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The Impacts of Social Support and Loneliness on the Physical Health and Coping Styles of College Students during COVID-19

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INTRODUCTION

- Since the beginning of the COVID-19 pandemic, there has been an increased mental health risk among college students around the globe. Students without pre-existing mental concerns have now become more likely to experience psychological distress (Hamza, Ewing, Heath, & Goldstein, 2020). Prior research has also shown that stressors related to the pandemic are positively associated with psychological symptoms (Cao, Fang, Hou, Han, Xu, & Dong, 2020).
- This concerning phenomenon can be attributed to the feelings of isolation and loneliness caused by social distancing that has been implemented to contain the disease. A recent study has suggested that increased social isolation is a significant predictor of mental health symptoms (e.g., depression) during the pandemic (Hamza, et al., 2020).
- One important factor that may influence the psychological outcomes of a stressful event is an individual's coping style. Two of the basic categories of coping strategies are approach coping and avoidant coping (Roth & Cohen, 1986). In general, approach coping strategies are more effective in alleviating psychological distress than avoidant coping (Schafer, Pels, & Klenert, 2020).
- Past studies have found that the level of social support that is available to an individual predicts which type of coping the person would use. People who have more social resources are more likely to engage in approach coping than in avoidant coping, while those who lack adequate social support tend to rely on avoidance coping strategies (Holahan & Moos, 1987).
- Social factors also affect one's physical health. It is suggested that being socially isolated can also have harmful effects on one's physical health, as it is associated with symptoms such as a weakened cardiovascular system (Cohen, 2004). In contrast, social connectedness and the emotional support that results from it may improve the health of those experiencing stressful life events by, for instance, lowering their mortality risk (Cohen, 2004).
- The purpose of the present study is to investigate how loneliness and perceived social support are associated with college students' physical health and coping strategies during COVID-19. As for the coping styles, the study focuses on active coping and self-distraction. Loneliness and perceived social support in May 2020 are used to predict the health and coping styles in July of the same year.
- It is hypothesized that students who feel higher levels of loneliness would show poorer physical health and engage more in self-distraction and less in active coping. It is also predicted that those who reported higher levels of perceived social support would show better physical health and rely more on active coping and less on self-distraction.

METHOD

Participants

- The data were collected from 292 undergraduate and graduate students enrolled in Chapman University.

Procedures

- Pre-collected data from the COVID-19 Study (2020) were used.
- Students were asked to complete an online survey assessing their experiences during the pandemic through Qualtrics survey software in May and July 2020.

MEASURES

Loneliness Scale

- 3-item self-reported measure of loneliness (Hughes, Waite, Hawkey, & Cacioppo, 2004)
- Asked how often participants feel in certain ways on a scale of 1 to 3 (1 = hardly ever, 3 = often)
 - e.g., "How often do you feel left out?"
- The items were summed so that higher scores mean more frequent experiences of loneliness.

Multidimensional Scale of Perceived Social Support (MSPSS)

- 12-item self-reported measure of perceived social support (Zimet, Dahlem, Zimet, & Farley, 1988)
- Consisted of a 7-point scale assessing how much participants agree or disagree with each statement (1 = very strongly disagree, 7 = very strongly agree)
 - e.g., "My family really tries to help me."
- The mean score was calculated so that higher scores would suggest greater perceived social support.

Cohen-Hoberman Inventory of Physical Symptoms (CHIPS)

- 33-item self-reported measure of physical symptoms (Allen, Wetherell, & Smith, 2017)
- Consisted of a 5-point scale asking how much a particular physical symptoms has bothered the participant over the last two weeks (0 = not been bothered, 4 = extreme bother)
 - e.g., "Headache" or "Poor appetite"
- The scores were added together so that higher scores indicate higher severity and greater number of the physical symptoms

Brief Coping Scale

- A 4-point scale assessing how often participants engaged in a particular activity to cope with pandemic-related stress (Carver, 1997)
- Explored two types of coping strategies: Approach coping and Avoidant coping
- Split into two subscales that consisted of two items each
 - Active coping (Approach coping)
 - e.g., "I've been concentrating my efforts on doing something about the situation I'm in."
 - Self-distraction (Avoidant coping)
 - e.g., "I've been turning to work or other activities to take my mind off things."
- The items in each subscale were added together so that higher scores mean higher uses of that coping strategy.

RESULTS

- A significant negative correlation was found between loneliness and social support, $r = -0.35, p < .001$.
- Students who showed higher loneliness in May reported more physical symptoms in July, $b = 2.89, t = 3.56, p < .001$. However, social support was not a significant predictor of physical health, $b = -2.29, t = -1.73, p = 0.09$. There was no significant interaction between loneliness and social support when predicting students' physical health, $b = 0.29, t = 0.42, p = 0.68$.
- Loneliness was not a significant predictor of the use of active coping, $b = 0.00, t = 0.04, p = 0.97$. Social support did not significantly predict active coping either, $b = 0.10, t = 0.98, p = 0.33$. No significant interaction was found between loneliness and social support when predicting students' uses of active coping, $b = -0.04, t = -0.82, p = 0.41$.
- Loneliness was a marginally significant predictor of self-distraction, $b = 0.12, t = 1.93, p = 0.06$. Social support failed to significantly predict the use of self-distraction, $b = 0.06, t = 0.63, p = 0.53$. There was no significant interaction between loneliness and social support when predicting students' uses of self-distraction, $b = 0.03, t = 0.53, p = 0.60$.

CONCLUSION

- The level of loneliness in May significantly predicted the physical health outcomes in July. This is consistent with past findings and indicates that students who struggle more with feelings of loneliness during the pandemic are more likely to be in poorer physical health over time, with greater numbers of symptoms.
- However, contrary to the hypothesis, perceived social support was not related to physical health. Additionally, neither loneliness nor social support significantly predicted the uses of either of the two coping styles, and none of these relationships depended on the interaction between the two independent variables.
- Limitations of the present study include the types of coping strategies. Different subcategories of both approach and avoidant coping exist, but the study focused only on active coping and self-distraction. Also, the data covers only the two time points in the pandemic.
- Overall, these data may be helpful in addressing how to improve the health of college students and promote healthy stress management strategies during the current global crisis, implying that social factors may play a role.
- Future research should analyze further the relationship between social support and coping and whether this relationship would continue through post-pandemic.

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