse social, economic and/or environmental circumstances might increase an individual's risk of experiencing mental health issues. While those with mental health conditions can often experience lower levels of mental well-being, this is not a given (WHO, 2022).

Adolescence is generally considered a very important period in life during which there are many opportunities to develop one's identity, friendships and autonomy and gain experience of romantic partners (Hollenstein & Loughheed, 2013). Crises can impact adolescents' and young adults' chances for positive development. During the COVID-19 pandemic, planned leisure activities, e.g. sports or hobbies, were suspended during lockdown periods and adolescents and young adults had fewer opportunities to socialize with friends (Branje & Morris, 2021). Daily lives were affected, e.g. students had to adapt to new routines when virtual learning was implemented and studies were moved online (Domokos et al., 2020; Driessen et al., 2020). Adolescents and young adults experienced unprecedented interruptions in their daily lives, which can result in increased mental illness (cf. European Commission, 2022), e.g. anxiety, depression or other symptoms of stress (Lee, 2020).

During the COVID-19 pandemic, many activities were cancelled or limited (Freeman & Eykelbosh, 2020). Links between adolescents and young adults and a wide range of after-effects related to COVID-19 pandemic-related lockdowns have been demonstrated (Shukla et al., 2021). Home confinement and school closures impacted adolescents' lifestyle and dietary behaviours, e.g. reduced outdoor stays (Chulvi-Medrano et al., 2021; Dunton et al., 2020; García-Hermonso et al., 2020; Gotlib et al., 2021; Jackson et al., 2021) or decreased or insufficient physical activity (Allabadi et al., 2020). Among young adults, increases in calorie consumption, malnutrition and obesity during the COVID-19 pandemic have been observed (Allabadi et al., 2020; Shamir, 2022; Weaver & Swank, 2021; Zemrani et al., 2021; Zupo et al., 2020).

Consensus on the definition of the concept *well-being* is currently lacking, instead the manner in which the concept is usually defined appears to be contextually and circumstantially based (Ereaut & Whiting, 2008). Yet there is one common denominator to the various definitions of well-being, i.e. that each human being's own experience of well-being and health is subjective (cf. Eriksson, 2018). For the purposes of this study, well-being as viewed through a Caring Science perspective in accordance with Eriksson (2018) and Todres and Galvin (2010) was used. Eriksson (2018) describes well-being as a subjective experience that cannot be objectively determined

and a state in which a human being can experience own health positively, regardless of whether that human being suffers from an illness or a disability. Todres and Galvin (2010) describe well-being as a dynamic phenomenon where both movement and a fixed point in existence are needed. In accordance with an ontological perspective of Caring Science, health is an experience of wholeness and holiness as a human being (Eriksson, 2018; Lindström et al., 2018). Health is also considered a movement or a 'becoming' towards a deeper wholeness and holiness (Eriksson, 2018; Eriksson et al., 1995; Lindström et al., 2018). Loneliness arises when a human being experiences a lack of relationships or lovelessness or feels socially lonely but does not want to be alone (Eriksson, 1993). If a human being does not want to be alone and lacks a 'human mirror' to discover themselves with, through the face of the other, then loneliness can even comprise suffering and thus violate their experience of own worth and human dignity (Eriksson, 1993). Reflective loneliness, a voluntary type of loneliness, can however yield greater understanding of togetherness (Nilsson et al., 2006) or deeper insight into existential life, which can be dedicated to the human being (Eriksson, 1987). Accordingly, well-being can even be said to encompass solitude and time spent alone (Dahlberg, 2007; Eriksson, 1987).

The manner in which most people work, study and/or socialize changed during the COVID-19 pandemic. The impact of various measures, e.g. educational institutions' closures, on the well-being, loneliness and mental health of adolescents and young adults is the subject of ongoing societal debate. Among these age groups, the use of virtual platforms and time spent online were seen to increase drastically (Duan et al., 2020; Shek et al., 2021). In some countries, social media became a primary resource whereby adolescents and young adults built and maintained social relationships, used by some to manage feelings of uncertainty, anxiety or loneliness (Cauberghe et al., 2021). Seeking information and having meaningful conversations on or through social media helped some adolescents manage negative emotions and gain a sense of control (Ellis et al., 2020). Yet studying online and possibly resultant problematic smartphone use have been linked to sleep disorders among young adults and even seen to both directly and indirectly affect anxiety (Song et al., 2022). Among children and adolescents during the COVID-19 pandemic, reduced duration of higher sleep quality, decreased physical activity, and an increase in general media use simultaneous with a reduction in smartphone use have also been observed (Łuszczki et al., 2020). While the use of social media can facilitate the maintenance and development of peer relationships over distance, negative online experiences can increase loneliness among adolescents (Magis-Weinberg et al., 2021). During the COVID-19 pandemic, adolescents were observed to be more likely than adults to experience depressive symptoms, anxiety and/or suicide ideation, with loneliness seen as the most common predictor of such symptoms and linked to increased use of social media and exposure to media (Murata et al., 2021). Low socioeconomic background or belonging to an ethnic minority group were other risk factors for harm during and in the wake of the COVID-19 pandemic (Fegert et al., 2020; Herbers et al., 2021; Maiya et al., 2021; Marler et al., 2021; Miconi et al., 2021; Thorn & Vincent-Lancrin, 2022).

During the COVID-19 pandemic, adolescents and young adults became a very vulnerable group (cf. Alt et al., 2021; Clemens et al., 2020; Hollenstein et al., 2021; Guessoum et al., 2020; Hollenstein et al., 2021). More so than other age groups, adolescents and young adults rely heavily on friendship and social contacts, with such being crucial to the development of their identity, personality, and perspective orientation (Berndt, 2002; Brechwald & Prinstein, 2011; Groarke et al., 2020). Daily reporting of confirmed cases, death rates, unemployment numbers and discussion/criticism of government policies during the COVID-19 pandemic can have led to feelings of insecurity and anxiousness among adolescents and young adults (Shek et al., 2021). Social isolation and the fear of contagion can also have negatively impacted adolescents' and young adults' mental health (Galea et al., 2020; Mengin et al., 2020; Rossi et al., 2020).

Compared to adults, adolescents' sleep problems and suicidal behaviour during the COVID-19 pandemic (Murata et al., 2021) and some adolescent girls' suicide ideation (Hutchinson et al., 2021) increased. Among adolescents and young adolescents, biological impacts such as headaches and muscle pain and psychological and social impacts such as depression, anxiety, increased screen time

or substance abuse, increased family conflicts, loss of contacts and relationships (Branquinho et al., 2020) or loneliness (Branquinho et al., 2020; Finnish Institute for Health and Welfare THL, 2021; Janssens et al., 2021) can have increased.

Some positives have nonetheless been observed. For example, that there was no immediate or severe impact on the well-being of adolescents during pandemic-related school closures, seen as no decrease in general health-related quality of life: no increase in emotional or behavioural problems, depression, suicidal thoughts or attempts, eating disorder symptoms, plans for suicide, or problems with conduct (Koenig et al., 2021). Adolescents and young adults could even have had more time to engage in personal and pleasant development activities or spend more time with family (Branquinho et al., 2020).

Although the imminent threat to global health can be said to have passed, it important to further explore the COVID-19 pandemic's impact and possible after-effects on adolescents and young adults. Additional and more focused research is needed because large gaps exist in the literature on COVID-19 pandemic-related mental health outcomes and after-effects specific to adolescents and young adults (Racine et al., 2020). As seen in Finland, adolescents' and young adults' mental health continues to decline (Finnish Institute for Health and Welfare THL, 2023), therefore more understanding of how their mental health and well-being can be strengthened should be sought.

## **Aim**

The aim of the study was to explore adolescents' and young adults' experiences of well-being, health and loneliness during the COVID-19 pandemic.

## **Materials and methods**

A qualitative exploratory design with qualitative content analysis was used. Twenty-three participants were interviewed.

### ***Selection and recruitment***

Recruitment occurred in collaboration with a university in Finland. Invitation letters were sent out to students in the form of a flyer, via email in collaboration with the student union at the university setting or through social media (Facebook). Students were asked to contact the researchers directly by telephone or email if they wished to participate. The overall selection method was self-selection, but some participants were reached through snowball selection. A total of 23 Swedish-speaking participants aged 19–27 years (four men and 19 women) were interviewed individually, in the Swedish language, and included in the study.

### ***Data collection and analysis***

Three focus group interviews and one individual interview were conducted between February and March 2023. All researchers conducted the data collection. The first researcher was responsible for ensuring each of the interviews progression and the audio recording of interview data. An interview guide with semi-structured questions was used, which included for example questions like: What is important to consider when dealing with adolescents and young adults who experience loneliness? How do you understand the experience of loneliness amongst persons who seek help here? What are the other problems that adolescents and young adults who experience loneliness often tend to have? Are there any patterns of connection with other problems? Each interview lasted between 60 to 110 minutes and all interviews were audio recorded and transcribed verbatim by the first researcher. The transcribed texts of the four interviews were analysed in accordance with content analysis described by Graneheim and Lundman (2004). The first step in this process was to read the

**Table 1.** Example of the analysis conducted.

Meaning unit	Condensed meaning unit	Code	Category	Main category
I have felt very lonely during the pandemic and especially during 'lockdowns' when I am not allowed to see people . . . I feel like I am 'locked' in my apartment, which means I am alone with my thoughts and that's not good. I would like . . . [to] have people around me so that I wouldn't feel alone.	To be isolated. To not have people around and to feel alone.	Isolation. Loneliness.	Isolation and social loneliness.	<b>Increased isolation and social loneliness</b>

entire text of each interview in order to get a general sense of the whole content. In the process of the analysis the interview texts were reread several times and divided into meaning units. These units were then condensed and abstracted using codes. The next step involved comparing the various codes in all four interviews. The final step of the analysis included creating categories and subcategories that illustrated the meaning of the data. An example of the conducted analysis is presented in Table 1.

## Ethical considerations

Participants gave their informed consent. Information was provided regarding voluntary participation, confidentiality and intention to publish the study results. Ethical approval was granted by an ethics committee at the university where the study was undertaken. Ethical guidelines from the Finnish National Board on Research Integrity, TENK (2023) were followed throughout the entire project. During interviews, researcher sensitivity was practiced; in those instances when uncomfortable feelings and/or distress arose, the interviewer addressed and discussed those feelings to mitigate participant discomfort.

## Findings

Four main categories emerged: 1. Changed social networks – fewer and closer contacts, 2. Changed mental and physical health, 3. Increased isolation and social loneliness and 4. Well-being, internal growth and need for support. For an overview of the findings, see Figure 1.

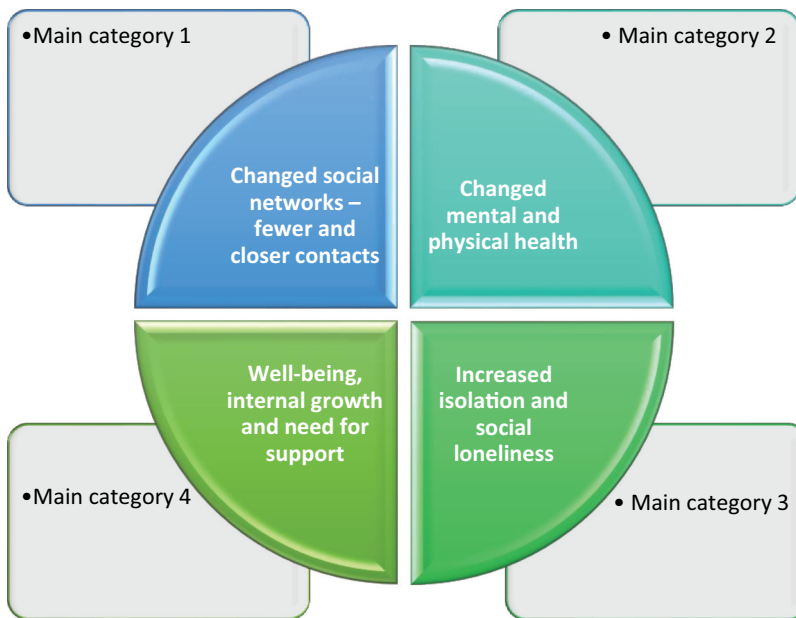
### Changed social networks – fewer and closer contacts

According to the participants, opportunities to experience a normal study life and/or form new social connections decreased during the COVID-19 pandemic and social life became more monotonous.

The only thing I really do is group projects, but they are of course also remote. So you haven't met anyone even though you do group projects you know. We of course don't either have any events now because it's [the pandemic]. Or to be sure we have of course [something] on Zoom, but I would not say it is in reality [student] life... (P15)

Another stated that: *I just study at home alone. . . . would like to have more friends [at the place where I study] and especially closer friends from school. With distance learning, I've had the opportunity to be with my other friends and we've formed closer [relationships].* (P14). While many indicated that the time spent with own family and partners increased, some found it difficult to preserve other social contacts during the COVID-19 pandemic. *In the beginning I was not too affected. I had a small but tight social circle. After a few months I started to notice that I became lazy, and I lost contact with some friends. I do not think I ever got into a depressed mood or anything, but I became very sad. . .* (P23). One participant revealed that they reduced their social contacts in accordance with government recommendations. Another participant described how important for well-being it is to meet people,





**Figure 1.** Overview of the findings.

adding that they started taking walks to see other people and even met friends in person but while keeping a safe distance. *I have started to go for walks on my own ... I have also started to go visit my friend while just standing [at a distance] ... with a mask on...* (P13).

In general, the participants in this study experienced a sharp decline in social contacts and found it difficult to form new connections because there were no organized events, noting that making new acquaintances through, e.g. Zoom, was not easy and not the same as in real life. Some mentioned that while they interacted with groups of friends via Skype and that such became a positive routine, their main interaction was nonetheless with their families. One stated that interaction with others through digital online meetings was more common at the beginning of the COVID-19 pandemic but that such eventually slowed down or ceased. *In the beginning, people were active in holding Zoom meetings but in the end that also died out, so now you just keep in touch via social media, so to be sure you have been pulled apart from one another a little, unfortunately* (P12). Another revealed that they sustained good connections with their family and best friends during the COVID-19 pandemic but sought more. *I've always had someone to call when it has been needed, but I miss [my] classmates and being able to sit in a classroom* (P3). Another described how they no longer do anything other than essential (e.g. grocery or clothes) shopping and that life feels very different than from before the COVID-19 pandemic; they are now afraid of contracting a virus while previously they could go out to a café or participate in events and activities.

Some of the participants noted that they wished that the university they attended had instituted a partial, hybrid opening, allowing those who wanted to study and socially interact to do so, which in turn would facilitate the opportunity to study together, learn from one other and make new acquaintances. Some participants even stated that seeing others studying increased their own motivation to study. One participant expressed concern that the COVID-19 pandemic restrictions could inhibit, e.g. shy people from making new friends, expressing that it was important to make friends while studying because such friends could become extremely important to and useful for one's future social networks.



Some participants experienced socializing and talking via digital aids (i.e. a screen) as being uncomfortable and unnatural compared to in-person interaction, especially if one was unfamiliar with those one was interacting with. Some also described that seeing facial expressions when interacting via digital aids could at times be problematic, thus making it difficult to interpret reactions and/or discern meanings, stating that such contact was not the same as contact in real life. Participants furthermore noted the absence of physical contact when interacting via digital aids. *You don't see each other's faces as well [on a screen]... sometimes if we talk about something... [some kind of] difficult feelings... There is also of course a need to be able to hug each other and so on, but that's to be sure not possible (P9).*

## Changed mental and physical health

Many of the participants experienced increased fatigue and depressed mood during the COVID-19 pandemic. One explained that they had experienced concerns about, among other things, the future and that their daily routines had become very 'boxed in'. *If I sit down and start thinking about the pandemic and about everything that it entails, then I really get such [a] resigned feeling when you don't know what the future is going to look like (P5).* Another participant stated: *I am to be sure a pretty positive and happy person actually, but I myself feel now that there has been distance, and I haven't met a lot of people, that I've become more negative and depressed (P15).* A sense of depression or low-spiritedness could also affect motivation and the desire to do something:

I of course find it difficult to get out of bed... just getting everyday tasks done... things, like taking a shower... became very difficult, and depressed, I then of course got in touch with friends... but in a way it also became the case that I didn't want to be a burden on them, that I call and am sad all the time. When someone sent... message on WhatsApp... so I felt so bad... I didn't have the energy to [answer]... (P3)

One participant described how their mental health became more unstable because of a lack of routines and not being able to meet people. Cancelled courses/classes and too few activities could lead to symptoms of depression; some participants described how they could not even get up out of bed in the morning because there was no reason to and that they began to have negative thoughts about the world and themselves. One participant stated that it was difficult to be objective about themselves and their own needs; it was easier to have empathy for and understand what others need. Another participant revealed that they experienced a sense of depression and that the feeling had worsened: thoughts of worthlessness had grown strong and because of their depression they experienced self-loathing and laziness. *... the thoughts of uselessness became very strong... I am going to put an end to my life plans now... unfortunately over the years the psychologists have changed... so that I unfortunately have not been allowed to have [the same therapist for a]... longer period (P3).*

The participants experienced more uncertainty about the future and described how hopeless they were about the opportunities they might (or might not) have. *Well, of course you've kind of felt, like, that, I won't have a future and, like, that, why am I struggling so much, I'm not going to be anything (P11).* Another participant revealed that they had experienced anxiety and difficulty sleeping at the beginning of the COVID-19 pandemic that became so severe that they had to start taking insomnia medication.

The physical health and well-being of many of the participants deteriorated, which might be linked to overall well-being. One participant described how they primarily stayed at home in their apartment because they no longer needed to attend classes/lectures and/or engage in other activities, which had not only resulted in their everyday exercise being lowered to an absolute minimum but even impacted their overall well-being. The participants also explained that their self-discipline and motivation, e.g. to engage in physical exercise, had decreased. *You have of course become a little lazier... my physical well-being is what has suffered the most during [the pandemic] (P12).* Another participant revealed that, because of distance learning, they primarily stayed indoors

and studied and watched YouTube videos. Conversely, some participants who had been very physically active before the COVID-19 pandemic and/or semi-professional athletes were able to increase their opportunities for training.

During the COVID-19 pandemic, the illnesses/conditions of most of those with existing and/or past health problems and/or depression became worse. *I have had to get professional help and use [antidepressants] because it has become so bad. . . . I don't sleep at night. . . . I even get anxiety from going out so I mostly just stay inside. . . . I have even maybe [become more socially anxious]* (P20). One participant, who had been using antidepressants for a few years already, described how too little social stimulation had resulted in them becoming apathetic and unmotivated to do anything; the slightest thing had become an effort for this participant. Another participant explained how having people one was close to and could receive support from had become very important when their health was negatively affected during the COVID-19 pandemic.

I would feel a lot worse if I didn't have my boyfriend because it's almost only him I can see regularly. But I have of course, like, become super tired of studying and this situation of just sitting there at home all the time. . . . It has been maybe a few days from time to time when it has felt. . . . [depressed and sad] . . . some days then I haven't studied at all because it has felt a little too difficult. (P9)

The participants noted that spending time with friends was one way to alleviate a sense of depression. However, they revealed that while interacting with friends via digital aids could lift one's spirits momentarily, because such interaction was not 'deep' their feelings of loneliness did not decrease. *It is to be sure after all not the same thing because you still feel lonely when you turn it off, you haven't had proper contact that you get when you meet for real* (P9). Another participant described how they would probably have needed to talk to someone but did not want to burden the student healthcare psychologist and instead sought support from friends. The participants even articulated that clear information about how to seek help and being able to speak to a human being when seeking to contact healthcare or mental care services would be beneficial; they found it discouraging to interact with a robot and/or answering machine when seeking help or an appointment with, e.g. student healthcare services.

### Increased isolation and social loneliness

Several of the participants mentioned that they experienced a greater degree of loneliness, partly due to isolation and very few social contacts. *I have felt very lonely during the pandemic and especially during 'lockdowns' when I am not allowed to see people . . . I feel like I am 'locked' in my apartment, which means I am alone with my thoughts and that's not good. I would like . . . [to] have people around me so that I wouldn't feel alone* (P20). Even those who previously had enjoyed being alone explained that the COVID-19 pandemic, which entailed significantly more time being spent alone, had been burdensome. . . . *but then when it surpasses like that enough [and becomes too much time alone]. . . then it crosses the line. . .* (P11). Another stated: *From morning to night, I feel alone and isolated. . . . how I dealt with this feeling was calling my friends every day even if I do not want to talk with someone because I know that it will not be good for me if I do not communicate with someone during the day.* (P18)

One participant described how alleviating loneliness could be a problem for an individual, because the problem of loneliness often stems from social problems, i.e. a lack of friends or experiencing loneliness within a friendship group. This participant perceived that it could be difficult to get help from a psychologist or that, even when receiving help from a professional, an individual might not want to discuss the matter. Yet this participant also advocated for and noted the importance of getting support and discussing one's loneliness with others. Another participant who had prior to the COVID-19 pandemic not been especially socially active revealed that their loneliness increased and that they felt the need for more social contacts.

So, if before the pandemic the contact was on a minimum level . . . and now, during the pandemic, . . . it has decreased to the minimum social contact that I had. I recognize that I am not very active in student parties/celebrations or anything, but I feel even more lonely this year. . . . Now I am more aware that I am alone . . . totally alone in a city that I do not even know, and also without my family or many friends. I did not feel lonely in the 'normal world' and it has never made me concerned about it before, but now I feel I would need to meet someone or live with someone to share experiences in daily life. (P22)

Some of the participants described how they received good support from their families and close friends when they experienced difficult feelings of loneliness. Some participants revealed that watching movies could help one 'escape' reality and manage difficult thoughts. Even pets could provide a source of support or comfort and increase well-being.

Yeah I have become accustomed to [it], studying from home and being alone during the day so it has of course gone completely well, but because I live here with my family, I get a lot of [socializing]. . . and it's actually really important that we have a dog, that [the dog] is still like someone you can have a break with and cuddle a little with. (P7)

One participant revealed that at the beginning of the COVID-19 pandemic their health deteriorated a lot and that spending a lot of time in solitude had worsened their illness. *I have an eating disorder so it became very, very, very bad. . . . I lost 13 kilograms. . . it became like that very quickly. . . when I was home by myself, for months, like, with my own thoughts* (P11). A different participant described how, despite also experiencing loneliness during the COVID-19 pandemic, they had experienced more loneliness previously, linked to a sense of not fitting in. This participant revealed that they no longer need 'an excuse' to spend time alone.

I haven't thought about this before, but if. . . I felt more alone before [COVID-19] than I do now, even if I am more alone now. . . . I think it depends very much on this feeling that. . . when there were student events, and I didn't really want to go, but I felt like I should have been there just because it is expected. . . so you felt lonely because you knew everyone else was doing this. . . even if I would also get to do it but I didn't want to do it. (P1)

Another participant also spoke of a sense of being alone in a group, describing how one should go to an event or social context to not feel 'abnormal' or alone but that once there and still feeling like an outsider one's experience of loneliness could increase further. This participant continued by observing that such an experience of loneliness may arise because one does not conform to a group's norms and expectations and does not want to change oneself because of external influences.

## Well-being, internal growth and need for support

Several participants stated that their well-being had improved during the COVID-19 pandemic. This was attributed to, among other things, the fact that they had fewer activities to engage in, the opportunity to make new insights about themselves, and a more flexible life that allowed the prioritization of that which they perceived was important. *I was quite stressed out here some time before, because I've been studying for a really long time. . . so I was forced to take a break from my studies for two years. . . so if you compare it to that time in my life then it is much better now* (P1). The opportunity to spend more time alone also afforded some participants the chance to increase their self-knowledge. *I am nevertheless grateful for this year, I have learned so much about myself and how I work, how I should manage my emotions but also how to deal with others' [emotions] . . . you know what makes you happy and what doesn't* (P11). A different participant noted that they learned to prioritize own health and family more, gaining the insight that family is important and that they wanted to spend more time with them. The COVID-19 pandemic afforded some participants a more flexible life, allowing them to prioritize that which was important to them, increasing their well-being. This was especially true for those who were interested in physical exercise and/or playing sports; some participants stated that they could better plan their daily schedules to include physical exercise and team practices. *I have almost felt better because I actually also want to concentrate on sports. . . I to be sure have almost felt better [during] distance learning* (P15). Other participants

described how they experienced a new-found sense of gratitude and joy for the 'little things' in life. *You can't really go anywhere now. . . . You are mostly at home. . . . I have perhaps been more outdoors as well, and am happier for little things. . . and I am happier because I have my studies and family* (P15). Some participants noted that having a roommate could increase well-being because it could be relaxing to spend time together and do things, while one participant described how supportive it was to have a daily weekday morning routine that included using FaceTime to interact with a friend.

Many participants explained that they greatly missed social gatherings and that they were happy when their educational institutions 're-opened' and they could resume their social lives. However some participants highlighted how the lack of social gatherings (and the need or pressure to attend such gatherings) increased their well-being. One participant revealed that they previously felt 'guilty' about not attending activities; they wanted to stay at home with their partner. Another participant, a self-described introvert, noted that they did not feel the need for many social contacts and especially disliked socializing in groups, thus the COVID-19 pandemic afforded this participant the opportunity to reduce social contacts and focus on close friends. . . . *at the same time, I'm not in such dire need that I feel like I myself must make [social contacts]. . . it's become more quality rather than quantity in terms of contacts. . . I'd rather be one-on-one with someone, who I know well* (P10). Those participants who described themselves as not being very social experienced that the COVID-19 pandemic allowed them the chance to 'be themselves'. One participant explained that their well-being had not been impacted because their friends came from other contexts and were not connected to their study environment. Still, this participant also described how their motivation to study had decreased because they were not getting to know other students in the same way as before, i.e. in a real-life situation.

Some participants experienced that their well-being decreased during the COVID-19 pandemic. For example, some found it difficult to keep up with schoolwork or academic work, which could lead to feelings of stress and inadequacy. Some described that they had completely 'given up' on schoolwork. Yet others noted the importance of finding ways to cope and/or manage. One participant revealed that they sought support from family. *For me it has also at some point when I have [gotten stuck], I have told [my] mom, but can you sit next to me so I can feel calm inside, she has been able to sit next to [me] and knit, and then I've been able to [complete my assignment]* (P7). Another participant described how valuable parental support was when their well-being declined and they lacked the energy to study. *My dad . . . he has been my coach (laughs). . . when I have become stuck and like this even previously with the [assignment] so then he had an even more supportive role and. . . weekly planning. . . and he could call during the workday and ask 'Yes, how's it going?'* (P7).

## Discussion

The purpose of the study was to explore adolescents' and young adults' experiences of well-being, health and loneliness during the COVID-19 pandemic. The included adolescents and young adults experienced changed social networks, fewer and closer contacts, and changes in their mental and physical health and well-being. They even experienced internal growth but also the need for support, and their experiences of isolation and social loneliness increased.

We saw that the participants' opportunities to create new social ties and preserve existing social contacts deteriorated during the COVID-19 pandemic (cf. Branje & Morris, 2021; Branquinho et al., 2020). Domokos et al. (2020) found that the COVID-19 pandemic had a great life changing effect on students that affected all aspects of daily routines. In this study, those who had previously had a rich social life or need for social contacts experienced decreased well-being, because of a lack of social contacts. Not being able to see friends decreased the participants' well-being (cf. Dwidienawati et al., 2021; The Lancet Child Adolescent Health, 2020), and having fewer social contacts than desired led to increased experiences of loneliness (cf. Finnish Institute for Health and Welfare THL, 2021; Janssens et al., 2021). This is in line with Perlman and Peplau's (1998) definition of loneliness as an unpleasant feeling occurring when

a person's network of social relationships is experienced as being somehow lacking, either quantitatively or qualitatively. Some of the participants experienced that they were able to cope and/or manage during the COVID-19 pandemic because their family and/or friends constituted sufficient social contact. Family relationships have been found to play a major role in how effectively adolescents adapted to the COVID-19 pandemic (Campione-Barr et al., 2021; Miconi et al., 2021), with insecure attachment being linked to increased loneliness among adolescents (Janssens et al., 2021). Even safe and good relationships with friends, both before and during the COVID-19 pandemic, might also inhibit negative effects (Hutchinson et al., 2021).

Those participants in this study who had experienced loneliness prior to the COVID-19 pandemic experienced more loneliness during the COVID-19 pandemic, seen as both isolation and social loneliness (cf. Weiss, 1973). They also experienced decreased well-being and became more apathetic (cf. Alt et al., 2021; Branje & Morris, 2021; Branquinho et al., 2020; Groarke et al., 2020; Hollenstein et al., 2021; Jones et al., 2021; Liang et al., 2020; Orgilés et al., 2020). Fegert et al. (2020) also found that adolescents with experience of diverse negative childhood events prior to the COVID-19 pandemic were more vulnerable. Further researchers have seen that adolescents who were more vulnerable before the COVID-19 pandemic reported the most negative changes during the COVID-19 pandemic, including higher stress (Groarke et al., 2020; Hicks et al., 2021; Liang et al., 2020; Van Loon et al., 2021). Other significant predictors of loneliness among adolescents can be a personal background that includes previous depression, anxiety or dissatisfaction with life and/or having depression at the time of COVID-19 pandemic (Al Omari et al., 2020).

In this study, social loneliness was linked to not being able to spend time together with others (peers) and not being allowed to be oneself in a social context. This can be compared to Eriksson (1993), who states that loneliness occurs when the human being lacks relationships, experiences lovelessness or feels socially lonely. Some of the participants experienced increased loneliness simultaneous with fewer but closer relationships. Other participants who had not been so social prior to the COVID-19 pandemic could experience increased well-being through having fewer but closer contacts. Murata et al. (2021) found that loneliness during the COVID-19 pandemic was the most common reason underlying a higher number of hours spent on social media and media exposure. Magis-Weinberg et al. (2021) discerned that positive online experiences could reduce loneliness while negative online experiences increased experiences of loneliness. In this study, we found that online interaction could momentarily provide relief against a sense of depression or low-spiritedness but that adolescents' and young adults' feelings of loneliness were not diminished by such contact because it did not constitute 'deep' contact. Some of the participants in this study experienced that socializing and talking via digital aids were uncomfortable and/or unnatural when compared to in-person interaction, mentioning among other things the lack of physical contact. Other researchers have seen that social media offers a unique opportunity to engage in social contact and build gratitude, especially when other forms of interpersonal contact are limited (Maheux et al., 2021).

From the findings, we even discerned that engaging in decreased social interaction could for adolescents and young adults during the COVID-19 pandemic lead to increased depressed mood and even strengthened well-being (cf. Koenig et al., 2021). This is in line with an ontological perspective of Caring Science (Eriksson, 2018; Lindström et al., 2018), in which a human being can be said to experience well-being despite the presence of, e.g. ill-health or illness. We even found that the lack of social gatherings during the COVID-19 pandemic could increase the well-being of those who were not typically socially outgoing; there was no need and/or pressure to attend social gatherings. This is in line with Alt et al. (2021), who found that highly extroverted adolescents experienced a greater increase in depressive symptoms during COVID-19 pandemic-related lockdowns. Some of the participants included in this study experienced distance learning as being positive because of the more flexible life it afforded, which allowed them to prioritize that which they perceived to be important, e.g. physical training or not feel 'guilty' about staying at home (cf. Branquinho et al., 2020).

Many of the participants in this study experienced increased fatigue and depressed mood. It can be challenging for adolescents and young adults to be isolated for whatever reason: a pandemic, feeling like an outsider, etc. As seen in this study, having to cease engaging in positive and pleasurable things can for adolescents and young adults lead to negative thoughts about oneself, reduced energy for activities of daily living, apathy and/or disinterest in schoolwork. This in turn can perpetuate a vicious cycle (cf. Sundqvist & Hemberg, 2021). Exploring university students' experiences, Domokos et al. (2020) also found that social distancing and being unable to interact with own social groups during the COVID-19 pandemic affected young adults' moods significantly. In that study, the lack of face-to-face, interpersonal contact was the factor that most impacted educational performance and social and psychological elements related to maintaining high motivation, while physical activity could help depressed or low-spirited adolescents and young adults regain energy and joy (cf. Domokos et al., 2020).

It can be difficult for adolescents and young adults to begin socializing with peers again following a period of isolation, and especially those who are particularly vulnerable to becoming depressed should receive extra support, because adolescents and young adults tend to hide their feelings (cf. European Commission/Horizon, 2022). One should not assume that adolescents and young adults will automatically become more socially active again. Physical activity might counteract negative effects on adolescent mental health and well-being during a pandemic (Wright et al., 2021). We maintain that society must provide adolescents and young adults with sufficient support.

In this study, some participants who had previously enjoyed being alone experienced the significant increase in time spent alone during the COVID-19 pandemic to be burdensome. Alt et al. (2021) found that highly extroverted adolescents experienced a greater increase in depressive symptoms during COVID-19 pandemic-related lockdowns, with most experiencing increased loneliness. However, we even saw that one participant who had experienced more loneliness previously, linked to a sense of not fitting in, no longer needed 'an excuse' to spend time alone.

Many of the participants experienced changed mental and physical health (cf. Brooks et al., 2020; Lee, 2020; Murata et al., 2021). Adolescents and young adults have experienced significant stress because of COVID-19 pandemic-related uncertainty, with a resulting increase in mental disorders (cf. Alt et al., 2021; Clemens et al., 2020; Guessoum et al., 2020; Hollenstein et al., 2021; Jones et al., 2021). In this study, the participants described increased anxiety (cf. Branquinho et al., 2020) related to, among other things, uncertainty about the future. Also, a sense of depression or low-spiritedness could affect the participants' motivation and desire to do something, e.g. engage in physical exercise or study. Cancelled courses/classes and too few activities could lead to symptoms of depression for some participants. Branquinho et al. (2020) found that a lack of routines, lower productivity, changes in sleep patterns and loss of physical contact could negatively impact online distance learning. Some participants in this study also described difficulties sleeping (cf. Brooks et al., 2020; Murata et al., 2021).

Some participants revealed that watching movies helped them manage difficult thoughts. Jiao et al. (2020) showed that media entertainment, physical exercise and reading were helpful in reducing symptoms of mental distress during the COVID-19 pandemic. Jackson et al. (2021) found that participation in outdoor activities also improved adolescents' mental health and well-being during the COVID-19 pandemic. The physical health and well-being of many of the participants included in this study deteriorated; their self-discipline and/or motivation to engage in physical exercise decreased or they primarily spent time indoors, which reduced everyday exercise (cf. Łuszczki et al., 2020). Yet the physical health and well-being of some participants increased, especially those who had been very physically active before the COVID-19 pandemic.

Self-blame and thoughts of worthlessness were even seen among the participants in this study. Most of those participants with existing and/or past health problems and/or depression, which are possible predictors of loneliness, experienced worsened illnesses/conditions (cf. Al Omari et al., 2020). For example, one participant's eating disorder significantly worsened during the COVID-19 pandemic. It is essential that adolescents and young adults receive support for their mental ill-health, including clear information on how to seek help.



Changed daily routines, e.g. not needing to leave one's home, were also seen in this study. For some participants, this could lead to decreased health and well-being. Yet other participants reported an increased sense of health and well-being, seen in the form of increased or new-found sense of gratitude and joy for the 'little things' in life, associated with doing fewer things or having a more flexible life. This can be compared to spending time in reflective solitude (Nilsson et al., 2006), which can help a human being gain deeper, existential insight to their own life (Eriksson, 1987; Hemberg et al., 2021). Eriksson (1987) and Dahlberg (2007) also find that well-being presupposes solitude and time spent alone.

Some researchers have found no negative effect on well-being or quality of life among adolescents and young adults during the COVID-19 pandemic (Janssens et al., 2021; Koenig et al., 2021). For example, Bruining et al. (2021) and Jun et al., (2021) found that there were positive effects associated with the COVID-19 pandemic for these age groups, e.g. relief from stress, calmer lives and improved time management. Those adolescents and young adults in this study who experienced suffering because of loneliness and/or anxiety during the COVID-19 pandemic also simultaneously experienced that they gained new insights about themselves and experienced increased gratitude. For example, some revealed that they developed a new or renewed understanding of the importance of family. However, other researchers have found that families and children experienced changes in family context and significant stress during COVID-19 pandemic-related lockdowns (Singletary et al., 2022).

While many of the participants in this study experienced that opportunities to experience a normal study life and/or form new social connections decreased and that their social life became more monotonous, the relationships they had with friends and family could also become closer or more important. Branquinho et al. (2020) also found that the increased time spent with one's family during COVID-19 pandemic-related lockdowns was positive for adolescents. Other researchers have found that the COVID-19 pandemic could strengthen family relationships (Bruining et al., 2021; Jun et al., 2021). In addition to family, pets could even comprise a source of support, provide comfort or increase well-being for some participants in this study. Others described how they were able to prioritize that which mattered to them, e.g. family, physical or mental health, which increased their well-being. Lastly, fewer but closer relationships with friends, family and/or partners were seen to be important for improving the well-being of some participants.

## Methodological considerations

One strength is that the first researcher, who has extensive experience in qualitative studies and interview techniques, was responsible for conducting the interviews and analysis. Another strength is that the researchers carefully and together discussed the themes generated from the data analysis to achieve consensus. Limitations may include that most of the participants were women and that the interviews were conducted digitally or by telephony because of the COVID-19 pandemic. A further limitation may be that the study was conducted during a specific period of time, thus some experiences may not have been captured.

## Conclusions

Adolescents' and young adults' experiences of well-being, health and loneliness are subtle and complex. The included adolescents and young adults experienced changed social networks with fewer but closer contacts, changed mental and physical health, and changed well-being. They additionally experienced internal growth alongside the need for support, and their experiences of isolation and social loneliness increased.

Support from family and/or friends was found to be an important source of strength. Clear information on how to seek help and support from professionals should be made available. Mental health has deteriorated overall during the COVID-19 pandemic and constitutes



a particularly important area of research, because mental health problems tend to have a ‘cascading’ effect (Masten & Motti-Stefanidi, 2020) and negatively affect well-being (Chaddha et al., 2016; Minihan et al, 2020). It can be challenging for adolescents and young adults to return to ‘normal’ everyday life after being isolated and without most social contacts during the COVID-19 pandemic.

The findings of this study may provide those who work with adolescents and young adults with increased understanding of how adolescents and young adults experience daily life. This in turn may facilitate in helping adolescents and young adults maintain or retain their strength and well-being during future pandemics or crises. The findings of this study may provide policy makers with better insight into how to support adolescents and young adults in the future, as well as provide the support mechanisms whereby to do so. We recommend that future research include post-pandemic and longitudinal perspectives on the effects of the COVID-19 pandemic among adolescents and young adults.

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## Author contributions statement

Jessica Hemberg was responsible for the study conception and design, data collection, data analysis and discussion and drafted the manuscript at all stages. Amanda Sundqvist, Yulia Korzhina and Lillemor Östman contributed to the study conception. All authors contributed to the data analysis and provided critical comments on the manuscript.

## Ethical approval

The guidelines of the Finnish National Advisory Board on Research Ethics (2023) were followed. Ethical approval was granted by an ethics committee at the university where the researchers are based. Approval to participate in the study was provided by the participants when providing their informed consent. The participants were informed both orally and in writing about the purpose of the study, confidentiality, withdrawal of consent and publication intent.

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