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Lest we forget. Illuminating lived experience of the Covid-19 pandemic and lockdown

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PII: S0277-9536(23)00437-9

DOI: <https://doi.org/10.1016/j.socscimed.2023.116080>

Reference: SSM 116080

To appear in: *Social Science & Medicine*

Received Date: 15 December 2022

Revised Date: 4 May 2023

Accepted Date: 5 July 2023

Please cite this article as: Hanson, S., Belderson, P., Ward, E., Naughton, F., Notley, C., Lest we forget. Illuminating lived experience of the Covid-19 pandemic and lockdown, *Social Science & Medicine* (2023), doi: <https://doi.org/10.1016/j.socscimed.2023.116080>.

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Cover Page

Lest we Forget. Illuminating lived experience of the Covid-19 pandemic and lockdown

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Lest we Forget. Illuminating lived experience of the COVID-19 pandemic and lockdown**Abstract**

The COVID-19 pandemic and associated 'lockdowns' profoundly impacted people's lives in 2020 – 2021 and beyond. This study sought to understand unique person-centred insights into health and wellbeing during the restrictive measures in the United Kingdom and to enable us to remember and give testimony to these lived experiences. Using photo-methods, participants from a larger cohort study which tracked people's behaviours during the pandemic were invited to share photographs and short text to visually illustrate their ephemeral and unique COVID-19 experiences. In total 197 participants shared 398 photographs. Using a critical realist approach in our design and analysis, we sought to gain an alternative viewpoint on what 'lockdown' and the pandemic meant. Our major findings revealed starkly contrasting experiences illustrated in our two major themes. Firstly loss, including ambiguous losses and a sense of loss, loss of freedoms and death. Secondly, salutogenesis (what makes us well) whereby participants were able to draw on assets which helped to keep them well by maintaining social connection, 'making the best of it', reconnecting with nature and appreciating the outdoors, creativity for pleasure and faith. Our findings illuminate widely differing experiences and indicate the powerful effect of assets that were perceived by our participants to protect their wellbeing. Understanding differential vulnerability will be essential going forward to target resources appropriately to those who have the least control over their lives, those with the greatest vulnerabilities and least assets which in turn could support a self-perpetuating recovery.

Key words

COVID-19 inequalities; loss; salutogenesis; photo-elicitation; qualitative

Introduction

In response to the COVID-19 global pandemic the United Kingdom (UK) introduced strict public health measures from March 26th 2020, which included restrictions on leaving the house, shielding for the most vulnerable, social distancing and mask wearing. Second and third 'lockdowns' were introduced in November 2020 and January 2021 (UK Parliament, 2021). There is growing evidence that these unprecedented behavioural measures have the potential to affect our long term psychological and physiological health, through changes to the enactment of health behaviours (Bann et al., 2021; González-Monroy et al., 2021; Mind, 2021; Naughton et al., 2021; Notley et al., 2022; Strain et al., 2022).

Early on it was recognised, despite the political rhetoric, that we were not 'in it together', that income deprivation and ethnicity were associated with greater COVID-19 mortality in England (T. Rose et al., 2020; Whitehead et al., 2021). There was a proportionally higher mortality rate in the most deprived areas of England, and in Wales the mortality rate in the most deprived areas was nearly twice as high as that in the least deprived areas (Office for National Statistics, 2020). Similarly, in a study of 22 OECD countries, income inequality was significantly associated with higher COVID-19 mortality (Sepulveda & Brooker, 2021). COVID-19 has exacerbated endemic health inequalities resulting in higher mortality and morbidity rates amongst the most socially disadvantaged across the world (McGowan & Bamba, 2022). In 'Build back fairer', Marmot et al. (2021) very clearly make the case that COVID-19 brought underlying inequalities, such as in economic and social conditions, into sharp relief but also note that this is a tractable problem if action is taken on the wider social determinants of health.

It has been thirty years since the publication of the 'rainbow model of health determinants' which reminds us that health is shaped in important ways by the social and economic environments in which people live and that more than ever there is a need for action on the social determinants of health (Dahlgren & Whitehead, 2021). For example, cues for physical activity includes access to assets such as green spaces, which are also associated with higher self-reported health and mental wellbeing, yet are less available in more deprived areas (Goodair et al., 2020; Marteau et al., 2021). Importantly, there is an increasing shift in focus in public health to 'what makes us healthy'. This includes a greater understanding of patterns of health (rather than studying illness) and the impact of assets and protective factors (Foot, 2012) and the development of ways of working that promote assets (psychological, social, economic and environmental), capacities and a sense of coherence that are associated with positive health (Foot, 2012; Hopkins & Rippon, 2015).

Many of the key assets required for creating the conditions for health lie within the social context of people's lives (Morgan, 2014; Morgan & Ziglio, 2007). Asset-based approaches have gained traction over the last ten years (Hopkins & Rippon, 2015; Morgan & Ziglio, 2007; Rippon & South, 2017; Van Bortel et al., 2019) and broadly refers to resources that individuals and communities have at their disposal to create good health and wellbeing, and protect against poor health to reduce inequalities. As well as physical infrastructure (such as access to green spaces, community centres etc.) assets also include supportive social networks to enable self-esteem, personal growth and resilience. Our study sought to have a greater understanding of the assets and protective factors people may have had access to to support their health and wellbeing during the COVID-19 pandemic and lockdown. In our qualitative study (removed for review) we interviewed a diverse sample (n=40) between October 2020 and January 2021 who were purposively sampled from our wider cohort study (N= 1,044) (removed for review). The wider study tracked participants' self-reported health behaviour on a daily basis for 3 months from spring 2020 and followed up with them periodically after this at 3, 6, 12, and 24 months post recruitment (removed for review). The cohort reported worsening health behaviours during early lockdown. Ongoing analysis is being undertaken to investigate longer-term changes reported in further waves of the study. Our qualitative study detailed the complex ways in which people adapted to the disruption of social restrictions, in part facilitated by the existing assets and resources they had available to them. It showed the potential for a strong and sustained widening of social and health inequalities, through increased adaptation of those with strong existing assets and increased vulnerability of the already vulnerable, with less available assets (such as community links, pre-existing healthy behaviours). This current paper reports a second qualitative study from this cohort. Using photographs and text, we sought to better understand these differing experiences, and the assets that people might have drawn on, from a wider pool of participants who shared their personal insights of 'lockdown' using visual methods. The aim of this unique 'photo study' was for participants to purposefully choose and employ images in a pre-formative way, with accompanying text to give a visual narrative to both construct and illuminate the visual and spatial context to give a deeper understanding and person-centred insights into health and wellbeing during the restrictive measures. We took a critical realist approach (Alderson, 2021; Bhaskar, 2016, 2020) in our design and analysis, to gain a viewpoint on what 'lockdown' and the pandemic meant. This approach aids understanding of aspects of the physical world that are meaningful to participants, and that are 'real' or 'true' in the sense that they are observable, and can be considered as influencing experience and, potentially, reactions, situated in their contexts (Koopmans & Schiller, 2022). This view of the world takes the middle ground between radical positivism on the one hand and constructivism in the other (Pilgrim, 2014), accepting that the images submitted may be purposefully chosen or performative, selected to construct a particular view. As such, they are not

therefore considered 'truth' per se, but a version of the truth as the person chooses to reveal reality at that point in time (Bhaskar, 1989).

Methods

This study is part of our larger longitudinal cohort study that investigated within-person reports of health behaviours and wellbeing for 12 weeks during the COVID-19 restrictions in the UK from April 2020 with repeated measures at 3, 6, 12 and 24 months. Cohort participants were recruited using social media and via key contacts as gatekeepers to vulnerable groups (e.g., women's shelters, mental health support groups) (baseline paper removed for review).

Ethical approval Ref 2019/20-089 (removed for review) was gained in February 2021 to contact participants who had submitted data at the 6 month follow up time point and this included permission to use the submitted images for publication and teaching purposes. Participants were invited to submit up to three photographs that depicted their subjective experience of the pandemic with optional short text to briefly explain the context of the photograph. We explained that we were not looking for professional or 'artistic' images and stated in the participant information that: *'For your typical photograph album you might tend to take photographs that represent happy, positive images. For this research we would encourage you to include photographs that represent factors that have influenced your health behaviours and wellbeing (this could be in a positive or negative way) during the covid-19 pandemic and 'lockdown' – please feel free to photograph 'the good, the bad and the ugly!'.* Data were submitted by participants from their devices using Qualtrics XM software and given a unique participant code to anonymise their personal data.

The use of photographs in qualitative research presents a different kind of information and evokes deeper elements of human consciousness than words (Harper, 2002) and can engage the brain to draw a different kind of response (Guillemin & Drew, 2010). The method enables the participant to tell their own story, on their own terms through the representations that they choose to make and have been viewed by participants as a trigger for remembering things (Hanson et al., 2016). With this in mind, in March 2021 we asked people to send photographs that had been taken any time over the last year (since the restrictive measures 'lockdown' started in March 2020) that were meaningful to them with optional captions. This data generation was therefore an 'active process' with us cognisant in the design of this study that the data generated could be a faithful depiction of truth as a window on the world but could also be highly contrived (Drew & Guillemin, 2014). What was important to us, however, was to give the participant greater charge over images that they thought to submit and what they might choose to write as an explanation.

Our analysis was inductive, looking for patterns and divergent views drawing on a reflexive thematic analysis approach (Braun & Clarke, 2006, 2020) recognising the highly contextual nature of the data. We also drew on the framework of 'interpretive engagement' and 'critical visual methodology' to aid us in the analytical complexities involved in visual data (Drew & Guillemin, 2014; Guillemin & Drew, 2010; G. Rose, 2007) To this end, in our design (unlike our previous paper [removed for peer review] that used baseline and behaviour change as a framework for the interviews) we were trying for a different and deeper response as suggested by Harper (2002) and Guillemin and Drew (2010) to capture a highly ephemeral 'moment in time', as a window into our participant's thoughts and feelings.

Four of the authors have previously been involved in participant generated photo-elicitation studies used with semi-structured interviews which enables verbal questioning and potentially additional sense making [examples removed for peer review]. This study was with a large cohort (n=749) and

therefore we adapted more traditional photo-elicitation methods (typically an interview that is used to aid interpretation of visual data) to enable a larger and potentially more diverse response. For this study, we recognised that we needed rigorous processes in place to be able to confidently ascribe meaning to both the photographs and the meaning participants gave to these in their short reflections in their accompanying captions. Initially all the participant generated data were analysed by [anonymised] and coded into broad themes (for example health behaviours such as eating and physical activity, mental health and COVID-19-related images such as masks and other paraphernalia). Second, coding was completed independently by a member of the research team who assigned the codes identified as a coding framework to the images, to establish agreement in the coding. Differences were discussed and agreed on by consensus. Following this, as a team we met regularly to refine our ideas put forward tentative interpretations of our participant's photographic intentions (Drew & Guillemin, 2014). From this we returned to the photographs and the text to further check and refine our ideas and interpret what these data were saying about our participants' experiences.

Findings

In total 197 participants responded (26%, 197/749), giving a total of 398 photographs. 197 participants submitted a single photograph, 129 two and 91 provided three photographs. Participants who submitted at least one photo were mostly female (73%), between 45-64 years old (54%), of White ethnicity (97%), with one-quarter whose household income was lower than the living wage (25%) (Table 1). Photographs where people could be clearly identified were analysed but not included in this paper, recognising that issues of privacy as well as ownership of participant-generated images are highly complex.

Table 1 here.

Our data pointed us towards two major themes; loss and salutogenesis (what makes us well) with eight sub themes as detailed in Table 2. On many occasions participants described both – a description of loss alongside an image where people are recognising what makes them well and making adaptations.

Table 2 here

Loss

Ambiguous losses and a sense of loss

For the submitted images, themes of loss were frequently occurring, many of which were 'ambiguous', or defying categorisation as one distinct 'type' of loss, being caught up with the personal and the social:

My little girl having a tea party with her 'friends' for her 2nd birthday. She was 14 months old when the first lockdown started in March 2020...one of her first words was 'mask'...does make me feel sad and worried about her development but the positive [is that] it's allowed her Dad to be at home watching her grow. (ID1, female, 25-44 years)

The photograph of a tea party with 'imaginary' friends appears to express an ambiguous loss by a mother, juxtaposed with 'making the best of it'.

Figure 1 here

For another, lost opportunity was expressed through photographs of their daughters, *“training hard through lockdown for the sports they love. Football and running. They haven’t competed or raced for nearly a year now which is heart breaking for them.”* (ID 2, female, 25-44 years). A picture of two young children doing schoolwork at a kitchen table is accompanied with, *“This was day one of lockdown 3 - everyone trying their best to make sense of the new schoolwork while feeling pretty sad.”* (ID3, female, 25-44 years).

Figure 2 here

Lost opportunities and lost celebrations are encapsulated in a picture of a decorated jug inscribed with ‘happy birthday grandma’ accompanied by this text, *“We had 21st, 60th, 70th & 90th birthdays to celebrate this year - none of which could happen.”* (ID35, female, 45-64 years).

This participant presents an image of a country lane and commentary on wildlife and then talks about profound loss but also as an opportunity to come to terms with big life changes:

The pace distinctly slowed when Covid hit. There was no rush to anywhere. It was very much a therapeutic effort coming to terms with divorce, Brexit and then Covid. The sense of loss was immense. (ID4, male, 65+ years)

Others talked about practicalities, drawing out the theme of loss of livelihood:

This was meant to be a celebratory image of some donated furniture in my office. When I see the photo, all I can remember is how exhausted I was by the time I had walked from my wheelchair to sit on the sofa to take the photo. Also, I worry about paying the rent all these months and maybe never going back to tutoring in person, because of the energy it takes out of me to wheel the 5 minutes from home to the office. Should I give up the office now and save that money? (ID5, female, 45-64 years)

For others it was the loss of physical contact that was particularly poignant. This was depicted in images of objects that evoked feelings and memories of people absent or far away:

The photograph is important to me; not for what it shows but what it doesn't. Something from which I have derived the greatest pleasure, and which has been denied me in recent months, is the opportunity to spend time with my grandchildren in my local children's play area. I long for such moments to return. (ID6, male, 65+ years)

Some shared reunion photos, that were on the one hand joyful and on the other deeply saddening, due to the limitations on usual physical contact:

This photo still makes me very emotional - mine and my partner's first trip home to see our families (socially distanced) after the first lockdown. We saw my grandparents from inside our car with the windows closed, and then about 5 metres away. They had made this sign [photo is of the home-made 'Welcome' sign] to welcome us home. (ID10, female, 18-24 years)

Loss of freedoms from COVID-19 restrictions

There were stark differences in people's experiences of the COVID-19 restrictions captured in our 'moment in time' photographs and text. For example, the picturesque from one participant; *“Our weekend breakfasts in local cafes were replaced by coffee and croissant in the garden.”* (ID8, female, 45-64 years), contrasting sharply with a participant who was a full-time carer, who shared a picture of an outdoor pool and explained her two nights away as her only break 'during the entire lockdown'

(ID9, female, 65+ years). Others expressed existential fear, for example a photograph of empty supermarket shelves with the explanation:

This summarises some of the panic and hollowness I felt at the start of the pandemic. Checking the news obsessively for the new numbers of cases and hospitalisations, genuinely being concerned we wouldn't have enough food, counting up the number of days we could go without food shopping if needed. (ID10, female, 18-24 years)

One participant commented that they had had their first job and one was a re-registered nurse who was administering vaccines, and another submitted a photograph holding her vaccine certificate with the text, *"The end of the fear. The relief of feeling safer."* (ID21, female, 45-64 years).

With a photograph of a homemade croissant, one of our participants expressed multiple losses for him and his family and what he did to put some control back, giving this text to his photographs.

Figure 3 here.

On March 17th I went into my bunker. My son moved out of his room, and slept in the living room and I moved into his single room to isolate from my family. Covid was a strange virus that scared the life out of me and made me stay in a single room, not coming out until day 77 for 1 hour's exercise, for 114 days in total... it was tough for me, however my family were also dragged into my shielded world. My kids had to be ultra-careful at school, not see friends after school and basically lose 1 year of these teenage lives and dreams. I was locked in a room, but my only escape was early in the morning or late at night, when my family gave up the kitchen and I literally worked my way through Paul Hollywood baking books. I found baking not only acted as a meditation process, but gave me some structure to my life, that I could control. It was in my power, I was reclaiming my freedom, by choosing what to bake. Covid has taken away a lot from me. No rugby, no meeting friends, no going to the office, not even my own bed...but baking meant I could be me...and I found out I'm rather good at it 😊 (ID11, male, 45-64 years)

Unsurprisingly, there were many images that captured particular aspects of COVID-19 restrictions and control, such as: mask wearing, wearing protective clothing at work, Images from the NHS App detailing days left to self-isolate, home-schooling, supermarket queues and empty supermarket shelves, planes parked up at an airport, having your hair cut outside, and seats removed from a children's swings in a playground.

Figure 4 here

There were also images of ephemera such as a mug and a window sign both with the words, 'sending a socially distanced hug'. There were many images depicting the surprise of empty places due to COVID-19 restrictions. For example, an empty Blackpool beach on an Easter weekend, (ID12, male, 45-64 years), a city centre on a sunny day in May 2020 with no cars and no people, an empty university campus (ID30, male, 18-24 years) and deserted sea front in a popular seaside town:

It was eerily quiet hearing nothing but the sea and the occasional Gull, however that also made it quite exciting - it felt like we were the last two people on earth at times. (ID30, male, 18-24 years)

Death

The ultimate loss was represented in very distressing ways epitomised by one participant who lost both her parents within weeks of each other:

My mum died at [x hospice] having been transferred from [local acute Trust] and then tested positive for Covid. This is how we saw her for the last time during the first lockdown. She died on 1 April 2020. My parents had been together over 70 years. Under tight restrictions I was allowed to sit with her on the day she died. My dad never saw her again. It was heart-breaking. (ID14, female, 65+ years)

This text above was accompanied by a highly poignant image of four family members, one an elderly man, looking through the window of a hospice. The second image was a hearse, coffin and family members, “*There were just five at mum’s funeral but it was a beautiful day and very personal.*” The final image is a video of a coffin and family with the song ‘there’s only you in my life’ playing and the text:

A few weeks later I found my dad dead at home. He could not cope with the way my mum passed. I can only presume he died of a broken heart. I am an only child and for myself, my husband and our two sons our family has gone from six to four in weeks. (ID14, female, 65+ years)

Another participant shared an image of her wearing a mask with a poppy design:

Wearing the mask I made for Remembrance Day, which sadly got worn again at my Aunt’s funeral last month. (ID41, female, 45-64 years)

Figure 5 here

Salutogenesis – what makes us well

We detail five subthemes that appeared to act as protective factors, contributed to a feeling of control and were recognised as important to our participants in keeping them well.

Maintaining social connection

Despite COVID-19 restrictions, the importance of maintaining a social connection was demonstrated in many photographs. For example, images of friends and neighbours ‘meeting’ for socially distanced cups of tea, food and alcohol, birthday cakes at windows, images at care home windows or new, innovative ways of virtually ‘meeting’ with loved ones, “*So excited to arrange a FaceTime call with my Nana. Used to visit her at least twice a week. Sadly she passed away during the first wave from COVID-19.*” (ID39, female, 25-44 years).

I also signed up as a volunteer NHS responder, which again helped me to feel useful and have a sense of purpose. That led me to volunteer with a local charity as a telephone befriender in May and I’m continuing to volunteer That’s probably one of the best things to have come out of the pandemic and the lockdown for me. (ID13, female, 25-44 years)

My Father made a vegetable patch for my mother at the beginning of lockdown, it had been an emotional time for both of them and it was one of those small, everyday moments that properly expresses what it is to be human. Neither of them were aware they were being observed which allowed me to capture this moment of intimacy. (ID17, male, 18-24 years)

Figure 6 here

Making the best of it even in quite extreme adversity, such as shielding, was a recurring theme with people drawing on the assets that they had. For example, “*We are a family of three shielding. This*

[photo] is taken on a summer's day in the garden our sanctuary and saviour." (ID18, female, 45-64 years) 'Making the best of it' was often done in highly creative ways. The photo has an identifiable image, (so we are unable to share) but it is of a smiling woman with food, a glass of fizzy wine and this text:

My clinically extremely vulnerable friend and I desperately wanted to have our usual Christmas Do so on Christmas Eve I sat in the garden, she sat in her kitchen, and we ate all our usual favourite nibbles and drank Prosecco! Oddly - probably the best Christmas get together ever! (ID19, female, 45-64 years)

Creating 'a sense of occasion' with food featured in many images. One image was of a "date night" with a table set with candles and wine, others were of carefully set Christmas meals with crackers, glasses and decorations.

One image of a woman with a birthday cake at an open window said:

I appreciated the small things like people who waved at the window and my husband and kids who made nice food and ran baths and made me feel very special without going out or doing much at all. (ID39, female, 25-44 years)

An image of three snowmen was accompanied simply with, "*We could still play & be a little bit happy.*" (ID21, female, 45-64 years).

Participants shared many contrasting experiences. On the one hand, (oxymoronically) appreciating the opportunity that restrictions offered which contrasted starkly to other experiences, such as this, encapsulated by one of our participants:

One side of my mind tells me I am so fortunate and to stop whinging. The other side gets thoroughly low sometimes (ID22, female, 65+ years)

Another, gave two images to demonstrate this contrast:

Going for a walk with my family almost every day of each lockdown has been an invaluable medicine to cope with lockdown. We've been out in rain, sun and snow and feel blessed we live within walking distance of beautiful countryside. But they also commented, Home-schooling hell. Even as a primary school teacher myself, this has been one of the hardest parts of lockdown. Teaching my two children has been far harder than teaching my own class and has really affected my mood. The blurring of the roles of mum and teacher have affected both my own, and I think my children's mental well-being at times. (ID24, female, 25-44 years)

Reconnecting with nature and appreciating the outdoors

In total, 209 of the 398 photos were of outside spaces, landscapes, seascapes, flowers and trees. Many acknowledged a deeper appreciation of nature and the outdoors for its own sake, others enjoyed it for dog walking and for taking the opportunity to exercise outside, walking, cycling, paddleboarding and swimming. In terms of outdoor physical activity, walking and walking with dogs predominated. In fact, pets featured in 35 of the 398 responses, for the joy of having an animal, the mental health support, as an aid to being physically active and a mix of all of these.

This picture was taken the first time I left my home at the end of the first lockdown in 2020. Ever since spaces like this have helped me to focus on the positives in my life. They have also

shown me how important such places are to me - something I may never have realised without the pandemic lockdowns. (ID25, female, 45-64 years)

I've become much fitter over lockdown and have found getting out every day even if just for ten minutes has made such a positive difference to my mental well-being. This was the first winter I didn't get the winter blues and I think it's mostly been due to getting out every day but also being able to work from home a lot. Nature and family have been crucial. (ID26, female, 45-64)

We walked by the river with our two dogs every early morning and early evening watching the changing skies and seasons. We witnessed nature waking up and then resting. It gave us a connection with the "real" world and not the lockdown one in which we currently found ourselves. (ID28, female, 65+ years)

Figure 7 here

Creativity for pleasure

Hobbies including crafts, painting, gardening and baking for fun featured in 43 images. Creativity for pleasure appeared to give mental respite from existential worry.

Over lockdown I did lots of baking and made things I hadn't ever made before. I had time to cook both more healthy and unhealthy foods. It was fun to experiment in the kitchen and learn new things to cook. (ID36, female, 18-24 years)

I have spent so much time in my greenhouse. It has been my sanctuary, especially as I am shielding and have no garden. I can be in the fresh air without fear. It's magical. (ID40, female, 45-64 years)

My son moved out to be with his girlfriend because video calling every night for hours was breaking them. I turned his room into my craft room and it saved my sanity. (ID34, female, 45-64 years)

Participants also explained crafting as a way of enabling a deeper connection with others. One shared an image of knitted hearts, "for the hospice and critical care to give one to the patient and one to the family who can't visit them." (ID35, female, 45-64 years) For another participant:

This is a picture of the lockdown cards I made for my parents. It was one of the things that I came up with to keep me occupied and also signifies how relationships became more distant. Writing cards and letters was one of the ways to diversify the kind of contact I was getting, something a little different to a basic phone call or text. Something that I had touched to give to them, a card or letter is far more intimate than a mere phone call. (ID36, female, 18-24 years)

Faith

Faith, and its role in facilitating social contact, being a comfort and a 'friend' was juxtaposed against what had been lost. For example, an image of the inside of a church with social distancing barrier tape in place and this text about the loss of sharing weekly worship:

I am used to being able to share worship with others every week and we have not sung in church for nearly a year. Even when open, we sat masked, with one household per alternate pew, scattered across the whole building, which was constantly cold because we were required to have the doors open, so it was not really church as we knew it... Whilst I accept

that the loss of church worship has been necessary, it has been very challenging, as my faith has always supported me in hard times. (ID37, female, 65+ years)

Figure 8 here

Another, with an image of the participant in a mask in church:

This is my first time back in church in August 2020 after not being in church since middle of March. It was really emotional. (ID38, female, 45-64 years)

One participant shared a photograph at a drive-through church, “a strange experience but so good just to gather with other believers from a safe distance.” (ID39, female, 25-44 years). Another participant practised Buddhist meditation sharing a photograph of two plants representing *Sraddha* and *Metta* (faith and loving kindness) (ID40, female, 45-64 years).

Discussion

The image of a woman in a face mask with the poppy design [Photograph 5] at her aunt’s funeral cautioned us to remember the phrase ‘lest we forget’, commonly used in war remembrance and commemorative occasions in English speaking countries and the pertinence of this for the universality of disrupted lives due to the pandemic. We couch our discussion in an understanding that our findings will help us to remember and give testimony, whilst also accepting that our participants presented their photographs and text in a very particular ‘moment in time’ that is likely to take a long time to begin to wholly appreciate.

Our study reveals profound experiences of loss from the pandemic, whether this was loss of freedoms and death or the more nebulous concepts of ambiguous loss and a sense of loss. Our findings point to secondary losses (the consequences of death or major life events), often overlooked because they are covert but emerge as significant issues later on (Zhai & Du, 2020) and the vicarious trauma and psychological distress of members of the public (Li et al., 2020) and therefore the need for improved psychological services (Moreno et al., 2020). The testimony of our participants, particularly those who were shielding shows their coping strategies to regain a sense of control and ‘digging deep’ to develop resilience whilst dealing with deep distress and fear. Our findings support those of a study with people who were shielding where participants developed wellness strategies, such as finding comfort and connection (Sinko et al., 2022) and that the pandemic was easier to bear for people with an internal locus of control who feel they have a greater influence over their own lives (Krampe et al., 2021). Mounting international evidence also indicates differential impacts of the pandemic. For example, more pronounced negative mental health impacts among young people, women, the economically vulnerable and those with mental health conditions (Adams-Prassl et al., 2022; Akinin et al., 2022; Butterworth et al., 2022; Zolopa et al., 2022)

The pandemic exposed deep societal and health problems in the UK that had been long neglected (Hiam et al., 2020) exacerbating our already challenged NHS and social care system, especially for those with the greatest needs and the vulnerable (McCartney et al., 2021a). But the pandemic response also showed what could be achieved, for example shelter for rough sleepers and increasing Universal Credit (a social security benefit) to protect vulnerable populations (McCartney et al., 2021a). One policy response suggestion, “health in all policies”, recognises the wider social determinants of health by ensuring that all policies (e.g. housing, education, social security) are designed to help promote health and reduce inequalities (McCartney et al., 2021a). The diverse and nuanced COVID-19 experiences that our participants portray broadly resonate with these ideas and

also with Maslow's hierarchy of needs (Maslow, 1943) whereby those with assets and whose needs are met are more able to attain self-fulfilment and personal growth whilst others are forced to prioritise physiological deficits and safety needs from existential threats beyond their control. The contrasting experiences of our participants lends some supports that COVID-19 has impoverished unequally - 'the unequal pandemic' (Bambra & Lynch, 2021). COVID-19 mirrored well understood inequalities, where for the most disadvantaged, COVID-19 was (is) experienced as a syndemic - a co-occurring, synergistic pandemic that interacts with and exacerbates existing high prevalence of non-communicable diseases and sub-optimal social conditions (Bambra et al., 2020; Herrick & Reubi, 2021). Diderichsen's model of the pathways to inequalities (Diderichsen et al., 2001) adapted for COVID-19 by Whitehead et al. (2021) clearly points us to the differential consequences of COVID-19 control measures, the potential devastation for already disadvantaged groups and the unintended social consequences of lockdown. Our findings support policy recommendations that by prioritising equity (McCartney et al., 2021b), investing in the resilience of communities (King's Fund, 2021) and creating opportunities for good health we can create healthier more resilient communities which in turn will help to rebuild the UK economy (Suleman et al., 2021).

Finally, we consider salutogenesis ('what makes us well') a term coined by Aaron Antonovsky in the 1970s to help us understand why some people in situations of profound hardship stay well and others do not (Antonovsky, 1996; Hopkins & Rippon, 2015; Mittelmark et al., 2017). One element of this is a sense of coherence, whereby, simplistically, a person has confidence in finding meaning in their situation to help them manage and there is some emerging evidence of an association between sense of coherence and COVID-19 (Danioni et al., 2021). Despite the huge challenges of the COVID-19 restrictions, many of the participants give testimony to this sense of coherence. For those who were able to draw on and mobilise resources and assets, such as access to the countryside and social connectedness, it gave them some control of their lives from which to manage stressors and to keep them well. For others, these protective factors, their potential benefits and control over their lives were elusive. Learning from other disasters has shown us that in the path to recovery is not linear and people experience different responses at different times as they come to terms with the aftermath of a traumatic event and large numbers of people will experience some sort of psychological distress (King's Fund, 2021). Lessons from Ebola and the 9/11 attacks also showed the importance of community action, a desire to contribute to society and people finding meaning and a sense of control, belonging and self-esteem by giving support to friends, family and the wider community (den Broeder et al., 2021; Peterson & Seligman, 2003). Post Covid-19 there is an opportunity to go beyond individual growth and create sustainable and resilient communities to build resilience and social capital (den Broeder et al., 2021).

Our findings support policy recommendations of the essential importance of identifying and assessing community need and investing in the resilience of communities (King's Fund, 2021). This in turn will create opportunities for good health so that we can generate create a deeper recovery with healthier more resilient communities which in turn will help to rebuild the UK economy (Suleman et al., 2021).

Strengths and limitations

Our method gave snapshots into private worlds while we were isolating and under restrictive measures. Our findings come from a UK cohort. However, our themes resonate with findings such as psychological distress from income loss, exacerbation of psychological vulnerability and the importance of connected communities in countries as diverse as New Zealand, Germany and China in their responses and death rates (Chen et al., 2021; Every-Palmer et al., 2020; Officer et al., 2022; Silveira et al., 2022).

Our photographs and the accompanying text often revealed the complexity of people's COVID-19 experiences. Whilst participants were given only simple guidance on taking up to three photographs that represented their subjective experiences, they often chose to give contrasting images (positive and negative experiences) with text that suggested both a sense of loss but counteracting this by drawing on personal resources (assets such as community responses and social connectedness) to maintain a sense of healthy wellbeing.

Methodologically, whilst we were cautious in our interpretations as a team, we are also acutely aware of the many potential readings from visual images (Drew & Guillemin, 2014). We suggest, that by choosing photographs in a pre-formative way and then adding explanatory text to this, participants could be more likely to show their personal reality at the time rather than a constructed one for the study. We posit that the additional layer of information provided by the participant's captions may have helped in our interpretations but ultimately, we can never know this. We were not able to make meaning by engaging with participants by interviewing them as is traditional in photo-elicitation. We note previous advice on analysis in photo-elicitation that neither interview data nor the image produced should occupy an elevated position (Guillemin & Drew, 2010) and we have reproduced extensive narrative from our participants in this paper to aid this balance. We suggest that the photograph and texts shared by our participants were highly symbiotic. To enable us to make meaning during the analytic process the poignancy of the text was explained by a photograph and the meaning that the participant gave to the photograph was evoked by text.

The use of photographs may have particularly lent itself to eliciting themes around salutogenesis, reflecting the nature of the way we use photos in our lives: to capture what nourishes us. This evidence of seeking 'nourishment' was evident both in the narrow sense (baking, home grown food etc.) and at the broader emotional and social level. We acknowledge the risk in photo methods that people will generally take photographs of positive experiences. There is however, also an argument that photographic methods addresses concerns about power relations between researcher and subject (Van Auken et al., 2010), by restoring the balance of power to the individual who can reveal aspects that are meaningful to them.

Conclusion

Our study, using photographs and texts from participants as testimony on the pandemic illuminates some of the coping mechanisms drawn on during the profound challenge of COVID-19 and its restrictions. For those with resources (internal and external), assets and a sense of coherence they were able to identify 'what made them well' and utilize these as protective mechanisms. Others experienced loss (death, loss of freedoms and a sense of loss), the consequences of which we, as onlookers, can only speculate on. Our findings indicate the powerful effect of assets that were perceived by our participants to protect them and keep them well.

As we moved out of social restrictions the policy focus has been on the 'roadmap to recovery', suggesting a return to 'normal'. Yet we know that vulnerable populations entered the pandemic from very different starting points compared to those with favorable socio-economic, work and social assets. These pictures and narratives illustrate the vast heterogeneity in what might be considered 'normal'. For people with a stable baseline 'normal' recovery following this strange time of social restrictions might be moving slowly back towards that baseline, but for others who are in vulnerable or insecure social, financial or emotional positions, perhaps with unstable family and homes lives, there may never have been a solid baseline of 'normality'. For these people, the recovery agenda may be somewhat farcical.

Understanding differential vulnerability will be essential going forward to target resources appropriately to those who have the least sense of control over their lives, the financially disadvantaged and people with the greatest vulnerabilities and least assets. This will enable the (re)building of assets to aid individual and community resilience, which in turn will support a self-perpetuating recovery, better placed to cope with future challenges.

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Figure 1 – Photograph 1

Figure 2 – Photograph 2

Figure 3 – Photograph 3

Figure 4 – Photograph 4

Figure 5 – Photograph 5

Figure 6 – Photograph 6

Figure 7 – Photograph 7

Figure 8 – Photograph 8

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Table 1 Baseline (2020) characteristics of sample who submitted at least one photo (N=197)

Characteristic	% ^a	N ^b
<i>Age category (years)</i>		
18-24	3.6	7
25-44	20.4	40
45-64	54.1	106
65+	21.9	43
<i>Gender</i>		
Male	27.5	53
Female	72.5	140
<i>Ethnicity</i>		
White	96.9	190
Other	3.1	6
<i>Household income lower than living wage (£1,500 net per month)^c</i>		
Yes	24.9	43
No	75.1	130
<i>Index of Multiple Deprivation (IMD) quintile (1=most deprived)^d</i>		
1	14.9	29
2	12.9	25
3	22.2	43
4	24.2	47
5	25.8	50
<i>COVID-19 at risk health condition</i>		
Very high risk health condition	12.7	25
Increased risk health condition	23.4	46
No increased risk health condition	64.0	126

^a Percentages may not add up to 100 due to rounding ^b Due to missing data, totals may not add to 197

Table 2 Themes

Higher order theme	Sub theme
Loss	Ambiguous losses and a sense of loss Loss of freedoms from Covid-19 restrictions Death
Salutogenesis – what makes us well	Maintaining social connection Making the best of it Reconnecting with nature and appreciating the outdoors Creativity for pleasure Faith

Figures

Photographs to be inserted in text

Figure
1



2



3



4



5



6



7



8



Journal Pre-proof

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Figures (better quality to be supplied if accepted for publication)

1



2



3



4



5



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8



Highlights

The Covid-19 pandemic profoundly affected people's lives and exacerbated inequalities

Some people were able to identify what helped protect their health and wellbeing

Assets known to be protective to health and wellbeing were elusive to many people

Loss, ambiguous loss and a sense of loss dominated with ongoing health implications

Understanding differential vulnerability will be essential in Covid-19 recovery plans

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