

## Social Wellness Approaches Used During the Covid-19 Pandemic

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### ABSTRACT

The global outbreak of the COVID-19 pandemic affected every dimension of human wellness. The various protocols implemented to mitigate the spread of the pandemic had significant effects on the wellness dimension relating to physical wellness. This study explored the social wellness challenges experienced by some families in Melbourne, Australia, during the COVID-19 pandemic and the strategies they used as they transitioned through the pandemic. The study framed three possible inductive themes aligned to the impact of COVID-19 on specific aspects of social wellness, pathways to the management of social wellness during COVID-19, and critically analyzing recommended changes to social wellness by the families in the study. The study findings indicated that, the pandemic had both positive and negative effects on the social wellness of the families. The strategies of the families are worthy of notice, for future approaches to deal with any pandemic. It is expected that the proper implementation of the proposed strategies will significantly contribute toward social wellness for individuals and families facing social wellness challenges.

**Keywords:** COVID-19, Families, Pandemic, Social wellness

### INTRODUCTION

COVID-19 caused widespread disruption, affecting almost every dimension of human life (OECD 2020). To minimise the spread of this virus, strict measures such as social distancing and lockdowns were globally implemented. Often, such confinement affected the wellness of individuals and families in various ways (UN 2020a; Welsh Government 2020). The Organisation for Economic Co-operation and Development (OECD) (2020) also asserted that the pandemic negatively impacted the marginalized and vulnerable, thus leading to greater stress and anxiety. More so, studies have shown that intersecting identity factors such as race; gender; ethnicity; intellectual and physical disability; and socio-economic factors exacerbated the disproportionality of the impact of the pandemic (Queral-Basse 2020; OECD 2020). This study highlights that underlying factors such as wellness are often neglected or at times overlooked (Dokov, Milkova and Stamenkov 2020). While wellness refers to the eight dimensions (social, physical, occupational, spiritual, emotional, financial, intellectual, environmental) according to the model of Swarbrick and Yudof (2015), this study focused only on social wellness. The focus was on how Australian families reconstructed their social wellness, as they transitioned through COVID-19.

### SOCIAL WELLNESS and COVID-19

Nations are made up of societies, and societies are made up of families. Pursuing the wellness of families is fundamentally important, as they constitute the foundation of communities, and wellness plays a critical role in the wellness of all family members. Therefore, ensuring the collective wellness of families significantly affects various spheres in society. However, wellness is a life-long process with both positive and negative experiences. As such, at one time, a person may feel healthy and optimistic about life, but at other times depressed and highly emotional. From the perspective of social wellness, having relationships with family, friends, and the community; including having a concern for and an interest in the needs of others is important.

Additionally, during times of global pandemics like COVID-19, it is likely that people may experience feelings of anxiety, stress, and helplessness. Relatedly, research revealed that 41% of participants felt burnt out from grappling with challenges caused by COVID-19, while others felt anxious due to threats to their job security,

benefits and pay (SHRM Covid-19 Research 2020). Further, the study by Waite and Creswell (2020) which identified top stressors such as work; children; and family and friend's well-being during COVID-19, is further evidence of the impact COVID-19 had on wellness. Moreover, findings by the OECD (2020) survey indicated the negative psychological effects of quarantining and social distancing. This is further affirmed by studies in the United States and the United Kingdom, with participants reporting anxiety, stress and loneliness (Etheridge and Spanting 2020; McGinty et al. 2020; WHO 2020).

More specifically, many Torres Strait Islanders and Aboriginal in Australia who frequently travel between communities for funerals and grieving is a case in point (Australian Department of Health 2020a). They struggled to reconcile COVID-19 restrictions with their cultural obligations of mourning in the current COVID-19 lockdown and social distancing impositions, which directly affected their wellness (Power et al. 2020). Additionally, vaccines to attain herd immunity among people (70% of the population) are bound to take time. Nevertheless, due to the variants in the virus, the vaccines did not necessarily guarantee 100% success rates (Lee 2020). Therefore, the approach of many governments to control the COVID-19 pandemic continue to be social distancing, isolation, quarantine, and frequent hand washing.

Socially, the COVID-19 pandemic has affected the lives of people globally. Governments have tried to curb the spread of this deadly virus globally by implementing social distancing. However, this was meant to communicate that people should stay physically away from each other but not socially (Okabe-Miyamoto and Lyubomirsky 2021; Mayer 2020). Hence, COVID-19 has proposed notable additions to the way people live.

The negative occurrences associated with the COVID-19 pandemic has caused anxiety and this often decreased the capacity to reason and cope with everyday challenges. This may result in individuals being less prepared to take care of others and themselves. One should reach out to health professionals while facing social anxiety as it can be a disorder that can affect one's life negatively (Okabe-Miyamoto and Lyubomirsky 2021). Mood fluctuations, feeling bewildered, or having difficulty sleeping associated with distress and anxiety may create obstacles (Mayer 2020). Some people might think that seeking help can be embarrassing, but social anxiety should be treated just like other disorders. Since social wellbeing is paramount in any workplace, school, and college, talking about how one feels is an acceptable way to deal with anxiety (Okabe-Miyamoto and Lyubomirsky 2021).

Since the lockdown, some people faced difficulties interacting with people they usually do so with, and this new period of social distancing and working from home affected people's ability to connect socially, often resulting in a lonely and isolating environment. This calls for some coping mechanisms to diminish the hardship among Australians. Therefore, it is vital to explore alternative home-based mechanisms to reconstruct wellness during this pandemic and subsequent ones, as a means of complementing other government initiatives. Social wellness home-based mechanisms that promote resilience during pandemics are limited to date, narrowing the knowledge base on this human need. Thus, the study aimed to help create a more personal response to social wellness among Australian families to fill this gap.

## **WELLNESS AND FAMILIES**

This study considered wellness as the active pursuit of activities, choices, and lifestyles which are important for the purposes of holistic health (Global Wellness Institute n. d.). As such, well-being means a subjective condition, being happy or where an individual is in a state of well-being, while wellness is attributed to a process of actively making choices that result in optimal health and well-being (Goodman et al. 2018). Additionally, well-being, often refers to the treatment of an illness or curing a sick patient, whereas wellness refers to moving toward optimal health regarding all the wellness dimensions (Oliver et al. 2019). Wellness is also meant to be multidimensional and holistic in nature such as social, spiritual, financial, occupational, intellectual, emotional, environmental, physical and emotional wellness (Swarbrick and Yudof 2015). Meditating, regular exercise and eating a balanced diet are some of the approaches to attaining wellness among individuals and families. Before the onset of COVID-19, the demand for wellness programmes steadily increased. This surge in demand was associated with people wanting to achieve higher levels of wellness (Kourtit et al. 2021). Thus, people are beginning to learn that wellness contributes to sustainability in all spheres of life (Ali-Knight and Ensor 2017).

From the perspective of family wellness, it is argued that family relationships foster interdependence within relationships, and are crucial for wellness across the span of life (Umberson et al. 2015). According to TIS (2022); Thomas and Umberson (2017) and Suitor et al. (2017), families are crucial for the following reasons: Families lay the foundation for future relationships; families are a pillar of strength during challenging times; families promote a sense of belonging; families provide a source of encouragement and affection; and family relationships correlate with mental health. Thus, healthy family relationships have stronger and better relationships; and potentially enjoy happy, long, and healthy lives.

Various types of family relationships such as single parents, couples, retirees, same sex couples, migrants and aborigines accentuates the complexities underpinning family relationships, while also affecting the dynamics of wellness within families (Lee, Clarkson-Hendrix and Lee 2016). As such, the nature of family relationships may significantly benefit or retard wellness among family members, as relationships provide a sense of meaning, purpose, and resources which may influence wellness (Suitor et al. 2017). For example, the quality of social support provided by families (e.g., care, love and sympathy) may influence the physical and emotional wellness of family members. Additionally, family members may encourage positive affect to enhance physical wellness. These core components of wellness help to regulate the behaviour of family members, while not compromising coping mechanisms to deal with wellness issues (Suitor et al. 2017). To the contrary, poor relationships may weaken wellness across the various wellness dimensions. Thus, since wellness is a life-long process, there is an imperative to continuously manage and sustain wellness.

More specifically, the pandemic affected family wellness in various ways. It affected family cohesiveness; and caused loss of employment, negative moods, stress, and sometimes aggressive behaviour among others (Feinberg et al. 2021). Due to the unprecedented effects of the pandemic, families either perished if they could not cope, or garnered resources to reconstruct their wellness as they transitioned through the pandemic.

Thus, this study examined how social wellness was affected among Australian families, and how they reconstructed such wellness as they transitioned through COVID-19. Nurturing such wellness may not only affect the wellness of individuals within the family, but such wellness may also extend toward others beyond the family context.

## **RESEARCH METHODOLOGY**

The nature of this qualitative research influenced the researcher to select an exploratory research design. A fundamental benefit of exploratory research is that it provides insights into problems and enquiries that were not well researched in different contexts (Babbie and Mouton 2001).

### **Sampling strategy used in the study**

This study used non-probability sampling for the target population, whereby a convenience sampling strategy targeted families referred by a manager of a non-governmental organization, and within the reach of the researcher. In using non-probability sampling, the researcher ensured that the selection of the 12 families was based on typical representivity of Australian families comprising of Aborigines; single parent families; gay couples; childless couples; straight families; minority and majority groups; retirees; retirees; and opened to all races to ensure diversity and representivity. Furthermore, the 12 families, constituted a single household who interacted with each other in their respective social positions as parents, spouses, children, siblings, grandchildren, or a nuclear family living together as a unit. Since, the population of various types of families was too large to consider and examine, the researcher selected the families who were conveniently available to the researcher based on the referrals (Taherdoost, 2016). The families interviewed in this study were represented as numbers (eg: Family 1), according to the order in which the families were interviewed.

### **Data collection and method of analysis**

This study used a qualitative approach (interviews). The interviews were conducted by the researcher either face to face, or through Zoom Video calls. The interviews generated electronic data through voice recordings, which were saved for transcriptions and analysis. This helped to guide against data loss and guarantee quality and trustworthiness. Thereafter, the documents were imported to QSR NVivo 12 software for ease in conducting the

analysis. The software presented the coded data as subthemes for the three themes identified from the interview guide, thus grouping the data into manageable themes and subthemes. Efforts were made to ensure that data were objectively compared, bearing in mind the focus of the study. This was in line with the recommendation of Spencer (2011), that “the ‘craft’ of qualitative research requires a balance between inductive forces-allowing the collected data to speak for itself, and deductive forces-structuring, ordering principles derived from theoretical models and concepts”. More so, Saldaña (2021) posited that as a principle, a provisional list of codes should be determined beforehand (deductively) to harmonise with the study’s conceptual framework. Thus, the themes for the study were determined deductively beforehand for purposes of data collection and analysis; while the subthemes were inductively identified.

**QUALITATIVE ANALYSIS OF SOCIAL WELLNESS AMONGST AUSTRALIAN FAMILIES**

Social wellness involves having relationships with family, friends, and the community; and having an interest in and concern for the needs of others (Swarbrick and Yudof 2015). From a social wellness perspective, it became clear that the COVID-19 pandemic affected the lives of people worldwide. In response to the rapid spread of the pandemic, governments tried to curb the spread of this deadly virus globally by implementing social distancing rules. While the social distancing protocols reportedly curtailed the spread of the virus, Okabe-Miyamoto and Lyubomirsky (2021) claimed that the practice of social distancing inherently limits an individual’s social interaction. The consequence of this is the decreased sense of social connection, which is important for maintaining wellness. Hence, one may argue that COVID-19 has imposed a myriad of consequences on health and wellness, with Australians being no exception. Thus, understanding how and why families' social wellness shifted due to the pandemic is of interest in this study. Given the unknown trajectory of the pandemic, the social wellness of the participants before and during COVID-19 was explored in order to understand how social wellness was reconstructed to improve the quality of wellbeing.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for social wellness under the three themes.

**Table 1:** Themes and sub-themes relating to social wellness

<b>THEMES</b>	<b>SUBTHEMES</b>
1. Impact of COVID-19 on specific aspects of social wellness (8 subthemes)	1. Maintaining a network of friends and or family 2. Restrained physical social interaction 3. Ability to regularly spending time with people we like 4. Ability to balance own needs with the needs of others 5. Ability to show and maintain compassion toward those in need 6. Ability to feel a sense of belonging within the community 7. Ability to offer support to others through verbal or tangible means 8. Ability to want to communicate with others
2.Pathways to the management of social wellness during COVID-19 (3 subthemes)	1. Social media engagement 2. Community support and engagement 3. Family activities
3. Recommended changes to social wellness (4 subthemes)	1. Interaction with family and friends 2. Technology savvy 3. Joining a club 4. Charity organisation

**THEME 1: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF SOCIAL WELLNESS**

The COVID-19 pandemic with the accompanying social distancing challenges has affected particularly those in the usual unsafe or omitted groups (Shim 2020). For example, women with adolescent kids are in this kind of

group, considering they have a more elevated chance of matching the standards for a mental disease or psychological suffering (Shim 2020). Given this concern, this subtheme explored the impact of COVID-19 on specific aspects of social wellness. The excerpts from the interviews and each specific aspect assessed in the study are detailed below.

This theme explored the impact of COVID-19 on specific aspects of social wellness of the family structure under eight specific areas (maintaining a network of friends and/or family; restrained physical social interaction; regularly spending time with people you like; balancing your own needs with the needs of others; showing and maintaining compassion toward those in need; feeling a sense of belonging within your community; offering support to others through verbal or tangible means; wanting to communicate with others).

### **Subtheme 1: Maintaining a network of friends and/or family**

Okabe-Miyamoto and Lyubomirsky (2021) claimed that social factors and social behaviours, including the quality and quantity of people's social relationships protected well-being during the pandemic. Given that family and friends serve as one of the most important sources of emotional support during stress, it was vital to understand how the participants maintained a network of friends and/or family.

- Engaged in online conversation

With limited face-to-face contact during the stay-at-home and physical distancing mandates of the COVID-19 pandemic, people were at higher risk of feeling isolated and emotionally distressed (Brooks et al. 2020; Qiu et al. 2020). Juvonen et al. (2021) noted that when social isolation mandates prevent friends and family from getting together in person, they can keep in touch through electronic communication methods (i.e. calling, texting). Consistent with this, all the participants revealed that to overcome social isolation, they engaged in online conversations with friends and family. Many of them indicated that they use digital platforms such as WhatsApp and Facebook to maintain interaction with friends and family.

Despite lockdown and isolation protocols, we continued with our video calls, WhatsApp group chats, and Facebook interaction (Family 1)

Interaction most often was virtual/telephonic. We tried to keep in contact through various social media platforms (Family 2).

We communicated frequently with friends/family via zoom, WhatsApp, Facebook and other social media platforms (Family 7).

The above finding is supported by Beaunoyer et al. (2020), who reported that during stay-at-home and physical distancing mandates, connecting with friends was largely restricted to electronic methods (i.e. texting, voice and video calls, posting and commenting on social media). This is also evident in the statement below.

We tried to keep our network of family and friends' activities through online conversations, phone calls, video calls, and face time (Family 12).

While convenience or efficiency is an important consideration in everyday communication and as a way to maintain relational closeness under normal circumstances (Ledbetter 2008), multi-modal forms of communication (e.g. video calls) may become increasingly valuable ways to maintain intimacy. Participant 3 acknowledged that while it was impossible to meet face-to-face due to health and safety concerns, the use of digital technology helped to maintain vibrant communication with friends and family.

Not possible to meet has everyone has kept their distance due to the health and safety of one's life. We resorted to online chats, video calls, Facebook, Instagram and phone calls. Helped to keep the network vibrant, laugh at humorous posts from family and friends, and comment on postings (Family 3).

Similarly, family 4 indicated that social media helped maintain relationships with family and friends.

Social media platforms help to maintain relationships with family and friends (Family 4)

Nevertheless, while social media assisted in maintaining relationships, there was an element of dissatisfaction among some of the participants due to the inability to make physical contact with friends and families.

We could not visit our families back home. Even though this was disappointing, at least we had the technology and social media platforms to keep in contact (Family 10).

Juvonen et al. (2021) stated that reliance on social media in communicating during lockdown might be the least satisfying. This may be attributed to the fact that social media involved low levels of interaction such as posting, browsing and commenting. This is evident in the statement from family 8 who shared that the older generation enjoyed physical companionships as opposed to virtual ones. As such, one could assume that for older adults who are not technologically savvy, social isolation would have been very difficult.

COVID-19 has an adverse effect on keeping up with friends and family in terms of face-to-face contact. Though some try to communicate through virtual platforms, our generation seems to enjoy physical companionship as opposed to virtual one. But we're grateful that technology kept us connected (Family 8).

### **Subtheme 2: Restrained physical social interaction**

As discussed previously in this chapter, Covid-19 prompted most countries including Australia to adopt restraining measures to mitigate the spread of the disease. According to the view of Nogueira et al. (2021), confinement measures imposed during COVID-19 are likely to have a significant increase in psychological distress, depression and anxiety. This can also be supported in the statements gathered in this chapter. As such, it was vital to determine the position of the participants concerning the restrained physical and social interaction they faced during the pandemic. From the interviews, the following were noted.

- Need for the safety of family and friends

Despite the social isolation and the need to socialise with family and friends, many of the participants believed that confinement is needed for the safety of their family and friends.

We realised that we needed to behave responsibly for the safety of family, friends and others. While we miss face-to-face contact, the various social media platforms made up for the loss of physical contact. We believed that half a loaf is better than nothing (Family 1).

Furthermore, the death count was part of the reason that some participants indicated that the lockdown was necessary to protect their loved ones.

Initially, it was hard but the number of deaths from interactions at funerals and other gatherings made us content to enjoy being safe at home. Technology really made a difference in maintaining contact, which we appreciated under restrained conditions (Family 11).

We accepted and respected lockdown rules, even though there were moments of sadness such as not seeing my parents and hugging them on their anniversary. We believed in being safe than sorry. Rather save a life than lose a life (Family 2).

- Adopted new social protocols

Others adopted a new social protocol to circumvent the restrained social interactions. For example, a new form of greetings was adopted:

We had to observe social protocols, changed how we greeted when visiting the supermarkets or the doctor; and ensured that when we had home deliveries, we requested the goods be left at the front door. It requires adjustment to a new way of living (Family 3).

Online contact in place of physical contact:

It felt so unusual not to communicate or visit church members on weekends. It felt awkward not meeting close associates after work hours. We had to adjust to online contact, phone calls and relying on hearing the voice and not seeing people in person (Family 7).

- Challenging

For others, the restrained measures were challenging for them and other families.

That was one of my biggest challenges; not being able to touch, talk and be in the company of other family members/friends. Online interaction does not give one the personal touch. But we had to make do with what we had (Family 8).

Apart from the above, having a sick family member with COVID-19 at home, made it more challenging for family 5.

Yes, there was no physical social interaction, except for those of us living in the same house. 2 of my family members were COVID-19 positive and they had to self-isolate at home, which made moving around the home quite challenging (Family 5).

- Delayed work schedules

One of the participants indicated that restrained physical social interaction delayed work completion.

This has caused some delays in my work schedules, especially in the supervision of research projects/visiting project sites. However, with online monitoring and meetings, we did make progress. With limited physical contact beyond our immediate family, we used social media to keep in contact, for which we were grateful (Family 10).

### **Subtheme 3: Ability to regularly spend time with people we like**

There is no doubt that family and friends serve as one of the most important sources of emotional support during stress. However, with the pandemic, there have been mixed views on people's ability to spend time with friends and family. While it was revealed that the pandemic united families and increased bonds, it also limited interactions with friends and family who were not in the same household. According to Okabe-Miyamoto and Lyubomirsky (2021), different types of relationships have been found to differentially impact people's well-being during the pandemic. As such, it was critical to determine if the participants were able to regularly spend time with people they like.

- Adjusted to new normal

Given the restriction imposed to curb the virus, many of the participants hinted that they adjusted to the new normal. While it was challenging for some, the use of digital technology helped maintain relationships and contacts.

Adjusting to the new normal was challenging in the beginning, but we had to adjust and embrace change. The consolation is that this will come to pass (Family 1).

Things changed significantly, even going to prayer meetings/socials was difficult. We had to be adaptive to the new normal as responsible individuals (Family 11).

Regularly spending time with people I like was restricted in terms of face-to-face contact. We adjusted to keeping in contact via other social mediums (Family 5).

Others expressed caution that the safety of their immediate family was more important during the pandemic, which informed their support for the restriction.

We were very cautious of the negative impact of close physical. With different mutations of the virus, being infected was highly possible. But being safe was more important than physically being with them. We regularly organised virtual family dinners, which were full of laughter... new ways of having family dinners (Family 9).

However, SOME of the participants revealed that the pandemic limited chances of them regularly spending time with people they like.

This became limited or non-existent in certain cases. But thanks to technology, we maintained contact (Family 2)

Besides my immediate family at home, spending time with family and friends was restricted face-to-face (Family 4).

The above narratives indicate that there was no physical contact with anyone outside the immediate family. Even neighbours were communicated to through the fence (Family 6). This is so due to the strict regulations and social restrictions implemented to curtail the spread of the virus.

This was not feasible due to the lockdown measures. We had to abide by lockdown regulations, so we were denied the opportunity to spend quality time with people who matter most. Time was spent on online interactions...even family chats on teams or zoom were not the same, but we appreciated some contact (Family 8).

From the above statement by family 8, it is evident that digital technology is not a substitute for physical contact with family and friends.

- Family closeness

Consistent with Tam et al. (2021) who stated that being confined together allows families to foster stronger bonds, the participant from family 10 revealed that the pandemic brought the family closer.

We are so attached as a family that COVID-19 has even brought us even closer, seeing that we spent more time at home for long periods for the first time (Family 10).

#### **Subtheme 4: Ability to balance own needs with the needs of others**

The COVID-19 pandemic brought lots of uncertainty and challenges to many people. Apart from the loss of the source of livelihood, there were also challenges of financial distress. More worrisome is that vulnerable communities such as communities with deeply entrenched poverty, overcrowded housing, and limited employment flexibility faced greater immediate risks during the pandemic (Fisher et al. 2020). The Lancet in their report, noted that homelessness, disability, older age, and or poor mental health increased the risks individuals faced during the pandemic (Sam 2020). Fisher et al. (2020) further noted that without the support offered by local authorities, social inequalities within communities increased. Given this concern, it was essential to know how the participants balanced their own needs with the needs of others within their community. From the interview data transcribed, many of the participants revealed sharing their resources with others during the pandemic.

We believe that sharing is caring. Selflessness, compassion and empathy should take precedence when people are in more destitute circumstances compared to us. Roles may very well change and we may need others to come to our rescue (Family 1).

The above is attributed to the sound religious belief of some of the participants, who emphasised selflessness, compassion, and empathy. This is reinforced by the view below.

Part of our spiritualism and religious faith is the need to be selfless, empathetic and compassionate. We helped with donations, talked to those in distress and also prayed for the well-being of others (Family 10).

Some of the participants recognised the importance of sharing, particularly during this period of the pandemic.

While our own needs have become a priority, we tried to help family and friends in small ways such as food parcels, transferring data for their use; and even donating old clothes and appliances to the homeless/Salvation Army (Family 3).

Initially, we were paralysed and only took care of our immediate family unit until we could make sense of what was happening around us. We later started to interact mostly on social media and reached out to those in need. We offered leftover food to our neighbours, gave donations to the homeless and offered clothes/bedding to the Salvation Army (Family 9).

Part of the sharing involved donations as can be extracted above, as well as sharing of fresh produce as indicated in the statement below.

My needs and that of my family are intertwined. We continued to help our family with basics when needed. We also shared extra fresh produce from our garden with neighbours (Family 11).



Equally, it was also gathered that sharing with others complemented the giver and improved their wellbeing.

Yes, life is about complementarity. Own needs are satisfied when other people's needs are also satisfied. We need to remember that when you care about the well-being of others, your own well-being will be also improved (Family 5).

Moreover, balancing self-care and support for others became increasingly difficult during the pandemic. Participant from family 4 was against compromising one's well-being to support others.

It depends on caring about other people's needs at the expense of caring for our puts this out of balance. I think that it is also a bad idea to sacrifice large amounts of our well-being to do a little bit of good for other people. We need to help others in need but not when personal wellbeing is compromised (Family 4).

The plausible reason for the above sentiment may be connected to the challenges and uncertainties faced by many people during the pandemic. For instance, the participant from family 6 revealed the difficulty the family faced to meet the basic needs of the family. Such a rough situation may hinder charity support.

It has become difficult to meet the basic needs of my family and only managed to cater for critical needs like basic food, shelter, education and medication. Could not spend as much as we did previously on donations (Family 6).

For example, a participant from family 7 revealed that when there were no financial constraints, the family did offer support to those in need. One can therefore draw out that the financial situation of an individual can either favour supporting others or restrict such support.

..... When there were no financial constraints, we did offer support to those in need. While family needs took priority, where we could help minimally we did so (Family 7).

Participant from family 2 while acknowledging the importance of altruism, stressed moderation to ensure balance. In the participant's words:

While it is not good to sacrifice one's own well-being, likewise it is not morally right to ignore the welfare of those who are suffering. Setting boundaries is important to balance personal well-being with that of others. Altruism is part of spiritual consciousness and is connected to social wellbeing (Family 2).

### **Subtheme 5: Ability to show and maintain compassion toward those in need**

As already highlighted, COVID-19 came with its peculiar challenges, which invariably worsened the situation of vulnerable people in the community. It was vital to know how the participants maintained compassion toward those in need. From the interview data analysed, the following were uncovered:

- Offering support

Many of the participants indicated that they offer support to those in need. These are captured in the excerpts below. Participant from family 10 revealed sending money home for a family in need, offering help to the church, and supporting others in shopping.

We sent money to family back home, we helped the church with food parcels and offered to help family and friends such as shopping for them and sharing some of our fresh produce and home-cooked meals (Family 10).

The above is consistent with Fisher et al. (2020) who revealed that in Netherlands, for example, volunteer groups were formed to offer help to individuals unable to leave their homes, offering services such as grocery shopping. This is supported by some of the following statements.

We donated to a church initiative, which embarked on feeding the poor and homeless during the pandemic. This food drive included the provision of blankets and winter clothing (Family 7).

We showed compassion by donating blankets/clothes to the shelters/children's homes (Family 8).

Apart from donations, Fisher et al. (2020) noted that there were other ways in which communities came together in positive ways in times of COVID-19. In this study, it was uncovered that some of the participants offered

support by way of reaching out to others. This is vital in providing emotional support for those going through different psychological issues because of the pandemic and confinement.

We showed compassion through phone calls, online chats and video calls. There were several people in our community who were really affected. Talking to them helped to know their state of well-being and needs (Family 11).

We always have been motivated to assist those who are suffering. Our compassion was truly tested during COVID-19 when we offered to help a family with issues of domestic violence. Sharing and alleviating pain and suffering is part of our purpose as humans (Family 2).

Showing and maintaining compassion according to family 6 is vital toward social wellbeing. Such well-being included community interactions and solidarity.

Showing and maintaining compassion toward those in need is vital for social well-being and enhancing the community's interaction and solidarity (Family 5).

- Reciprocating compassion

Two of the participants reciprocated the compassion shown to them.

Just as we receive care and compassion from others, we believe in reciprocating. We don't like to live with regrets, therefore our door is always open to those who need a shoulder to cry on (Family 1).

Just as family and friends regularly checked up on us, we also reciprocated, as it is the moral thing to do, especially during such a crisis. We did donate groceries (Family 12).

### **Subtheme 6: Ability to feel a sense of belonging within the community**

Jetten et al. (2020) noted that people's sense of self can be profoundly shaken when separated from the groups to which they belong. According to Kitchen et al. (2015), a sense of belonging is recognised as an important determinant of psychological and physical well-being. However, the social isolation that resulted from lockdown policies can lead to loneliness (Fortgang 2021), with the need to maintain social connectedness (despite physical isolation) becoming a mandatory recommendation for mental health (Courtet et al. 2020). Given the social distancing restrictions imposed by governments to curtail the spread of the virus, it was vital to know if the participants felt a sense of belonging within their community. From the interviews, the following were uncovered:

- Community engagement

According to James and Thériault (2021), the community relies upon social interactions, respect, as well as having a sense of place and belonging. From the interviews, many of the participants continued with engagement within their communities. For example, the participant from family 1 noted to be active in church activities and helped with preparing meals given to the poor and homeless.

We are quite active in our church activities. When time permitted, I helped with preparing meals for the poor and homeless (Family 1).

Participants from family 10 maintained contact with the parents from the children's school as a way of feeling part of the community.

We continued to interact with the parents from our children's school to keep in the loop (Family 10).

Reflecting on the pandemic, Alberti (2020: 12) mentioned that "something quite profound is also happening in terms of our relationships with people we do not know". This stresses the importance of belonging to communities. Participants from families echoed similar sentiments by illuminating the following:

Community spiritedness is very important to us. This became even more important during the pandemic as people were affected in so many ways and we all needed each other, not only for financial means. But also someone to talk to, express our emotions and garner support (Family 11).

James and Thériault (2021) stressed that throughout the pandemic there was a desire to come together for social solidarity. As such, some of the participants were involved in different support groups within the community. It was seen as a way to feel part of the neighbourhood community. For example, a participant from a family noted that the feelings of comradeship, security and authenticity in their deeds gave them a sense of belonging and inclusiveness.

Being part of the weekly feeding programme and assisting the family faced with domestic violence made us feel part of the neighbourhood community. Feelings of comradeship, security, and authenticity in our deeds gave us a sense of belonging and inclusiveness (Family 2)

Participants from family 4 shared that showing emotional sensitivity to the needs of others made their family and friends in need feel accepted, important and worthy.

We showed community support, cooperation, unity and solidarity with others through donations, staying in contact and helping with food banks. Showing emotional sensitivity to the needs of others made our family and friends in need feel accepted, important and worthy (Family 4).

It can therefore be said that community engagement promotes solidarity, trust, and acceptance in the community. This is also supported by the statement below.

A sense of belonging within a community makes us feel socially comfortable, and aware of other people's needs. It also helps us to reach out to others when in need. Involvement in church and school activities helps us to maintain community solidarity (Family 5).

- Online forum

Another way the participants maintained a sense of belonging in their community was through online interaction.

Even though there was diminished contact, we still kept in contact through online prayer meetings, school group chats, and our business clients (Family 3).

We kept active in our church chat group and attended online spiritual/religious meetings (Family 7).

According to Alberti (2020), the current global pandemic has reorganised the nature of the interaction between individuals and society. Consistent with this, the participant from family 6 revealed the following:

Communities hardly met and talk as they used to do. Discussions are now mainly on social media via WhatsApp which left most people out if they do not have the application. Community programmes were reduced to essential activities like feeding schemes. Many community programmes like national celebrations either stopped or were held online (Family 6).

### **Subtheme 7: Ability to offer support to others through verbal or tangible means**

Social distancing such as those imposed as precautions during the COVID-19 pandemic may challenge the provision of tangible support that middle age and older adults receive in managing their health (O'Connor et al. 2021). It was therefore worth knowing if the participants were able to still offer support to others through either verbal or any tangible means during the pandemic. From the interview data transcribed, the following were uncovered:

- Charitable and social welfare support

Many of the participants offered charitable and social welfare support to the less privileged in their community.

Contribute toward food hampers; donate our old clothes to the Salvation Army in the area (Family 1)

We offered help usually online by having open conversations, offering financial help and even helping the aged to transport for medical care (Family 11).

We offered help to the family affected by domestic violence, we helped prepare meals, and we contributed perishable and non-perishable items to the homeless. Some of the items were part of a collection scheme, which I started on WhatsApp (Family 2).

Offering support to one another through words of encouragement, giving advice and donating such as household items or clothes is self-gratifying, even though it is minimal and not often (Family 5).

We regularly helped our disabled neighbour to get her medication/groceries. This active stance to help someone in need is a blessing. Even talking to her in the passage was appreciated by her as she lived alone (Family 4).

According to studies, social support is an important determinant of self-management behaviours (DiMatteo 2004; Gallant 2003). This is vital, particularly with the challenges many people were facing during the pandemic. Previous studies have revealed four commonly recognised types of social support, which include expression of caring (emotional), provision of information (informational), the provision of direct material aid or other concrete assistance (tangibles) and having others to engage with in social activities (belonging) (Holt-Lunstad and Uchino 2015). From the above narratives, it is evident that some of the families offered both verbal and tangible support. For example, open online conversations, and giving advice to colleagues in distress may be associated with verbal support, while tangible support included transporting aged people for medical care, meals, and non-perishable items.

- Regularly chatting with people in need

Another form of emotional support uncovered was regularly chatting with people in need.

Regularly chat with those who are in problematic situations (Family 1)

If we were aware of someone in distress, we reached out. We also have a group chat for all our employees, which helps to monitor their wellbeing (Family 3).

#### **Subtheme 8: Ability to want to communicate with others**

Communication is a mode of imparting or exchanging of messages by speaking, writing, or using some other medium. However, the COVID-19 pandemic altered the way people communicate. As such, it was vital to know if there was any desire for the participants wanting to communicate with others. The interviews revealed that all desired to communicate with others for the following reasons:

- Keeping contact with others

It was uncovered that the participants' desire to communicate was to keep in contact with others, given the confinement.

Keeping in contact with others either through messages or verbal contact is important for us to keep connected and maybe touch the lives of those who need company or someone to talk to (Family 1).

The lockdown measures actually caused us to interact and communicate with family members and friends more often because of restrained physical contact (Family 8).

There was also an interest to share information with loved ones with information about the virus. The concern about this, was that if not properly managed, it may lead to overburdening of information a term referred to as "infodemic".

We overcame the physical isolation with increased communication on social media. More time on social media to keep abreast with the wellness of others, be informed on global developments and share in the pain and joy of those dear to us (Family 10).

The need to know about the welfare of others and to connect with the religious society was also indicated as a desire to communicate.

Communication through technological tools increased. There was an increased desire to know about the well-being of others, attend online prayer meetings, and have discussions with others (Family 11).

The desire for communication was to help facilitate social cohesion and interaction among friends and family.

Communication with family and friends facilitates social cohesion and social interaction. We continued to stay connected (Family 5).

Another motive for wanting to communicate was to find support and comfort among people going through similar challenges.

Initially, we became insular from the whole idea of isolation, quarantine and keeping safe- quite preoccupied with adjusting to the new normal. Gradually, as we adjusted, we felt the urge to communicate, see people on live chats, share our sentiments, and connect with family and friends who were in distress. Communication also helped us to feel a sense of connection with others who were in the same situation so that we could share ideas and console each other (Family 9).

The above was particularly needed to give a sense of comradeship.

There was always the zeal to speak face-to-face with others, but lockdown restrictions did not discourage us from communicating on social media/phones. Helped in sharing our joys and challenges and feeling a sense of comradeship (Family 7).

The findings corroborate with Canale et al. (2021) whose report stated that individuals shared their emotions using digital technologies such as smartphones and social media. This is supported by other scholars who argued that collective traumas have been found to elicit intense sharing of emotions either offline or online among members of concerned communities (Rimé et al. 2020). It is plausible that the desire to communicate stemmed from wanting to share emotions with another person.

## **THEME 2: PATHWAYS TO THE MANAGEMENT OF SOCIAL WELLNESS DURING COVID-19**

There is little doubt that the ongoing COVID-19 pandemic is having a profound impact globally in nearly every aspect of society. Because of the restrictions imposed during the ongoing pandemic, societies will endure their greatest challenges for many decades (Canale et al. 2021). More worrisome is that individuals were not allowed to use common coping strategies to manage the difficult conditions of quarantine and isolation, such as going to the gym, attending sporting events, going to the cinema/theatre, or attending religious services (Canale et al. 2021). Given this concern and the need to maintain social wellness during the pandemic, it was critical to understand how the participants managed their social wellness. The data transcribed revealed that most of the participants used social media; managed their wellness through community engagement and support or were involved in family activities. These are elaborated below.

### **Subtheme 1: Social media engagement**

Many of the participants were noted to be active on social media, made calls, and sent messages to family and friends.

Being active on social media and making phone calls. Sending messages (Family 1).

Being active on social media (Family 7).

Social media interaction I even joined a blog site, and virtual calls with people in our circle (Family 8).

Online chats, calling n family and friends to check on their wellbeing (Family 2).

We played online games and communicated online through video calls (Family 11).

Observing spiritual rituals online kept us connected with those in the group which was very stimulating (Family 10).

Attended online Buddhist meetings. Kept in contact with school parents in the parent chat groups (Family 9).

Studies have highlighted two main social interaction processes following disastrous events which include: (i) online sharing of emotions (Rimé et al. 2020) and (ii) online social support (Herbert and Brunet 2010). Consistent with this, one of the participants shared motivational quotes via social media platforms.

Keeping in contact regularly with family and friends. Frequent morning greetings on social media platforms, sharing motivational quotes (Family 6).

Furthermore, the sharing of emotions via social platforms was evident in the statement attributed to the participant from family 4.

We recognised how other people influenced/impacted us through our chats on various social media platforms, we shared our feelings honestly. Looked/asked for what we needed from others, if necessary. We listened to others without judging or blaming them. Make sure to disagree with others respectfully. We made sure also in avoiding being overly critical, angry outbursts, and violent behaviour. Staying connected was important (Family 4).

The above narratives are consistent with the notion that digital communication technologies have helped buffer the negative outcomes related to COVID-19. For example, Gabbiadini et al. (2020) revealed that social connection helped reduce loneliness, and isolation, and increase belongingness. Also, social media is seen as a useful strategy for staying virtually connected with others because virtual conversations (e.g. phone calls, text messages, video chats, and interaction on social media) can guarantee access to social support networks and allow individuals the opportunity to discuss their own experiences and associated emotions (APA 2020). This is also evident in the statement attributed to family 4 where it is said that through social media platforms family members shared their emotions.

..... we shared our feelings honestly. Looked/asked for what we needed from others, if necessary (Family 4).

### **Subtheme 2: Community support and engagement**

Despite difficulties during the pandemic, studies have shown that individuals have also reacted by engaging in altruistic behaviours, such as volunteering, donating money, and offering online social and emotional support to others (Aresi et al. 2020; Brooks et al. 2020). This was also evident in the transcribed analyses which showed that some of the participants engaged in altruistic behaviours as a way of managing their social wellness. This may also be because such behaviour helped foster community solidarity and relevance.

Continuing with our donations (Family 1).

Contributing to a feeding programme to distribute food parcels every Sunday to the homeless (Family 2).

Being considerate of others and being helpful to those that are near and dear to us (Family 3).

My wife sews as a hobby. She made several children's clothes and donated them to family and friends (Family 8). We took turns to call each other and offered tangible/non-tangible support to one another (Family 9).

### **Subtheme 3: Family activities**

Another way some of the participants helped in managing their social wellness was through family activities.

We kept up with things of interest such as cooking, gaming and dancing/singing at home (Family 7).

Playing board games at home (Family 8).

The above activities are vital in increasing the family's social bonds and unity as noted below.

Enjoying more time with the family at home, during fun things and working together as a cohesive family unit (Family 10).

## **THEME 3: RECOMMENDED CHANGES TO SOCIAL WELLNESS**

Given the social and physical isolation many people faced during the pandemic, it was crucial to know what can be done to enhance social wellness in the future. From the interviews, the participants suggested the following recommended changes:

### **Subtheme 1: Interaction with family and friends**

With the imposition of social distancing, James and Thériault (2021) observed that there was a heightened desire for a return to face-to-face social interactions with people such as family, friends, and colleagues, and a recognition

of the importance of community. Such heightened desire may have informed the recommendation for an increase in interactions with family and friends. This is evident in the statements below:

More interaction within the extended family unit/friends, as social media has affected social fabric (Family 10).

Plan a get-together to catch up and have frequent visits to each other as opposed to social media interaction (Family 6).

The above resonates with the assertion of Petersen et al. (2015), who stated that as useful as social media has been, it is, however, a poor substitute for the embodied human interaction and touch that are a cornerstone of our humanity. Nevertheless, given that digital technology helped bring people together and remain connected during the pandemic, it was understandable that some of the participants felt the need to increase interactions via social networks.

To continue being able to maintain and develop friendships and social networks, but with boundaries. Have good fun, which can leave lasting memories as life is unprintable and be destroyed by unprecedented events like the pandemic (Family 4).

Make connections with others to broaden our network, avoid encouraging toxic conversations; take care of yourselves while taking care of others; make our weekend soccer games a family outing as well to get connected with others (social after soccer matches) (Family 5).

### **Subtheme 2: Technology savvy**

The community generally relies on social interactions, respect, as well as a sense of place and belonging (Beaunoyer et al. 2020). However, COVID-19 and the social distancing regulations that came with it made physical interactions challenging for many people. Digital technology while being a poor substitute helped bridge the communication gap, and its use has accelerated during the pandemic (Beaunoyer et al. 2020). For example, during stay-at-home and physical distancing mandates, connecting with friends was largely restricted to electronic methods (i.e. texting, voice and video calls, posting and commenting on social media) (Beaunoyer et al. 2020). This could also have influenced the recommendation by some of the participants to become more technology savvy.

Become more technology savvy, so that we can extend our activities on social media platforms like making tik-tos videos or snap chats. It adds humour to our lives and others as well (Family 1).

To be more tech-savvy so we may use technological devices to communicate more effectively with people in our circle (Family 8).

### **Subtheme 3: Joining a club**

A club is viewed as an association dedicated to a particular interest or activity. Some of the participants proposed joining a club as a change to their social wellness. For example, some of them indicated joining a dancing club.

Join a local dance and music organisation which is traditionally focused (Family 11)

Joining a local dance group for adults and children (Family 2).

In addition to the above, a book club was suggested by a participant from family 2.

Joining a book club (Family 2)

Participant from family 12 indicated joining a sports club while participant from family 9 recommended joining a social club to help deepen the family social contact.

Join a sports club. Get involved in aqua swimming at a gym/community pool (Family 12).

To deepen the family contact and support. Join a social club for gay families (Family 9).

#### **Subtheme 4: Charity organisation**

Further to the above, joining other organisations was also suggested by another participant. This includes charity organisations and community wellness programme:

Be involved in more charity organisations (Family 3).

Join a community wellness programme, in which my wife and I can facilitate seminars (Family 7).

The above might have been recommended due to the social challenges many people faced during the pandemic. The need to offer both tangible and intangible contributions to the community may be the motivation for wanting to help.

#### **SUMMARY OF FINDINGS**

##### **The effect of COVID-19 on the social wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families**

Social interaction has been widely associated with psychological well-being and social opportunities (Alradhawi et al. 2020). Hence, it may be assumed that restricting individuals from these interactions may have been distressing during COVID-19. While the social distancing protocols reportedly curtailed the spread of the pandemic, Okabe-Miyamoto and Lyubomirsky (2021) argued that the practice of social distancing inherently limited an individual's face to face social interaction. The consequence of this was that it negatively affected people's sense of social connection, which is vital in maintaining well-being (Alradhawi et al. 2020). Before the pandemic, for example, the data showed that most of the participants had a robust network of family and friends visiting; and enjoyed social functions. Participants shared strong connections. However, the pandemic affected their family visitations; relationships with friends and extended families; and face-to-face religious activities.

The study findings revealed that most relationships were negatively affected, as some participants lost touch with relatives and friends. The consequence of this is that the social circles dwindled. This is supported by the findings of Saladino et al. (2020), who reported that social distancing and the security measures put in place to curb the spread of the pandemic affected the relationships among people and their perceptions of showing empathy toward others. The perceived negative sense of empathy could have contributed to individualism among some of the participants. The plausible reason for this could be associated with the fact that some people were facing difficulties interacting with people they usually interacted with before the COVID-19 restrictions. The lack of social interactions could also have been influenced by the fear of contracting the virus. The implication of this is that it could foster an individual's addiction to loneliness.

Despite the negative effect of COVID-19 on social networks and interactions, the participants noted some positive effects. It was noted that social isolation helped in promoting the conservation drive. This is critical for a healthy environment (Hannibal et al. 2019; Petersen et al. 2015). Social isolation also united some of the families who had poor relationships. It was found that COVID-19 united the family more, as they had more time to connect; reconnect and bond; which was often not the case prior to the pandemic. Presumably, isolating together gave the family the chance to sort out their differences. This is supported by Tam et al. (2021) who claimed that being confined together allows families to foster stronger bonds. Families used strategies such as online chats; video calls; phone calls; balancing needs with that of others; showing compassion and helpfulness; and accepting and adjusting to the new normal to maintain their social wellness.

##### **Social pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families**

With limited face-to-face contact during the physical distancing and stay-at-home mandates of the COVID-19 pandemic, people were at a higher risk of experiencing isolation and feeling emotionally distressed (Brooks et al. 2020; Qiu et al. 2020). More concerning was that individuals were not allowed to use common coping strategies to manage the difficult conditions of isolation and quarantine, such as attending sporting events; going to the gym; attending religious services; or going to the cinema/theatre (Canale et al. 2021). The data from the study, however, revealed that the participants and their families managed to maintain their social wellness by adopting digital



technology as a way of communicating with friends and family. This finding is supported by Juvonen et al. (2021), who reported that when social isolation mandates prevented family and friends from getting together in person, they resorted to keeping connected through electronic methods of communication (i.e. texting, calling).

It was revealed that the participants made use of social networking sites such as WhatsApp and Facebook to maintain interactions with their friends and family outside their immediate household. This also corroborates with the findings by Beaunoyer et al. (2020) that during stay-at-home restrictions and physical distancing mandates, connecting with friends and extended families was largely restricted to electronic methods (i.e. voice and video and voice calls; texting; posting and commenting on social media). However, some of the participants believed that social media affected the social fabric, creating the desire for face-to-face interactions with friends and family. The most likely reason for this is the challenge older people face interacting using social media and being able to see family and friends regularly as a routine. As such, James and Thériault (2021) observed that there was a heightened recognition of the importance of community due to the imposition of national lockdowns and curfews; and a strong desire for a return to face-to-face social interactions with people such as family, colleagues and friends. Such heightened desires may have informed the plan to get-together with families as against social media interaction by some of the participants. This could be due to the fact that social media is seen as a poor substitute for embodied human interactions (Petersen et al. 2015).

Furthermore, some of the participants engaged in altruistic behaviours as a way of managing their social wellness. It was also gathered that the participants continued with engagement with their communities such as participating in some of their church activities and helping with preparing meals for the poor and homeless, while complying with lockdown protocols. The finding is supported by other scholars who found that individuals also reacted by engaging in altruistic behaviours, such as donating money; volunteering; and offering online emotional and social support to others (Aresi et al. 2020; Brooks et al. 2020). The likely reason for such behaviour despite the difficulties caused by COVID-19 may be connected to the fact that community solidarity helped foster social solidarity and relevance, which is essential in maintaining social wellness.

According to James and Thériault (2021), communities rely on social interactions, respect, as well as having a sense of belonging and place. This is also evident in the data transcribed where it was revealed that community solidarity becomes even more important as a coping mechanism during the pandemic. Additionally, some of the participants were involved in different support groups within the community. It was seen as a way to feel part of the neighbourhood community. This is attributed to the concern that people were enduring much difficulties and needed someone to talk to and garner support. Thus, one can rightly say that community engagement and solidarity does not only strengthen the social bonds within the community, but also assists in building friendships. This is aligned to Alberti's (2020: 12) view that "something quite profound is also happening in terms of our relationships with people we do not know." In addition, James and Thériault (2021) expressed that throughout the pandemic there was an enhanced desire to join for social solidarity. Such desire is reflected in the fact that participants continued to interact with parents from their children's school as a form of social solidarity and wellness. Hence, it was understandable that some of the participants recommended joining a club such as a book or dance club; and/or charity organisation. Such a desire may be connected to the need to increase social bonding with others within their community.

Furthermore, some of the participants engaged in family activities such as cooking together and playing games as a way of managing their social wellness. This is vital in increasing the family's bond and creating unity during unprecedented public health disasters such as the pandemic. This is supported by Tam et al. (2021), who asserted that family bonding during the pandemic translates to better and closer relationships.

In terms of pathways created to maintain social wellness, the key finding uncovered was that the participants and their families managed to maintain their social wellness by adopting digital technology as a way of communicating with friends and family. Equally significant, some of the participants engaged in altruistic behaviours such as helping with preparing meals given to the poor and homeless as a way of managing their social wellness. This was significant in increasing families' bonding and unity during unprecedented public health disasters like the pandemic.

The recommendations made by families regarding social wellness included:

- Interaction with family and friends
- Join a charity organisation
- Becoming technology savvy
- Joining a recreational/ sports club

## DISCUSSION

Social interaction has been widely interlinked with psychological well-being, social opportunities and employment (Alradhawi et al. 2020). Hence, one may assume that restricting individuals from these interactions may be distressing during the pandemic. While the social distancing guidelines reportedly curtailed the spread of the pandemic, Okabe-Miyamoto and Lyubomirsky (2021), however, noted that the practice of physical distancing (social distancing) inherently limited an individual's in-person social interaction. The consequence of this is that it negatively affected the participants' sense of social connection, which is vital in maintaining well-being (Alradhawi et al. 2020). Before the pandemic, for example, the data showed that most of the participants had a robust network of friends and family visiting; and enjoyed social gatherings and functions including religious activities. Participants shared strong bonds and connections with their communities. However, the pandemic affected their family visitations; relationships with friends and extended families; and face to face religious activities. As gathered from the study findings, most relationships were negatively affected as some participants lost touch with other relatives and friends. The consequence of this is that the families' social circles dwindled. The findings are supported by the findings of Saladino et al. (2020), who reported that social distancing and the security measures put in place to curb the spread of the pandemic affected the relationships among people, and their perceptions of showing empathy toward others.

The perceived negative sense of empathy could have contributed to individualism among some of the participants. The plausible reason for this could be associated with the fact that some people were facing difficulties interacting with people they usually did with before the COVID-19 restrictions. The lack of social interactions could also have been influenced by the fear of contracting the virus. The implication of this is that it could foster an individual's addiction to loneliness. Despite the negative effect of COVID-19 on social networks and interactions, the participants noted some positive effects. It was gathered that social isolation helped in promoting the conservation drive. This is critical for a healthy and environment (Petersen et al. 2015; Hannibal et al. 2019). Also, social isolation united some of the warring families. It was found that COVID-19 united the family more, as they had more time to connect; and reconnect and bond; which was often not the case prior to the pandemic. Presumably, isolating together gave the family the chance to sort out their differences. This is supported by Tam et al. (2021), who claimed that being confined together allows families to foster stronger bonds.

Families did use strategies like online chats; video calls; phone calls; balancing needs with that of others; showing compassion and helpfulness; and accepting and adjusting to the new normal to maintain their social wellness. Effective communication was vital for the participants and families during the pandemic. This is because communication such as family communication positively influenced mental wellness. This study recommends that families maintain consistent connections through effective communication with immediate family members, distant relatives, friends, and even work associates. This is relevant as collaborating and communicating with colleagues, families and friends during the national health crisis helped some of the families maintain occupational wellness, both directly and indirectly. The study envisaged that effective communication would help provide the needed emotional support structures and assistance during difficult times.

In terms of social wellness, the study conclusively suggests that the pandemic affected family visitations, relationships with friends and extended families; and face-to-face religious activities. Additionally, the study conclusively suggests that the use of digital media to remain connected to friends and families and the engagement with community altruistic behaviour helped manage the families' social wellness. The consensus emerging from the findings is that family structure and support were central in managing and maintaining wellness.

As corroborated by the study findings. Samsha (2016) opined that social wellness involves having healthy relationships with friends, family, and the community; having an interest in and concern for the needs of others and humankind; maintaining daily routines, habits, and valued life activities that build and maintain individuals' social wellness; and fostering greater engagement and cooperation from family, friends and colleagues to cultivate support systems and create unity. Additionally, Miyamoto (2021) reported that along with psychological factors, social factors and social behaviours including the quality and quantity of people's social relationships have been shown to protect well-being during the pandemic. Furthermore, Miyamoto (2021) asserted that limited social connection and increased loneliness during COVID-19 was addressed through online support websites, family chats and discussions via various social platforms; playing group online games/family leisure games; attending online religious programmes; and engaging in family domestic activities at home. This was also evidenced from the responses of the participants.

## CONCLUSION

The findings of this study suggests that COVID-19 had both negative and positive impact on the social wellness dimensions theorised by Swarbrick and Yudof (2015). Nevertheless, the study results suggest that most participants created pathways of wellness for the social dimensions to maintain and manage their wellness. The families further made recommendations of changes pertaining to social wellness dimensions, which they would like to embark on in the future.

This study will not only contribute to the growing research on the COVID-19 pandemic, by exploring the influence of COVID-19 on family social wellness, but it will also contribute to the awareness and understanding of pandemics and their effect on family wellness. More so, the support structure provided by families has a major effect on how families reconstruct and maintain their wellness during pandemics. The consensus emerging from the findings is that family structure and support were central in managing and maintaining wellness. The study will also contribute, both locally and globally, in shaping strategies and policies to mitigate the negative effects of the pandemic in relation to social wellness and ensure that family life is restored and preserved. Further, the research highlighted diverse holistic approaches to preserving and reconstructing family life within the social wellness context. This study will not only contribute to the escalating research on the COVID-19 pandemic, by exploring the impact of COVID-19 on family wellness, but it will also contribute to the awareness and understanding of pandemics and their effect on family wellness especially from a social wellness perspective. The study will also contribute toward shaping strategies and policies to mitigate the negative effects of the pandemic in relation to social wellness and ensure that family wellness is sustained. The study adds value to the body of knowledge on how individuals may manage social wellness within the family system; and maintain wellness during crises not only in Australia, but in other countries as well.

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