

Exploring the Experiences of Social Isolation and Loneliness of Postsecondary Students with
Disabilities During the COVID-19 Pandemic

by

Grace Demerling
Honours Bachelor of Science, McMaster University, Canada, 2017

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We acknowledge and respect the lək̓ʷəŋən peoples on whose traditional territory the university
stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with
the land continue to this day.

Supervisory Committee

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Abstract

In a study of the experiences of loneliness and social isolation of postsecondary undergraduate students with disabilities during the COVID-19 pandemic, 7 students with disabilities participated in phenomenological interviews to express their experiences during the pandemic. Interview data provided insight into the lived experiences of participants during the COVID-19 pandemic. Responses were analyzed using a descriptive phenomenological approach, resulting in 4 meta themes and 10 themes. Findings were discussed in relation to the developmental period of emerging adulthood and a new model for sustainable mental health proposed by Bohlmeijer and Westerhof (2021). Recommendations for the postsecondary institution attended by the participants are also discussed.

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Dedication

I would like to dedicate this thesis to:

- Postsecondary students who attended university during the pandemic and tried their absolute best to adjust to their new reality.
- Students with disabilities attending postsecondary institutions who are bravely sharing their experiences in these spaces, leading the way for change.

Chapter 1 Introduction

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic (Ellis et al., 2020). COVID-19 is a respiratory RNA (Ribonucleic Acid) virus that in humans, has notably caused symptoms such as fever, coughing, headaches, shortness of breath, as well as the loss of taste and smell that can ultimately range from mild to fatal outcomes (Debata et al., 2020; Lai et al., 2020). As of this work's submission date, the global devastation that the COVID-19 pandemic has caused is catastrophic, with the total death toll world-wide amounting to a staggering 6,316,655 deaths (WHO, 2022). In Canada, a vast majority of the fatalities occurred in older populations of 65+, with the greatest cases of mass outbreaks and deaths occurring in long-term care facilities (Desson et al., 2020). The onset of COVID-19 symptoms can range up to 14 days post-infection, with immunologists largely endorsing a 3-day contagious period (Lai et al., 2020). The virus is primarily spread through airborne transmission such as coughing and sneezing while in close proximity to an infected person (Debata et al., 2020). Due to the swift transmission of the virus from person-to-person, sweeping restrictions were put into place around the globe, including in Canada.

Countries enforced a mass migration away from face-to-face interaction, adopting social distancing measures in an attempt to flatten the curve of transmission (Pokhrel & Chhetri, 2021). This meant that social gatherings were prohibited, and strict stay-at-home orders were enforced from country-to-country (Debata et al., 2020). Events such as sports, religious gatherings, political meetings, and cultural events were postponed as well as the shuttering of all nonessential businesses such as travel and the hospitalities industry (Debata et al., 2020). Countries such as the United States and Italy enforced strict stay-at-home orders and curfews that were monitored by the military (Ozili & Arun, 2020). In Canada, like most other countries at the

beginning stages of the pandemic, the borders were closed as well as a travel ban put in place to halt incomers from entering the country (Ozili & Arun, 2020). Mandatory self-isolations were enforced for travellers or those exposed to the virus, with police forces given increased power through the Quarantine Act to hand out fines or even jailtime for dissenters (Best et al., 2020; Desson et al., 2020; Lee, 2020). Country-wide, Canada was able to develop COVID-19 testing procedures to detect those who were infected by the virus (Desson et al., 2020). This however put a strain on the medical system, with cancellations of elective surgeries as well as the re-allocation of government funding towards COVID-19 efforts (Desson et al., 2020). Individual provinces were able to lift some social distancing and lock down measures throughout infectious waves of the pandemic, with re-opening of provincial economies occurring in stages based on community transmissions (Desson et al., 2020).

As a direct correlate of countries implementing public health orders, the global economy was put into turmoil, with many governments finding themselves in mass debt in an attempt to safeguard the lives of their citizens (Ozili & Arun, 2020). Mass disruptions were experienced in sectors such as finance, oil and gas, entertainment, travel, as well as hospitality, with a noted supply and demand issue arising across the globe (Ozili & Arun, 2020). This wide-spread impact of the pandemic on so many sectors led to vast employment loss (Desson et al., 2020). Many businesses were shuttered due to lock down and social distancing restrictions as they were not considered essential services (Kantamneni, 2020). The federal government of Canada created the Canada Emergency Response Benefit, a monthly direct payment to support individuals unable to work during the initial stages of the pandemic shutdowns (Desson et al., 2020; Ozili et al., 2020). Both the federal and provincial governments expensed unprecedented stimulus

packages during the pandemic to support individuals as well as the economy (Desson et al., 2020).

A sector severely impacted by the social distancing and lockdown measures over the course of the pandemic was the educational system (Pokhrel & Chhetri, 2021). Face-to-face service delivery was halted, with schools from pre-school to post-secondary institutions making the necessary adjustments to provide learners with remote, online service educational delivery (Pokhrel & Chhetri, 2021). This transition reportedly impacted 1.75 billion learners worldwide by the end of the 2020 school year, amounting to roughly 98% of global learners being affected (United Nations, 2020, as cited in Pokhrel & Chhetri, 2021). A swift transition to remote learning from home meant that educators and staff had limited preparation time (Pokhrel & Chhetri, 2021). The at-home learning environment was not ideal for all learners, with the technological gap emphasized and the problem of ensuring equity, affordability, and accessibility for all learners becoming a pressing issue throughout the pandemic (Pokhrel & Chhetri, 2021).

These stark and unexpected changes to the daily lives of individuals brought on by the social distancing and lock down measures quickly resulted in people living in complete isolation (Sani et al., 2020). This brought the concern for mental health and wellbeing to the forefront of many COVID-19 research endeavors (Xiong et al., 2020). Concerning reports of rising global trends in anxiety, depression, PTSD, and overall psychological distress were echoed by researchers exploring the early trends of the pandemic (Xiong et al., 2020). The short- and long-term psychological effects of the isolation experienced over the course of the COVID-19 pandemic and the fallout from these social distancing measures are largely unknown and should be explored thoroughly (Best et al., 2020). This is especially true for populations who may be at greater risk of experiencing detrimental psychological effects from the social distancing

measures put into place such as emerging adults with disabilities as evidenced in this current research offering (McGlone & Long, 2020; Snape, 2018; Wood et al., 2018).

Chapter 2 Literature Review

Impacts of COVID-19 on Feelings of Loneliness and Isolation

Defining Loneliness and Social Isolation

Two psychological factors that are of great concern during the COVID-19 pandemic are loneliness and social isolation (Razai et al., 2020). Loneliness is described as a painful subjective experience and refers to one's personal dissatisfaction with the discrepancy between their preferred and actual quality and/or quantity of social relationships (Razai et al., 2020; Tanskanen & Anttila, 2016; Wang et al., 2017). Social isolation is the objective experience of living in an impoverished social environment where an adequate quality and quantity of social relationships at the individual, group, community, and larger social landscapes are unable to form due to environmental circumstances (Tanskanen & Anttila, 2016; Wang et al., 2017). It is proposed that these two factors reciprocally interact with one another as greater feelings of loneliness disrupt social integration, leading to greater social isolation while inversely, greater experiences of social isolation can lead to increased experiences of loneliness (Banerjee & Rai, 2020).

Loneliness and social isolation have repeatedly been identified as public health issues due to their evidenced detrimental psychological and physiological health effects, being further identified as important variables in maintaining an individual's mental health and well-being (Holt-Lunstad et al., 2015; Wilson et al., 2007; Killgore et al., 2020). According to the World Health Organization (2005), mental health is described as, "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (p. 2). This definition of mental health clearly states the need for individuals to be integrated into their

community in a meaningful manner, making the proposed mediating relationship of social integration with social isolation and loneliness that much more important to understand (Banerjee & Rai, 2020). In a new model for sustainable mental health proposed by Bohlmeijer and Westerhof (2021), three major factors of signs and expressions of mental health and well-being are described. These three factors are: (a) emotional well-being can be described as the ability to experience positive emotions, evaluate one's life in a positive manner, and have an absence of severe and lasting negative emotions; (b) psychological well-being encompasses being independent and having autonomy, being able to manage one's own environment and daily activity, experiencing personal growth through developing skills and realizing one's potential, having positive relationships with others, having a purpose in life, as well as having self-acceptance; (c) social well-being includes having a positive attitude towards others and accepting differences, believing society is capable of positive change, feeling that one can contribute to society, as well as experiencing social coherence and social integration. These three factors of emotional, psychological, and social well-being integrate into an individual's overall mental well-being (Bohlmeijer & Westerhof, 2021). Having high mental well-being reduces the risk of experiencing mental health problems as well as buffering against mental illnesses such as depression (Keyes et al., 2010; Wood & Joseph, 2010). As exemplified by the model proposed by Bohlmeijer and Westerhof (2021), an important aspect of experiencing mental well-being is one's relationships with others and their ability to navigate and participate in their social environment, making social isolation and loneliness two psychological factors crucial to further explore. With the environment created by the social distancing measures implemented during the COVID-19 pandemic hypothesized to negatively impact mental health, gaining a deeper

understanding of these two factors is crucial in the COVID-19 literature (Killgore et al., 2020; Pyle & Evans, 2018; Razai et al., 2020).

Reports of Loneliness and Social Isolation During the COVID-19 Pandemic

The outcomes from self-reports of people experiencing social isolation and loneliness are grave. Loneliness has been identified as a risk factor for developing several mental health disorders such as anxiety, chronic stress as well as insomnia (Wilson et al., 2007) while both social isolation and loneliness have been strongly correlated with the development of depression (Killgore et al., 2020). Both social isolation and loneliness have also been identified as risk factors for suicide (Killgore et al., 2020; Sani et al., 2020). The social distancing measures caused by the COVID-19 pandemic have created an environment where loneliness and social isolation have been identified as high-risk psychological variables needing to be explored in greater detail (Banerjee & Rai, 2020; Killgore et al., 2020). In a United States national survey study, Killgore and colleagues (2020) explored the connection between social isolation, loneliness, depression, and suicidal ideation. The researchers disseminated two scales to a total of 1,013 young adults aged 18 to 35 during April of 2020: one assessing subjective reports of loneliness (i.e., UCLA Loneliness Scale-3) and the other a screening tool assessing depression, suicidal ideation as well as social isolation (i.e., Patient Health Questionnaire-9). The researchers hypothesized that the prolonged social distancing public health measures would increase reports of feeling lonely, which was indeed reported, with a little more than 60% of respondents agreeing to “feeling socially isolated much of the time” and 43% of respondents scoring above the published cut-offs for “high loneliness.” Within this high loneliness response group, nearly 55% of individuals met the clinical criteria for moderate to severe depression and nearly 35% reported suicidal ideation during this time of COVID-19 social distancing. This was in stark

contrast to non-lonely respondents, with only 15% meeting the clinical cut-offs for depression and nearly 5% reporting suicidal ideation. Killgore et al. (2020) remark that the first step in decreasing the effects of social isolation and loneliness is public awareness of their negative psychological impacts; however, the authors stress the need for greater research efforts into how to maintain social connectedness while following public health guidelines. This study demonstrates the rationality for the concerns of mental health in the wake of wide-spread social distancing measures (Galea et al., 2020; Killgore et al., 2020).

Within the Canadian context, Moore and Lucas (2020) disseminated researcher designed online scale assessments to 239 respondents across Canada from the general adult population during a period of strict COVID-19 social distancing measures in April of 2020. The goal of the research was to test a model of psychological distress and social supports during periods of social-isolation during a public-health outbreak, involving multiple scales assessing such variables as psychological distress and attitudes towards social isolation. The study revealed that a lack of social connectedness and increased loneliness experienced during the pandemic was reported to correlate with negative mental health outcomes, such as experiencing anxiety and depression. Self-reports of experiencing loneliness and other psychological distress factors such as feelings of anxiousness, anger, and abandonment were found to correlate with social distancing measures and social isolation, demonstrating the link between the COVID-19 safety measures and the detrimental experiences of loneliness and social isolation (Moore & Lucas, 2020). A demographic whose well-being has consistently been identified as a concern during the COVID-19 shutdowns are emerging adults due to their propensity to report higher rates of loneliness and social isolation (Hamza et al., 2020). Understanding the psychological impacts of the pandemic are crucial for this age group.

Populations Especially At-Risk for Experiencing Loneliness and Social Isolation During the Covid-19 Pandemic

Defining Emerging Adulthood

Emerging adulthood refers to a developmental period that describes the increasingly prolonged entry into independent adulthood due to social and economic forces (Wood et al., 2018). This stage encompasses ages 18 to 25 years old and is characterized by a period of many changes resulting from personal exploration and growth heavily influenced by societal beliefs and norms, family environment, socioeconomic status, and emotional development that ultimately have significant impacts on the successful entry into independent adulthood (Hefner & Eisenberg, 2009; Wood et al., 2018). Emerging adulthood has been noted as a critical period where loneliness and social isolation are highly reported (Buote et al., 2007). According to findings from both Buote et al. (2007) and Wood et al. (2018), economic and societal factors have prolonged the entry into independent adulthood, leaving emerging adulthood as a period filled with questioning one's identity, anxiety surrounding employment stability and financial independence. This is also a developmental stage in which a large transition in social circles is noted, all factors effecting the reported increases in loneliness and social isolation. As a result, Buote and colleagues (2007) report that emerging adulthood is a period of frequent homesickness, friend sickness, feeling socially isolated, and increases in interpersonal conflict.

In a national German cross-sectional survey study of 16,132 participants, Luhmann and Hawkey (2016) explored the age differences in reported loneliness from late adolescence to old age. The researchers hypothesized that subjective reports of loneliness would vary with age. It was found that loneliness did not follow a linear developmental trajectory and instead showed two distinct peaks at the emerging adult age group and the oldest elderly group. Luhmann and

Hawkley (2016) stress that a great deal of research has been focused on the description of associated outcomes with and the potential underlying factors of loneliness in elderly populations. The researchers advocate for greater efforts to be focused on loneliness experienced by young adults as far less attention has been given to studying this population and the effects loneliness could have during this stage of development. In line with the concern for this developmental stage, Hawkley and Cacioppo (2010) note that through a review of the loneliness literature, loneliness was found to compound over the lifespan, with higher reports of loneliness at younger ages correlated with greater mental health, cognitive functioning, and physical health effects in older ages. Emerging adulthood may be a critical period for intervention due to the heightened reports of loneliness and social isolation and warrants further investigation.

Reports of Social Isolation and Loneliness of Emerging Adults During the Pandemic

Due to the restrictions brought on by the COVID-19 pandemic, emerging adults have been identified as a group in which aspects of daily life such as education, economics, and social lives have been greatly disrupted (Cao et al., 2020). During the pandemic, emerging adults have indeed reported greater rates of loneliness and social isolation compared to other age groups (Oswalt et al., 2020). The greatest declines in mental health from self-report surveys have been consistently observed in the emerging adult age group (Findlay & Arim, 2020; Mcquaid et al., 2021). Findlay and Arim (2020) conducted a comparison study of Canadian self-reports of mental health in 2018 and during March/April of 2020 during the pandemic. Using data obtained from Statistics Canada, data on mental health was collected from over 4,600 respondents ages 15 and older, while 2018 data was obtained from the Canadian Community Health Survey, to compare data from the same age range. The authors focused on the reporting of agreement with the survey item “excellent or good mental health.” The authors emphasized that the greatest

concerns were the comparative decreases observed in the young adult age groups of 15 to 25 with 62% of the population in 2018 agreeing to this statement, decreasing to 42% in the 2020 survey. These results demonstrate the impacts that the COVID-19 pandemic have had on the mental health of Canadian emerging adults.

With mental health encompassing many factors, an online survey study by McQuaid et al. (2021) broke down this term to identify specific factors of psychological distress in the Canadian context. Psychological distress was measured by independent reporting measures such as feelings of depression and anxiety symptomology. McQuaid et al. (2021) sought to investigate the relationship with age and reporting psychological distress during the COVID-19 pandemic. The results revealed that emerging adults reported experiencing the highest rates of psychological distress factors, with the authors concluding that young adults were an at-risk population for deteriorating mental health during the pandemic. Wickens et al. (2020) aimed to investigate feelings of loneliness experienced during the COVID-19 pandemic and associations with age and gender in the Canadian population. The researchers conducted an online survey study of Canadians aged 18 and older between May and June of 2020 resulting in 3,012 respondents. Subjective reports of loneliness were highest for the emerging adult population, of those aged 18-29 years with the highest reports of “felt lonely for 5+ of the past 7 days” than any other age group sampled. Interestingly, there was a gender difference with women in the emerging adult population reporting higher loneliness compared to their male counterparts across all age groups. The authors stress that gaining an understanding of who is most vulnerable to feelings of loneliness during the isolation of the pandemic is essential for interventions such as needs assessments and resource allocation. The findings from Wickens et al. (2020) demonstrate emerging adults are being greatly psychologically impacted by the COVID-19 shutdowns.

Survey studies across Canada have identified emerging adults as an at-risk group; however, within this population, the subpopulation of those with disabilities has been identified as a group particularly at risk for experiencing loneliness and social isolation (McGlone & Long, 2020; Soria et al., 2020).

Reports from Studies with People with Disabilities and Experiences of Social Isolation and Loneliness

A disability is inclusive of any cognitive, medical, psychological, physical, or sensory impairment(s) that an individual may experience that directly impacts daily living (CDC, 2020; Erwin et al., 2021). Studies conducted with individuals who have developmental or physical disabilities have consistently found heightened reports of loneliness and social isolation (Emerson et al., 2021; Macdonald et al., 2018; Rokach et al., 2006). In a survey study of 593 Americans conducted by Rokach et al. (2006), the researchers were concerned with the subjective reports of loneliness in those who had a physical disability due to chronic illness compared to the general population. A 30-item researcher-developed questionnaire probed participants for their experiences with loneliness concerning the cognitive, emotional, and behavioural facets of loneliness. A significant difference in the reporting of loneliness was found between those with a physical disability and those without, with those with a physical disability especially differing in the aspects of emotional distress, social inadequacy, and self-alienation of loneliness. The authors concluded that there is indeed an obvious difference in the experiences of loneliness in those with disabilities compared to those without disabilities.

A current study from the UK conducted by Emerson et al. (2021) used cross-sectional data from the English Community Life Survey from 2016 to 2019 to explore the correlation between having a disability and heightened self-reports of loneliness. The survey included over

5000 participants aged 16 to 64. The researchers found that controlling for differences in age, gender, and ethnicity, people with disabilities were 51% more likely to self-report being socially isolated, 246% more likely to report low social support, and 438% more likely to report loneliness compared to peers without disabilities. Emerson and colleagues (2021) stated that the higher risk of feelings of loneliness for people with disabilities is clear and should be a topic of great concern for both researchers and the policy makers.

In a similar study by Macdonald et al. (2018), experiences of loneliness and social isolation were both explored and compared within a sample of 680 people including those with disabilities and those without aging from 17 years to 60 years and older. This study included groupings of people with physical and sensory impairments, those with developmental and cognitive impairments, along with a group of people without disabilities. Nearly 27% of those with disabilities self-reported experiences with social isolation compared to only 9% of those without a disability and 52% reported feelings of loneliness juxtaposed to nearly 16% of those without a disability. The authors noted that those at greatest risk for loneliness were individuals with a specific learning disability and those with an intellectual disability. Estimates that up to half of the population of those with an intellectual disability are chronically lonely (Stancliffe et al., 2010), while 40% of adults with Down Syndrome have reported feeling chronically lonely (Ailey et al., 2006) should be of great concern. These statistics are in stark contrast to adults in the general population who have reported estimates of loneliness at 15% to 30% (Pyle & Evans, 2018). The findings from the literature exemplify the increased likelihood for those with disabilities to self-report experiences of social isolation and loneliness compared to the general population. Within the loneliness and social isolation literature focusing on the experiences of individuals with disabilities, several researchers have noted the overwhelming focus on elderly

populations with disabilities as noted in their reviews of the literature (Macdonald et al., 2018; McGlone & Long, 2020; Snape, 2018; Wood et al., 2018). A developmental stage that has received less research focus, however, has been identified as an at-risk group for reporting loneliness and social isolation is emerging adults with disabilities (Snape, 2018; Wood et al., 2018).

Reports from Emerging Adults with Disabilities, Social Isolation, and Loneliness

In their review of research on emerging adulthood, Wood et al. (2018) noted that youth and young adults with disabilities experience greater challenges and limitations to opportunities afforded in this critical period of development in which successful navigation shapes the trajectory of adulthood, putting this subpopulation at greater risk for experiencing detriments to their development, especially in the social domain. As a result, emerging adults with disabilities have been identified as being at even greater risk for increased loneliness and social isolation (Snape, 2018; Wood et al., 2018).

Snape (2018) conducted a statistical analysis of data taken from the Community Life Survey UK from 2016 to 2017. His analysis specifically targeted items on the survey pertaining to loneliness and aimed to specifically focus on children and young people who he felt were chronically understudied. Within his analysis of young people aged 16 to 24, Snape found that those aged 18 to 24 were significantly more likely to report experiences of loneliness than those aged 16 to 18, supporting the distinction of higher loneliness in the emerging adult developmental period. In addition to this finding, when compared to young people without a disability, those with a long-term illness or disability were more likely to agree with feeling lonely “some of the time/occasionally” as well as “often/always” and much more likely to underreport feeling lonely “hardly ever or never.” Findings from this national survey illustrate

the risk of loneliness for emerging adults with disabilities and according to Snape (2018), special attention should be paid to young people with disabilities in the loneliness literature.

McGlone and Long (2020) used data from the UK Household Study of 4,510 participants to assess the self-reporting of loneliness in a comparison of youth and young adults aged 16 to 24 with and without disability. Higher loneliness regardless of various demographic factors such as sex, employment status, ethnicity, education, and mental health, was observed for individuals with chronic illness or disability compared to their non-disabled peers, illustrating the higher risk of loneliness for those emerging adults with a disability. Jackson et al. (2019) was interested in the academic, social, and mental health well-being of those with developmental disorders and their college experiences. Jackson et al. (2019) looked at survey reports from 56 postsecondary students on US college campuses who had a diagnosis of autism spectrum disorder and a mean age of 23. High levels of anxiety, depression, suicidal behaviour, and loneliness were self-reported. On the UCLA Loneliness Scale that was used, 42.9% of respondents reported feeling isolated “often,” while 45.6% reported feeling left out “often.” Overall, loneliness was identified as being one of the main predictor variables for overall emotional distress reported in the study, demonstrating the negative psychological effects loneliness can have on emerging adults with a disability. Already at heightened risk for experiencing loneliness and social isolation, social distancing measures imposed during the COVID-19 pandemic have been hypothesized to further exacerbate the effects and frequency of loneliness and social isolation for people with disabilities (Pettinicchio et al., 2021).

Reports of Social Isolation and Loneliness from People with Disabilities During COVID-19

Thus far during the ongoing COVID-19 pandemic, studies specific to documenting the experiences of individuals with disabilities and their feelings of loneliness and social isolation

have been sparse, despite this group being especially vulnerable to the detrimental effects that social distancing measures could bring (Shew, 2020). In a Canada-wide online survey study of 1,027 participants, Pettinicchio et al. (2021) reported increased loneliness and social isolation among respondents with disabilities or chronic health conditions during the pandemic. The authors concluded that little is known concerning the psychological well-being of individuals with disabilities during the pandemic as well as how the prolonged social isolation will impact this population's mental health.

In a Canadian qualitative study, Schormans et al. (2021) shared the COVID-19 pandemic experiences of three individuals with intellectual disability (ID) as well as three professionals working in the field of social work. The paper aimed to describe a first-person perspective from those who were already experiencing marginalization prior to the pandemic. The study also sought to interview professionals who work with those with ID and their thoughts surrounding their exclusion from pandemic planning efforts as well as detailing how social distancing measures magnified experiences of social isolation. Social isolation was identified as a major difficulty during the pandemic, with individuals with ID detailing experiences of self-reported psychological distress, such as increased experiences of anxiety and missing daily interactions with people. Professionals in the field of social work described their concerns that the COVID-19 public health protocols were exacerbating the social isolation already evident with people with ID. The authors advocated for greater attention to be paid to the realities of social isolation for people with ID shared from their own perspectives, advocating for more research focusing on first-person perspectives to tell the stories of people with disabilities and their pandemic experiences (Schormans et al., 2021).

Razai et al. (2020) conjecture that individuals with disabilities, especially those with learning and communication difficulties, will be at high risk of psychological harm from social isolation and loneliness throughout and following the pandemic, while also identifying youth and young adults as a high-risk group due to continuous postsecondary educational disruptions and social distancing measures. Combined, this conjecture indirectly proposes that emerging adults with disabilities who are students may be at higher risk for experiencing the detriments associated to loneliness and social isolation during the COVID-19 pandemic.

Experiences of Postsecondary Students with Disabilities During COVID-19 and the Response of Higher Education Institutions

Students with disabilities have been identified as struggling to access fundamental accessibility resources during the pandemic from their respective higher education institutions (Erwin et al., 2021). This has made the role of accessibility service centers at institutions for higher education even more vital during the COVID-19 pandemic to adequately meet the needs of student service users (Bedrossian, 2021). Accessibility service centers are responsible for providing academic accommodations and supports to students such as note-taking, recordings of lectures, test-taking time provisions and extensions to assignment deadlines, adaptations to assigned projects, working with instructors to diversify assessment methods, monitoring classroom accessibility, coordination of tutoring services, as well as coordinating communication aids and assistive technology access (Erwin et al., 2021). In the Canadian context, a recent report from the National Educational Association of Disabled Students (2018) includes the existing provincial legislation mandating accessible service provisions to postsecondary students with disabilities. Both the provinces of Ontario and Manitoba have specific legislation regarding accessibility, making it a clear right for postsecondary students with disabilities to receive

accessible services (Accessibility for Ontarians with Disabilities Act, 2005; Accessibility for Manitobans Act, 2014). British Columbia and Nova Scotia are in the developing stages of provincial legislation efforts, with monumental human rights cases currently impacting accessibility documentation and accommodations in postsecondary institutions (National Educational Association of Disabled Students, 2018). The National Educational Association of Disabled Students (2018) report makes it evident that existing legislation as well as human rights cases have made it the responsibility of postsecondary institutions to provide accessible services to their students with disabilities.

The initial transition to distance learning and remote service provisions due to the pandemic was rapid and left little time for planning and reflection for staff in accessibility services (Scott & Aquino, 2020). Scott and Aquino (2020) conducted a survey study of campus accessibility service workers by disseminating an online questionnaire for the Association of Higher Education and Disability, a US-based association for postsecondary educators and personnel working with students with disabilities. The authors sought to gather data from professionals experiencing the transition to remote learning for the purpose of informing the higher education community of the challenges of accessing and providing services to postsecondary students with disabilities. Scott and Aquino (2020) found that staff working with students with disabilities experienced a great amount of difficulty adjusting to remote learning and offering appropriate services, especially in the areas of collaboration with colleagues to ensure accessibility, diversifying communication strategies with students, expanding outreach services to students, and making modifications to office procedures. The most common areas of difficulty reported from staff focused on the provision of documenting disabilities and working around new barriers to accessibility of educational services. This left many students confused

about how and where to access the services they required with the transition to online learning. From the viewpoint of those working with students with disabilities, the difficulty with the transition to remote provisions of services was more frequently reported by students with disabilities compared to the general higher education population, as per their anecdotal opinions based on the questionnaire (Scott & Aquino, 2020). Erwin et al. (2021) investigated the availability of online resources offered by the accessibility services websites of multiple higher education institutions across the greater New York City area. The researchers found that 17% of the 153 schools sampled did not have an accessibility services webpage, while only 4% of the 127 schools that did have a webpage provided information about making an appointment with the counselling center. Mental health resources are important for students dealing with the isolation of the COVID-19 pandemic as higher education students have reported negative mental health impacts, quoting their experiences with the restrictive social distancing measures (Bedrossian, 2021). These mental health issues are potentially exacerbated further as students with disabilities are not able to access learning activities equitably (Scott & Aquino, 2020; Zhang et al., 2020).

Studies collecting responses directly from the perspective of students with disabilities and their experiences with higher education during the pandemic have demonstrated a reported difficulty in accessing fundamental services. Zhang et al. (2020) conducted a survey study of 147 students with and without disabilities/health concerns attending the University of Washington from March to April of 2020 to assess the differences in educational impacts, mental health implications, and accessibility of online education within the student population. The authors sought to find areas of concern, challenging experiences, stress, and initial indicators of mental health during COVID-19 for postsecondary students with disabilities/health concerns. Their

findings demonstrated that compared to their peers without disabilities, students with disabilities reported greater concerns about the negative impacts of educational disruption and greater worry for the barriers that the switch to online learning could have. Isolation was also indicated as a troubling matter for students with disabilities/health concerns on the survey during the pandemic as well as overall lifetime experiences with social isolation. The overall lifetime stress exposure as well as current distress in the mental health domain of the survey was also reportedly higher for those students with disabilities/health concerns than those without. In their concluding remarks, Zhang and colleagues (2020) stressed that students with disabilities/health concerns were in need of better online educational supports and called for greater accessibility. The authors also emphasized the need for postsecondary institutions as well as researchers to prioritize the mental health of students with disabilities/health concerns.

Further evidence for the need to improve the response from postsecondary institutions concerning accessibility is evidenced by a study conducted by the Student Experience in the Research University Consortium (Soria et al., 2020). A large survey of over 30,000 students across 9 United States public universities that are members of the Student Experience in the Research University Consortium was completed revealing the challenges experienced by students with disabilities during the pandemic. Overall, students with disabilities reported being more affected than their peers from the fallout of the COVID-19 pandemic. This was especially evident in the areas of feeling like they belonged on campus and feeling supported by their respective institutions (Soria et al., 2020). The authors of the survey highlighted the need for higher education institutions to provide greater wellness and mental health resources for students with disabilities, as a significant difference was found in the reporting of struggles with mental health compared to the general student population. Soria et al. (2020) called on higher education

institutions to attend to the needs of students with disabilities and to listen and learn from their experiences to be more responsive in pandemic planning efforts. It is expected that the number of students seeking accessibility services from higher education institutions will increase due to the continuous effects of the COVID-19 pandemic (Bedrossian, 2021). In preparation for an influx in users, university accessibility service centers need to make informed planning decisions to adequately support students with disabilities.

Gaps in the Research and Guiding Framework

The Need for Studies Focusing on Social Isolation and Loneliness in Emerging Adult

Populations with Disabilities

As evidenced by the review of the current research focused on social isolation and loneliness during the COVID-19 pandemic, several gaps in the research exist. A large portion of the loneliness and social isolation literature focuses on the experiences of persons without disability and a noticeably lesser quantity of research has been conducted focusing on individuals with disabilities (Gilmore & Cuskelly, 2014). Further, the loneliness and social isolation research that does focus on persons with disabilities before and during the pandemic has been conducted with elderly populations (Macdonald et al., 2018; McGlone & Long, 2020). This leaves a large gap in the research regarding the experiences of other at-risk populations, such as emerging adults with disabilities (McGlone & Long, 2020). In addition, Macdonald et al. (2018) notes that studies that have focused on loneliness and social isolation within the disability literature have taken a biopsychosocial perspective, which pathologizes disability and does not place responsibility on the structural alienation of society. Shew (2020) echoes this unfortunate devaluing of persons with disabilities in research, citing an overall societal disregard for persons

with disabilities as the underlying reason. It is abundantly clear that people with disabilities need to have their stories amplified from a first-person, qualitative perspective.

The Need for First-Person Accounts from People with Disabilities

A notable lack of the current COVID-19 literature details the experiences of loneliness, distress, and social isolation for individuals with disabilities from their own perspectives (Best et al., 2020). Best et al. (2020) state the importance of including first-person perspectives in guiding the conversation surrounding experiences and next steps in research focusing on individuals with disabilities. Shew (2020), a self-advocate and scholar, states that individuals with disabilities should be treated as experts of themselves and their needs and calls for greater inclusion in research which the pandemic has only intensified the need for. In an early review of the COVID-19 research, Lebrasseur et al. (2021) noted a sizeable gap in the research focusing on the experiences of persons with disabilities, calling for future studies to focus on the consequences of the pandemic and needs of this population going forward. In their study of the educational accessibility and mental health experiences of postsecondary students with disabilities, Zhang and colleagues (2020) stated that a qualitative approach was needed to gain a better perspective of the experiences of these students. Further, the researchers stated that it was their intention to complete a follow-up interview study to accompany their quantitative analysis (Zhang et al., 2020). Greater qualitative perspectives are needed to gain a holistic understanding of the experiences as well as to better inform change and best practice surrounding the COVID-19 response and the involvement of people with disabilities.

Informing Higher Education Institutional Policy and Planning

Researchers have hypothesized that the impacts from the COVID-19 pandemic will persist long after social distancing and other restrictive measures have been lifted, making it crucial for postsecondary institutions to adequately plan for the future needs of students (Fiorillo & Gorwood, 2020; Galea et al., 2020; Gunnell et al., 2020). Sahu et al. (2020) note a lack in university supports, as well as communication breakdowns with students calling on university support services to provide psychological supports to students. In their policy review, Jackson and colleagues (2019) highlight the importance of collecting first-person reports and descriptions of the nature of needs, first-hand experiences and viewpoints of students with disabilities, which is lacking in the current literature. Concerning pandemic planning and institution reform, Campbell et al. (2009) had previously identified the need for collecting suggestions from people with disabilities in planning for a potential pandemic influenza. In their paper, the authors focus on the need for individuals with disabilities to be included in creating an effective response plan to ensure services are minimally disrupted and that needs can be adequately met. Calls to include the voices of self-advocates in planning, research, policy, and public awareness are needed to combat disabling attitudes and assumptions of inability and societal devaluing during the COVID-19 pandemic (Schormans et al., 2021). It is imperative that the voices of individuals accessing support services from higher education institutions be amplified to guide institution planning and response. First-person qualitative reports of the experiences of loneliness and social isolation provide postsecondary institutions with invaluable insights to better inform planning and responses to the current and lasting effects of the COVID-19 pandemic on students with disabilities.

Summary

During the COVID-19 pandemic, social isolation and loneliness have been two key psychological variables of concern, especially for those with disabilities who are at an increased risk of experiencing both phenomena (Emerson et al., 2021; Macdonald et al., 2018; Rokach et al., 2006). A particular sub-group that has been identified as being further at-risk are emerging adults with disabilities (McGlone & Long 2020; Snape 2018; Wood et al., 2018). Due to the social distancing public health protocols, postsecondary institutions have had to largely alter their methods of educational delivery as well as their delivery of student services, leaving postsecondary students with disabilities particularly vulnerable, struggling to access services from their institutions, and feeling increasingly isolated (Erwin et al., 2021; Scott & Aquino, 2020; Soria et al., 2020; Zhang et al. 2020). The need for first-person qualitative accounts to elevate the voices of people with disabilities and gain rich knowledge from their experiences is also evident in the literature (Best et al., 2020; Shew, 2020). The majority of COVID-19 research documenting the experiences of people with disabilities, including students with disabilities, is quantitative analysis, leading both researchers and self-advocates to call for qualitative perspectives (Best et al., 2020; Schormans et al., 2021; Shew, 2020; Zhang et al., 2020). The current study addresses several gaps in the current COVID-19 literature and has a qualitative approach focusing on emerging adults who are undergraduate students with disabilities and their experiences with loneliness and social isolation during the COVID-19 pandemic.

Present Study and Research Questions

This research project was undertaken as part of the larger project titled, “Living with COVID-19: The Mental Health Experiences of University Students.” The present study took a

qualitative phenomenological approach with the goal of filling these gaps in the research and elevating the voices of students with disabilities as told from their own invaluable perspectives (Wilson, 2014). Describing the phenomena from a lived experience perspective allows a rich understanding of how an individual experiences their world (van Manen, 1997). Conducting this research from a descriptive phenomenological lens, individuals with disabilities included in the study can be recognized and validated as whole persons and allows for their unique experiences to be meaningfully shared (Dieklman, 2005; Reiners, 2012; Wilson, 2014). The present study aimed to address the following research questions:

(a) What are the lived experiences of postsecondary students with disabilities regarding loneliness and social isolation during the COVID-19 pandemic?

(b) What are the measures that postsecondary accessibility services could implement to make students' lived experiences more equitable?

Gathering a qualitative perspective will enrich the current research by adding to the current quantitative literature to gain a more wholistic understanding of the experiences of undergraduate postsecondary students with disabilities during the COVID-19 pandemic. Understanding how students with disabilities perceived the response of accessibility service centers and their user experiences with accessibility is imperative in informing the response of postsecondary institutions for students struggling with loneliness and social isolation during the pandemic and into the future.

Chapter 3 Methodology

This section of the present study provides a rationale for the general approach of the research paradigm used to investigate the research questions, along with the research design, entering assumptions of the author, participant inclusion and recruitment procedures, data collection methods, and data analysis procedures. Issues of rigor along with ethical considerations are also discussed.

Research Approach

A qualitative research method approach was taken to explore the research questions posed in this study. A qualitative method approach is used when a deeper understanding of a specified phenomenon is being sought (Miles & Huberman, 1994; Patton, 2002). Thus, a qualitative method approach aligned with the research aims of the present study to explore the experiences of undergraduate students with disabilities.

Research Design

Epistemology influences the researcher's theory of knowledge, in turn guiding the way a social phenomenon is explored (Holloway, 1997). In this research project, aligned with Groenewald (2004), the position of the researcher was that important data could be gathered from the perspectives of the target population, which in this case were postsecondary students with disabilities and their experiences during the COVID-19 pandemic. Due to this personal belief, the author collected the necessary data by engaging with students with disabilities. The specific qualitative approach that best fit the aims of this study and the beliefs of the researcher was a phenomenological approach. Phenomenology is a philosophical approach to qualitative research that places great importance on understanding the human experience by exploring the

lived experiences of a particular group or population (Diekelman, 2005; van Manen, 1997). A phenomenological approach allows for the needs of a given population to be brought to light (Groenewald, 2004), which aligned with the first research question of the study: (a) What are the lived experiences of postsecondary students with disabilities regarding loneliness and social isolation during the COVID-19 pandemic? A phenomenological approach is also commonly used to interpret best practices in a given area of study (Wilson, 2014), aligning with the second proposed research question: (b) What are the measures that postsecondary accessibility services could implement to make students' lived experiences more equitable?

Phenomenology can further be divided into two schools of thought: interpretive and descriptive phenomenology (Reiners, 2012). Interpretive phenomenology founded by Heidegger (1962), asserts that meaning can be derived from everyday occurrences, and it is the way in which individuals interpret these occurrences that is of importance (Heidegger, 1962, as cited in Reiners, 2012). This school of thought should be implemented when the research question is concerned with uncovering the meaning of the phenomenon at hand. Descriptive phenomenology is associated with Husserl (1970), focussing on the meaning of the conscious experiences an individual has (Husserl, 1970, as cited in Groenewald, 2004; Reiners, 2012). It asserts that human actions are influenced by people's perceptions of reality and pushes the notion that the human consciousness is a valuable focus of scientific study (Lopez & Willis, 2004). This stream of phenomenological philosophy also assumes that aspects of the lived experiences of a subpopulation will be common to all persons who have that given experience, known as universal essences (Lopez & Willis, 2004). When the research question pertains to purely describing the phenomenon at hand, a descriptive phenomenological approach is best (Reiners, 2012). This approach also calls for the researcher to put their own assumptions and

interpretations aside in a process called, bracketing (Reiners, 2012). As both the research questions of the present study pertained to describing the essence of postsecondary students' experiences with social isolation and loneliness, a descriptive phenomenological approach was taken. As such, the researcher needed to bracket their biases and initial assumptions of the research questions, as well as throughout the duration of the study to try to gather the truest reports of the phenomena.

Entering Assumptions of the Author

In order to align with a descriptive phenomenological approach, the researcher must acknowledge all of their entering biases and personal knowledge of the phenomenon to truly focus on the lived experiences of the participants included in the study (Reiners, 2012). This ensures that all judgements of what is real and what is occurring originate from the population of focus and is necessary to understand another's phenomena (Chan et al., 2013). In congruence with this ideology, bracketing of the researcher's own initial assumptions before commencing the research study were as follows:

- Participants will be honest with their responses.
- Participants will accurately carry out instructions provided by the researcher.
- Based on the current research literature, students with disabilities will have experienced social isolation and loneliness during the COVID-19 pandemic as well as having difficulty attaining adequate supports from accessibility services of their postsecondary institution.

- Detailing the experiences of these students will be helpful in informing more effective responses and adequate service provisions to students using accessibility centers and inform planning efforts for service provision in the future.
- Through the lens of phenomenological research, humans can consciously express their lived experiences and these subjective perceptions are their realities.

It is impossible for any individual to be perfectly unbiased as noted by Lincoln & Guba (1985); however, in accordance with the philosophy of descriptive phenomenology, a reflexive journal was kept for the purposes of bracketing the researcher's biases as much as possible (Chan et al., 2013). According to Primeau (2003), reflexivity is the reflection process of the researcher concerning their own values, experiences, and motivations carried out in an honest manner that pertains to the phenomena of interest. Reflexivity thus allows for the researcher to identify any potential biases and is key in the bracketing process as it allows separation of the researcher's thoughts and feelings from those of the participants (Primeau, 2003). A reflexive journal was maintained throughout all stages of the study for this purpose.

Participants

In accordance with Hycner's (1999) stance on phenomenological research, the phenomena should dictate both the methodology of sampling and the type of participants sampled (Hycner, 1999, as cited in Groenwald, 2004). Purposeful sampling was used to develop a thorough understanding of the experiences of postsecondary students with disabilities with regards to social isolation and loneliness during the COVID-19 pandemic. Purposeful sampling is consistent with the philosophical school of thought selected for this study as it is widely used in qualitative research to identify and select information-rich cases related to the phenomenon of

interest (Patton, 2002, as cited in Palinkas et al., 2016). Purposeful sampling is best used when research questions require the identification and selection of individuals or groups of individuals that are knowledgeable about or have experienced the phenomenon of interest (Creswell et al., 2011). As this research was focused on the specific experiences of postsecondary students with disabilities, purposeful sampling was suitable for the current study. Participants were included based on the following three criteria:

- (a) Participants will be included based on their registration with the Center for Accessible Learning (CAL) at the University of Victoria, Canada during the 2019/2020 school year and/or the 2020/2021 school year.
- (b) Participants will have been enrolled in an undergraduate program of study during the 2019/2020 and/or the 2020/2021 school year.
- (c) During the 2019/2020 and/or the 2020/2021 school year, participants were between the ages of 18-25 years of age.

As the research was seeking to investigate a single subpopulation of postsecondary students, those with disabilities, sampling was homogenous. Homogenous sampling requires smaller samples in comparison to heterogeneous sampling methods in which comparisons between different populations are made (Palinkas et al., 2016). Homogenous sampling allows for the thorough, in-depth investigation and description of a particular subgroup, which in this case allowed for the identification and sampling of postsecondary undergraduate students with disabilities in the present study (Palinkas et al., 2016). Qualitative methods often rely on pre-set precedents for determining the number of participants based on the type of analysis proposed (Palinkas et al., 2016). In accordance with the recommendations of Palinkas and colleagues (2016), between three to six participants may suffice for a phenomenological study. Other

researchers have suggested two to 10 participants to be sufficient for saturation (Boyd, 2001), while still others have stated explicitly to aim for long interviews of up to 10 participants (Creswell, 1999 as cited in Groenewald, 2004). Sampling an appropriate number of participants is vital to saturation, which ensures that collecting data from participants continues until no new information from the perspectives of participants and their experiences can be gained (Groenewald, 2004). The present study initially proposed having an aim of 7 to 10 participants, resulting in 7 participants being interviewed and included in the study.

Participant Recruitment

Participant recruitment occurred via online social media advertising through email dissemination at the university from November 2021 to January 2022. A description of the study's purpose and the three criteria for participation (see Appendix A) were included in the advertisement. Interviews took place from January 2022 to February 2022. Intake for participants of the study ended by January 31, 2022. If a greater number of participants than 10 applied and met the participation criteria by that deadline, participants would have been selected using random selection by assigning participants numbers and using a random number generator to randomly select (Sharma, 2017). This did not occur however, and 7 participants had expressed interest in participating in the study by January 31, 2022. The researcher contacted all potential participants via email to introduce themselves along with the research purpose, an introduction to the informed consent process, along with organizing a convenient remote interview time that was held using the Zoom Video Communications (Version 5.9.1) for each participant.

Data Collection

In accordance with a phenomenological approach, the method of data collection selected for the current study was in the form of one-on-one individual interviews. According to Baumeister and Vohs (2002), language and the meaning that can be gleaned from its collection as a primary data source can be used to uncover the perspectives of participants. Interviews are commonly relied on in qualitative research as the resulting discourse is regarded as cognitive data (Wilson, 2014). Interviews allow the researcher to access the experiences, inner perceptions, feelings, and attitudes concerning the reality of participants (Zhang & Wildemuth, 2009). The current study used semi-structured interviews to document the experiences of postsecondary students with disabilities surrounding loneliness and social isolation during the COVID-19 pandemic (McIntosh & Morse, 2015). Semi-structured interviews make use of both open-ended and close-ended pre-planned questions that allow for structure while simultaneously supporting participants' elaboration on their experiences, feelings, and beliefs for each question surrounding a particular phenomenon (Groenewald, 2004; McIntosh & Morse, 2015; Zhang & Wildemuth, 2009). Semi-structured interviews allow participants to explore their experiences in greater detail than a structured interview, as the researcher can make use of follow-up questions based on the context of each participant's response (McIntosh & Morse, 2015; Zhang & Wildemuth, 2009). As per Zhang & Wildemuth (2009), the interviewer is expected to probe beyond participants' initial responses, demonstrating the flexible nature of the unstructured interview process, resulting in rich data collection. The present study made use of probes such as, "In what way...?" and "Can you give me an example...?" and "Why did you...?" According to McIntosh & Morse (2015), the semi-structured interview allows for participants to explore their experiences through

a pre-determined interview schedule, adding to the study's replicability and is best used when a specific aspect of the participants' experiences is the aim of exploration for the study.

McIntosh & Morse (2015) state that semi-structured interviews are best used when there has been relatively sufficient objective knowledge collected concerning the phenomenon to guide questioning; however, a breadth of documented subjective experience is lacking. Interview questions included the framework of the three factors for mental well-being (i.e., emotional well-being, psychological well-being, and social well-being) as proposed by the new model for sustainable mental health by Bohlmeijer and Westerhof (2021). This framework guided the investigation into students' mental health and their experiences with loneliness and social isolation. Questions concerning students' experiences with postsecondary accessibility services were informed by the findings from the Experiences of Postsecondary Students with Disabilities During COVID-19 and the Response of Higher Education Institutions section of the Literature Review in this thesis. The aims of the current study best aligned with the interview epistemology of a descriptive semi-structured interview (McIntosh & Morse, 2015). In this subtype of semi-structured interview, McIntosh & Morse (2015) state the importance of the participant being viewed as the knower, with the topic of interest being discovered through their experiences in the world. The aim is to expand the limited knowledge frame of the phenomenon through the exploration of participant perspectives, resulting in new themes and theories being brought to light (McIntosh & Morse, 2015). This description of the purpose and employment of semi-structured interviews fits well with the phenomena explored in the present study. The preplanned interview schedule was used to focus participants on their experiences as they related to social isolation and loneliness during the COVID-19 pandemic, as well as their experiences with remote learning and intervention provided by their postsecondary institution. Before

commencing the interview schedule, background and criteria questions were posed to participants to confirm eligibility for participating in the study as well as to gather important demographic factors for each participant (See Appendix B). The interview schedule included 9 questions in total (See Appendix C). These questions were piloted with two postsecondary students prior to the commencement of completing interviews with participants to ensure the flow of the interview schedule as well as to ensure the questions posed would reflect the purpose of the study.

Informed Consent

Informed consent was required in order to include each participant's data in this study. The informed consent process is imperative in ensuring the ethical nature of research (Groenewald, 2004). To participate in the interviews and have their data included in the study, participants took part in an informed consent process beforehand through a signed written consent form (see Appendix D), as well as during the interview through a verbal informed consent process (see Appendix E), and after through providing interview follow-up care (see Appendix F) for each interview. It was made clear that participants may withdraw their consent at any point during the research. The informed consent procedures used in this study were derived from the procedure developed by Groenewald (2004) and participants were privy to the following guidelines of their participation in the study:

- That they (the participants) are participating in research
- The purpose of the research (without stating the central research question)
- The procedures of the research
- The risk and benefits of the research
- The voluntary nature of research participation

- The procedures used to protect confidentiality (p. 46)

Transparency about the research study and ensuring confidentiality reduces suspicion and allows for honest responses from participants (Bailey, 1996). The informed consent process communicated this to participants in this study.

As in Groenewald (2004), participants were required to read through the informed consent agreement independently and sign off that they had read and agreed to the stipulations of the research interview and process in the form of an electronic copy with e-signatures sent out to each participant via email (see Appendix D). The informed consent agreement was then summarized and explained at the beginning of each interview to each participant to gain verbal consent as well as allowing an opportunity for participants to raise any questions or concerns (See Appendix E). Only those who agreed with the contents of the consent agreement by signing the electronic document as well as giving verbal consent during the interview had their data included in the study, which was all 7 participants. The consent form included a discussion of issues surrounding participant anonymity and withdrawal from study participation. In the consent discussion, interviews were prefaced with the purpose statement of the study: to explore the academic and/or social experiences of postsecondary students with disabilities during the COVID-19 pandemic.

Data Analysis Procedures

The analysis of phenomenological interviews is meant to provide a comprehensive and accurate summary of the participants' perspectives (McIntosh & Morse, 2015). The analysis in the present study used thematic analysis of the word-for-word transcription of each Zoom Video Communications (Version 5.9.1) recorded interview (McIntosh & Morse, 2015). Written transcripts were obtained through a third party, professional transcribing service from the audio

file of each individual interview. Any identifying characteristics of the participants during the interview were redacted or removed to align with the informed consent process and confidentiality agreement (McIntosh & Morse, 2015). Once the transcripts were obtained, data analysis followed the 11-step procedure below, condensed into a diagram format in Appendix H:

- (a) Each transcript was read through once by the researcher while simultaneously listening to each accompanying audio recording to ensure accuracy of transcription.
- (b) Each transcript was read through a second time to gain a comprehensive understanding of the meaning of each interview, an approach used by Sloan and Bowe (2014) in their description of how to conduct a thematic analysis of a phenomenological interview as described by van Manen (1997). This process aligns with Colaizzi's (1978) description of Familiarization, as cited in Morrow et al. (2015).
- (c) Transcripts were then read through a third time, where a preliminary thematic analysis was conducted for each interview, aligning with Colaizzi's (1978) description of Identifying Significant Statements. This preliminary analysis included highlighting all important expressions of interest that corresponded to the phenomena in the study's investigation (Sloan & Bowe, 2014; Sundler et al., 2019).
- (d) All relevant expressions from each individual interview were then labeled in the margins of each transcript with a short descriptor or code used to summarize the experience described in each statement (Braun & Clarke, 2006). This process followed the method of Formulating Meanings (Colaizzi, 1978, as cited in Morrow et al., 2015). In this stage of Colaizzi's method of phenomenological data analysis, bracketing assumptions and biases during this process is of the utmost importance. Using reflexive journaling during the

decision-making process for thematic labeling was crucial to reflect on potential biases to adhere as closely as possible to the phenomena described by the participants.

- (e) These important statements were deemed to be directly related to the targeted phenomena and were extracted from each original interview transcription document, with all other unrelated statements being removed (Yüksel & Yıldırım, 2015). The text for each participant's document was then assigned a random colour to identify the participant. These coloured documents were then physically printed. All relevant expressions were physically cut and sorted into thematic piles manually for each individual interview (Braun & Clarke, 2006). This process aligned with the statement extraction method as described by van Manen (1997) in a process described as Extracting Isolated Thematic Statements.
- (f) These statements, as well as their accompanying descriptors noted in the margins, formed thematic clusters for each individual participant (Sloan & Bowe, 2014). These created the core meanings for each participant's interview by clustering related expressions and meanings through a process of phenomenological reduction (Yüksel & Yıldırım, 2015). This process included comparing the statements within each cluster for each individual participant to ensure the identification of statements with invariant similarities and relationships that formed clear patterns of data within each individual interview (Braun & Clarke, 2006).
- (g) Patterns of meanings were then identified by looking at the thematic clusters across participant interviews in a process of collating the data (Braun & Clarke, 2006; Sundler et al., 2019; Yüksel & Yıldırım, 2015). Similar meanings across individual interviews were clustered together to form these patterns (Sundler et al., 2019).

- (h) The repeated patterns of meanings appearing across participants were then organized into units of analysis called themes and given meaningful names that were descriptive of the invariant experiences shared by the participants (Sundler et al., 2019). An exhaustive description for each of the themes relevant to each individual participant was created at this stage of the analysis, aligning with Colaizzi's (1978) description of Developing an Exhaustive Description (Colaizzi, 1978, as cited in Morrow et al., 2015).
- (i) A document for each participant was then created with a description of each theme as well as a list of important quotes from each participant's interview to provide evidence for each theme. These documents were then sent via email to each corresponding participant to conduct member checks to validate the fairness of the analysis (Jones et al., 2010).
- (j) These themes were then clustered and categorized under meta themes, organizing themes to convey a cohesive story about the data (Braun & Clarke, 2006).
- (k) The Fundamental Structure (Colaizzi, 1978, as cited in Morrow et al., 2015) was then produced through condensing the descriptions for each theme into a single shortened descriptive statement deemed to be essential to the experiences across the participants.

Rigor

Addressing the rigor of a qualitative study is imperative to ensuring an impactful study that is free of distortions and biases (Jones et al., 2010). Rigor is a measurement of validity in phenomenological research and is addressed through sound methodological procedures (Pereira, 2012). Validity can be defined as how accurate the research represents the participants' subjective experiences and the essence of the phenomena being explored (Schwandt, 1997, as cited in Creswell & Miller, 2000). According to Pereira (2012), rigorous and appropriate

procedures underpinning a phenomenological design allow for research to meaningfully contribute to the literature and generate knowledge about a specific phenomenon. If a study ensures that well established methodology is followed, the research is also said to have legitimacy, which is a judgement of how legitimate the knowledge gleaned from the study is deemed to be, and thus related to both validity and rigor (Koch, 1996). Long standing methods of ensuring a study is rigorous are maintaining a journal and member checking (Lincoln & Guba, 1985; Guba & Lincoln, 1989). In the present study, both methods were employed. Journaling provides the researcher with a means of bracketing, forcing the researcher to confront and set aside their own biases, opinions, and attitudes, leading them back to the origins of the phenomenon, located within the perspectives of the participants (Jones et al., 2010). According to Creswell and Miller (2000), researcher reflexivity is an important validity procedure that is taken from the lens of the researcher and highly benefits the reader. A reflexive journal establishes the credibility of the study through the self-disclosure of the researcher's assumptions and reflections of the external forces which shape their interpretations, allowing for the readers of the study to identify any author biases (Creswell & Miller, 2000).

Member checking is an important proponent of participant feedback that is key to ensuring rigor in phenomenological study (Jones et al., 2010). Participant feedback was gathered to validate themes, categories, descriptions, conclusions and to ensure that apt evidence was given for each theme (Creswell & Miller, 2000; Jones et al., 2010). As Lincoln and Guba (1985) suggest, participant feedback is the most important method of ensuring credibility and rigor of a phenomenological study. Lincoln and Guba (1985) state member checking establishes rigor through: (a) giving participants the opportunity to share what they intended to communicate as well as assessing and confirming their individual contributions to the research; (b) participants

can correct and challenge misconstrued perceptions; (c) additional information and context may be given by participants; (d) it lessens the likelihood of participants retroactively stating they have been misinterpreted; and (e) it provides an opportunity for summarizing (Lincoln & Guba, 1985, as cited in Jones et al., 2010). Creswell and Miller (2000) suggest that the inclusion of participant feedback into the final narrative and description of the phenomenon add to the credibility of the research findings, which has been incorporated into the findings and discussion of the present study.

Research Reflexive Journaling

It is important to note that over the course of the research project, the author maintained a reflexive journal (see Appendix G) (Chan et al., 2013). According to Chan et al. (2013), maintaining a reflexive journal over the entirety of the research process is pertinent to bracketing the researcher's own ideas, values, and reflections that may bias the data and influence the results at any stage of the research process. This journaling was especially important during the data analysis stage of the current study as the themes uncovered should be free from researcher bias and be exemplars of the participants' perceptions and experiences (Chan et al., 2013; Colaizzi, 1978, as cited in Morrow et al., 2015). Entries were written when the researcher had any critical reflections concerning their presumptions, experiences, choices, opinions, and decision making (Ortlipp, 2008). Samples from the reflexive journal are included in the Appendix G of this thesis to ensure transparency of the research outcomes to the reader (Ortlipp, 2008).

Ethical Considerations

This research project was undertaken as part of the larger project titled, “Living with COVID-19: The Mental Health Experiences of University Students.” This project was approved by the Human Research Ethics Committee at the University of Victoria. All participants were informed of their rights as participants during the informed consent process, including their right to withdraw from participation at any point during the study. This informed consent process included the participant’s signature on a written document using the consent procedures outlined in Groenewald (2004). Further, a verbal confirmation and explanation of the consent agreement before commencing each interview was carried out to ensure further clarity. Participants were also assured that their participation would be kept anonymous and that their identities and/or identifying information would not be included in the study. Anonymity and identification were protected by using of random numbers assigned to participants used as identifiers for all storage of data such as recordings and transcriptions of interviews. The researcher informed participants that their data was not stored on a personal computing device and was stored using a cloud-based platform to ensure security. This information was included on both the written consent form as well as reviewed verbally before commencing each individual interview. Due to the subject matter of the interview schedule found in Appendix C, answering the interview questions may have been emotionally distressing for participants. Mental Health hotline numbers along with contact information for counselling services offered by the University of Victoria were provided on the consent forms as well as reviewed verbally at the end of each interview as part of a debriefing procedure to minimize the harm of participating in the study (see Appendix F).

Chapter 4 Results

Seven individual one-on-one interviews were conducted with each interview lasting an average of 41 minutes and 14 seconds. Each of the study participants attended the University of Victoria during the COVID-19 pandemic during the 2019/2020 and/or the 2020/2021 school years. All 7 participants were registered with the Center for Accessible Learning (CAL) to receive academic supports for a disability. For the purposes of communicating and discussing the results of the analysis and upholding participant anonymity, all participants have been given pseudonyms using a random name generator. Demographic information for each of the 7 participants is summarized in Table 1.

Table 1
Participant information and demographics

Participant Pseudonym and Gender Identity	Current Age at the Time of the Interview	Current Undergraduate Status at the Time of the Interview	Undergraduate Degree Major	Years Attended as an Undergraduate Student During 2019/2020, 2020/2021	Years of Undergraduate Degree Completed During 2019/2020 and/or 2020/2021	Age Attended as an Undergraduate Student During 2019/2020, 2020/2021	Reason Registered with the Centre for Accessible Learning
Rebecca (F)	21	Third year	Psychology	Both 2019/2020 and 2020/2021; Enrolled in summer term 2019/2020 term; Took spring term 2020/2021 off	First and second year	19, 20	ADHD, specific reading disability
Ryan (M)	20	Third year	Elementary Education	Both 2019/2020 and 2020/2021	First and second year	18, 19	ADHD, dyslexia
Anita (F)	22	Fourth year	Sociology	Both 2019/2020 and 2020/2021	Second and third year	19, 20	Social anxiety
Sadie (F)	21	Fifth year	Political Science	Both 2019/2020 and 2020/2021; Completed co-op term in the spring semester of 2019/2020; Enrolled in summer semester 2020/2021	Fourth and fifth year	20, 21	ADHD
Lindsey (F)	25	Completed undergraduate degree at time of the interview	English	2019/2020; Completed course work in spring semester 2019/2020; Completed co-op term in the summer semester of 2019/2020	Fifth year	24	Anxiety, slow processing speed, test anxiety, OCD, depression
Noah (M)	20	Second year	Economics	2020/2021	First year	18	Autism Spectrum Disorder
Michael (M)	23	Completed undergraduate degree at time of the interview	Economics	Both 2019/2020 and 2020/2021	Third and fourth year	22, 23	Dyslexia

Participant Background Information

Rebecca was a female student who was 21 years of age and in the third year of her studies during the time of the interview. She was in her first year of study during the 2019/2020 school year and as a second-year student during the 2020/2021 school year as a psychology major. She was 19 and 20 years old respectively during those university time periods. She was enrolled during the summer semester of 2019/2020 and took the spring semester of 2020/2021 off due to expressed difficulties with her mental health. She was registered with the Centre for Accessible Learning to receive services regarding a diagnosis of attention deficit hyperactivity disorder (ADHD) and a specific reading disability.

Ryan was a male student who was in the third year of his studies in Elementary Education and was 20 years old at the time the interview took place. He attended the university as a first-year student in the 2019/2020 semester when he was age 18 and completed his second year of studies during the 2020/2021 school year when he was age 19. He was registered with the CAL to receive services for a diagnosis of ADHD as well as dyslexia.

Anita was a female fourth year student in sociology aged 22 at the time of the interview. Anita was 18 during the 2019/2020 semester and in her first year of her program. She was 19 during the 2020/2021 semester and in her second year of study at that time. She was receiving services from the CAL for a diagnosis of social anxiety.

Sadie was 21 years old and in the fifth year of her political science degree at the time of the interview. She attended the university as a fourth-year student when she was 20, completing a co-op term in the spring of the 2019/2020 school year. In the 2020/2021 school year, she was in her fourth year of study at age 21 and enrolled in summer courses during this year of study. Sadie was registered with the CAL for a diagnosis of ADHD.

Lindsey had graduated at the time of the interview and was 25 years old. She was in the English program during the spring semester of 2019/2020 and completing her co-op term in the summer semester of 2019/2020 at age 24. She was registered through the CAL for anxiety, slow processing speed, test anxiety, obsessive compulsive disorder (OCD), and depression.

Noah was in the second year of his economics degree and was 20 years old at the time of the interview. He attended the university during the 2020/2021 school year in his first year of study at the age of 18. He was registered with the CAL with a diagnosis of autism spectrum disorder.

Michael had completed his degree in economics at the time of the interview and was 23 years old. He attended the university during the 2019/2020 and 2020/2021 school years in his third and fourth years of study as a 22- and 23-year-old student. He accessed the CAL due to his diagnosis of dyslexia.

Meta Themes and Themes

From these 7 interviews, 10 themes emerged through the data analysis procedure categorized into four different meta themes (see Table 2). Two of the meta themes include three themes and two of the meta themes consist of two themes. Under the meta theme of shifts in social life, the themes analyzed were sense of social fulfillment, friendship maintenance, and changes in social living environment. Under shifts in psychological resilience, the themes uncovered were occupying time, COVID related distress, and changes in mental health and disability presentation. Included under the meta theme of shifts in postsecondary educational experience were the themes of adjusting to remote service delivery and interacting with peers in the remote classroom. Accessing supports included the themes of seeking mental health services as well as access to remote academic supports and accommodations.

Table 2***Findings presented by meta themes and themes***

Meta Themes			
Shifts in social life	Shifts in psychological resilience	Shifts in postsecondary educational experience	Accessing supports
Themes			
Sense of social fulfillment	Occupying time	Interacting with peers in the remote classroom	Access to remote academic supports and accommodations
Changes in social living environment	COVID related distress	Adjusting to remote service delivery	Seeking mental health services
Friendship maintenance	Changes in mental health and disability presentation		

Essential Structure of the Experience

Due to the diversity of participants in this sample regarding gender, community, disability, and the instability of the pandemic conditions, the experiences of the participants varied. The findings illustrate this variability, as participants expressed their experiences during the COVID-19 pandemic regarding loneliness and social isolation in relation to their experience as undergraduate postsecondary students. The participants described the pandemic to be a time of great change and turbulence in their lives, with the social distancing restrictions and other public safety orders having large impacts on their daily lives and academic experiences. Four meta themes emerged across participants as displayed in Table 2: (1) Shifts in social life; (2) Shifts in psychological resilience; (3) Shifts in postsecondary educational experiences; (4) Accessing supports.

Shifts in Social Life

Many participants described a desire for greater social contact over the course of the pandemic, expressing feelings of isolation, and a disconnect with friends. Others were able to adapt to their new reality of limited in-person social contact and were apt at maintaining friendships and connections through technology. Several participants experienced significant changes to their living environments over the course of the pandemic, having varying impacts on the expression of social isolation and loneliness.

Shifts in Psychological Resilience

Finding new routines and ways to occupy time were of high importance to participants. Many participants described attempting to distract themselves and keep occupied during the pandemic to alleviate feelings of isolation and anxiety. Some participants expressed experiencing COVID-specific distress concerning anxiety surrounding contracting the virus. Languishing mental health as well as changes to the symptomology of disabilities were experienced by some participants.

Shifts in Postsecondary Educational Experiences

The participants experienced many changes to their postsecondary educational experiences during the COVID-19 pandemic. Many participants struggled to adjust to remote service delivery, and felt it was difficult to fully engage in their courses during online service delivery. Remote service delivery also changed the modality of peer interaction in the classroom, impacting participants' social experiences with classmates.

Accessing Supports

Many participants sought support services during the pandemic to help them adjust to their new realities. Due to languishing mental health experienced by some participants, professional mental health services were sought by some participants. Mental health services were described as helpful to all participants who sought them, although some participants experienced difficulty accessing these supports. Online service delivery altered the way students with disabilities accessed their academic supports and accommodations. The degree to which participants felt supported by the Centre for Accessible Learning (CAL) and the university varied widely and impacted participants' expressions of frustration and anxiety.

Direct quotes from the participants have been included in the analysis of each meta theme and theme to strengthen the credibility of the research findings (Creswell & Miller, 2000). This inclusion of direct quotes from participant interviews also allows the voices of the participants to be an integral part of the narrative and description of the phenomena presented (Creswell & Miller, 2000; Schormans et al., 2021).

Shifts in Social Life

Sense of Social Fulfillment

The participants expressed changes in feeling socially fulfilled over the course of the pandemic. When social distancing measures were strict, participants expressed difficulty connecting with people socially and expressed a desire to make greater social connections.

So, I'm definitely getting tired of it. And I'm already an introvert, so when the whole quarantine, everything that happened, I was like this is great, I get to stay home and not talk to people. But even then, I like to go out and it's very hard to go out when you

actually need that social interaction. Because I love going to the grocery store, I'm very dorky, but I go with my mom whenever I'm there, and it's just something that we always do together. So then doing it and then not having the conversation with the stranger about oh, they've got really good apples. – Lindsey

Significant changes to how participants socialized occurred during the pandemic, with participants heavily relying on technology to maintain social contact. The desire to connect with people in-person was expressed and favoured over online social contact for many participants. Some participants felt socially disconnected while trying to use online mediums to connect, expressing feelings of exhaustion from attempts to socialize in virtual spaces.

And I found Zoom to be really draining because I was putting all that same energy that I would be, even more energy to try to connect with people, but that connection was not happening. And so, I was just exhausted emotionally and physically all the time from trying literally so hard to connect with people. – Sadie

Due to the lack of access to in-person social spaces, most participants expressed relying on people they had direct in-person access to in order to fulfill their social needs such as people in their direct household, co-workers at in-person jobs, and romantic partners. Over the course of the pandemic, many participants found this limited social contact to be unfulfilling.

It got frustrating because you couldn't see anybody new. You couldn't even see friends that you did already know, so you're just stuck to your one little household. I mean, I'm very close with my parents, love my parents, so I was living with them at the time. There's only so many days that you can just be stuck with the same people who are not in your own friend space. So, it was difficult, but you know, I got through it. - Anita

This lack of in-person socializing was also accompanied by some participants expressing feelings of missing out on social activities that would have occurred if not for the social distancing restrictions.

Well, the pandemic kind of struck me in my early twenties, so a lot of stuff was taken away, like traveling opportunities, being with a lot of friends. No more going to bars and that's kind of, you know, the university lifestyle. So, I definitely missed out on this university lifestyle. – Anita

Large scale changes to the social environments of participants occurred due to relocations during the pandemic. Some participants experienced distancing from those in their social circles whilst others experienced reconnections and a strong sense of community integration during strict periods of social distancing measures.

So, a lot of people that were away came back to Victoria, into my life, and so it's very interesting how for a period of time everyone was focused on reconnecting or connecting or anything that happened. – Michael

Changes in Social Living Environment

Participants experienced changes to their living environment over the course of the pandemic, impacting their social lives. Some participants moved back home with family, or moved in with a romantic partner or friends, while others had family members move in with them. Many participants expressed being grateful for having the opportunity to live with others in their social circle who they were close to. Participants expressed a change in the dynamics of their household regarding independence and their roles and responsibilities.

And then being at home, I don't know, I like my independence so that wasn't always easiest. But then last year I lived with six roommates, and we became really good friends

and that definitely helped being in a house with five other guys that have similar interests. – Ryan

It is important to note that for some participants, this change in living environment was brought on due to feelings of social isolation and seeking greater social contact.

So right after that first month of me getting sick, we went to (redacted) and lived with my partner's family. And that was like a whole bag of worms, just living with someone else's family is really hard, but it was kind of what we had to do because we were just so lonely. Yeah, I think it was loneliness and it felt like a necessity because everything was getting shut down and it just felt like the right thing to do because other people were doing it, like going home. – Sadie

Living with others had a great effect on participant's satisfaction with their social life. Some participants expressed a dissatisfaction with interacting with the same people each day, sometimes resulting in strains to their relationships within their household.

Oh yeah, that was a very intense change. Also, the fact that we were shutting down social circles, but we were still seeing each other. So, we were almost seeing each other more and then we ended up moving in together and then he got sent working from home too. And we live in a one-bedroom apartment, so now all of a sudden, the one social person I have is my lover, my friend, my roommate, my partner, like all of these things, and you're with them 24/7. Like 24/7. He's in a meeting, "Can you talk quieter, I'm in a meeting." So, it became a lot easier to snap at each other. – Lindsey

Friendship Maintenance

Maintaining friendships was a priority for participants during the COVID-19 pandemic. Due to relocations during the pandemic many individuals were dispersed from their friends,

resulting in the inability to contact friends in-person. Friendships were difficult to uphold for some participants due to these relocations.

A lot of my friends just moved home, they went back up to Northern BC or Ontario or (redacted) or wherever. And so, some of my friends I've only seen them like twice since they left in 2020 because they finished their degree online or they dropped out. It was like a half and half split. A ton of my friends dropped out, and that was hard, social distancing measures were hard. – Sadie

Technology was heavily relied upon to uphold friendships. Some participants were able to transition to this new form of socializing aptly and were able to upkeep friendships with ease.

It's been pretty good I would say like socially. I feel like I FaceTime my friends every day anyways just because we're all so busy working, school, and whatnot. We don't have a ton of time to see each other more than like once a week anyways. So just lots of Face Timing and the occasional going to a parking lot and sitting in the trunks of our cars all in a circle, six feet away from each other. So, it obviously wasn't as fun, but it helped, I would say, with any boredom of not being able to do things. – Rebecca

Many participants reported the use of technology to socialize was far less preferable compared to in-person socializing with friends. Many participants described feeling disconnected from friends while trying to connect remotely, experiencing a lack of enjoyment while socializing through technologies such as FaceTime, Zoom Video Communications (Version 5.9.1) text messaging, and social media platforms.

Yeah, I think it's because I was in isolation, I couldn't see anybody, any of my friends, and that was really tough on me. Because I'm used to being an extremely extroverted and social person, so that was definitely disappointing. - Ryan

Many participants reported experiencing large changes in their friendship circles. Some participants experienced reconnections with old friends, as social distancing measures became the catalyst to reach out or have others reach out to them through online contact.

But one of the things that as it progressed, I got reconnected to a lot of different social friends I've had and a lot of groups. I reconnected back to my Dutch friends I used to talk to or talked to a bunch of different roommates, actually started pen pals with someone I actually used to date in the Netherlands. And then we used to do FaceTime calls pretty regularly. And then all these different social groups came together to be like we need to actually chat and discuss and is very warming to me then understanding that we need, in the community, spirit of understanding and empathy. – Michael

Losses and disconnections from friendships also were experienced for some participants. Participants described how changes in their interactions with friends during the pandemic caused them to make realizations and reflect on who their true friends were. This caused some turmoil in existing friendships, resulting in disconnecting from certain groups that participants once considered friends.

And then I lost my friends. I said I don't condone that behavior; you crossed a lot of boundaries for me. That was really hard for me to witness and for you to try to make me a part of, and then they were like okay, peace. I know we've been best friends for two years, but I'm choosing this behavior over you and that's chill, that's okay if they really wanna do that, I don't wanna be a part of it. But it broke me to be honest, like it really hurt. – Sadie

Shifts in Psychological Resilience

Occupying Time

Participants discussed the need to keep busy and occupied during the pandemic. The repetitiveness of daily activities was discussed in many participants' interviews, leading to boredom from a monotonous schedule, and descriptions of experiencing a dissociation with time.

I was working from home, and you can see my desk is here, and I'm on the couch. I'd work from home at my computer screens, typing away, come home, er come home, you know, log off work, and I just sit on the couch and just do nothing. I'd watch TV, but I wasn't watching TV, I was on my phone, but I wasn't really on my phone, I was watching TV and just like nothing was happening. And I was like this is so not right for my brain. – Lindsey

Especially at the beginning of the pandemic, some participants expressed feeling grateful for the slowdown in their schedules, and felt they had time to relax and enjoy themselves. Many participants expressed trying to find interests and outlets to occupy their time.

And I just kinda had a blast because I like the idea of just being able to just sit at home, learn new skills online on my own time, and find new interests online. – Noah

For many participants, keeping busy during the pandemic was important to their overall well-being and a means of keeping themselves distracted from the realities of the pandemic. The loss of a steady routine due to shutdowns and restrictions was frustrating for many participants, who sought new routines to stay occupied and avoid boredom.

So that first semester was really hard, but I got into a routine, I went for a walk every morning, I would talk to my mom on the phone when I went for a walk. And that really helped me to get routine. – Sadie

Without a set routine and a loss of extracurricular activities and other outlets, many participants expressed struggling to keep themselves occupied. This resulted in boredom and negative emotions described by many participants, with one participant expressing their increased use of substances to pass the time.

I was also suffering with substance abuse. So, I wasn't abusing my medication, I wouldn't say, but I was drinking and using marijuana a lot. I didn't have anything else to do. I was really bored; I was really isolated. – Sadie

Many participants described occupying their time through work or volunteer opportunities, which was an important means of keeping themselves busy and connected with others.

I think it was actually very positive because last year, one huge positive for me was with my program. Every Wednesday in the fall we would go into an elementary school for the day and just observe. And then I reached out to the principal and was like, I want to come back in the spring, can you do that? I wanna go into maybe a younger class. I was in a four, five, but then I went into a K1 class for maybe 10 sessions in the spring, and that was super enjoyable. And I was also working at (redacted) as a swim instructor... Yeah, those definitely helped my interactions and kept me sane – Ryan

Some participants enrolled themselves in summer school as a means of preoccupying their time and distracting themselves from their new reality. This was described to have negative outcomes for these participants, who described experiencing “Zoom burnout,” amounting to mental health challenges.

I would say when it first started, I was so busy because I just kept remembering hearing, oh lockdown is making everyone depressed and blah and blah. And I was in school when we were first in lockdown, so I was busy like waking hours, so I didn't notice it then. Then I was like school's gonna end soon, and I was like that doesn't sound very fun, I might as well do something productive if I can't work or hang out with my friends. So, I would say until the end of September or oh sorry the end of December, in my second year, I was fine (in reference to Zoom burnout). – Rebecca

COVID Related Distress

COVID-19 related distress and concerns were discussed by some participants who experienced increased anxiety due to potentially catching the virus themselves and transmitting the virus to others. One participant experienced debilitating distress that had detrimental effects on their mental health and disability, as the fear of contracting the virus increased compulsions and obsessions related to their obsessive-compulsive disorder (OCD).

Because you couldn't see the virus, you can't see it in the air and know that's a corner to avoid. So, it made me deeply afraid of the human next to me because I don't know, and they don't know. And I'm afraid to breathe and part of you is like, well I can just go to the bathroom and take off my mask to get a little breath of fresh air. But you don't know if that bathroom is safe for you to be breathing, so it makes you just feel like there's no escape and it's so invisible that you are just constantly on alert. – Lindsey

Some participants expressed feeling heightened anxiety surrounding leaving the household environment in fear of transmitting the virus to members of their household.

There were obviously still days when it was just kind of scary, unsettling and anxiety inducing. I think there's a bit of anxiety in leaving the house to do things. My dad's older,

so I'm always scared about getting him sick. And I would say now that we're all vaccinated and everyone who's vaccinated seems fine, but before I was just always a little bit nervous. Like oh, I'm going on a hike or I'm going to the grocery store, I really don't wanna get my dad sick, I'm scared to get sick. So just the heightened anxiety of leaving the house for sure would be something if I look back, there was a bit of that. – Rebecca

Accompanied with distress concerning contracting or transmitting the virus, some participants expressed disappointment and frustration with members of society who seemed to ignore social distancing measures.

I feel as far as compliance goes like with what our restrictions were, anytime I'd see anybody hanging out with their friends in person or just disregarding the rules I would probably look down upon them a little bit. And just be like you don't have anybody else in your life to make you think about this so you're just being like a silly silly kid in the nicest way to describe it possible. So, you don't have that oh no, there's someone who could directly be affected by this that I really care about; lots of people did, but as much as I did. So, I would definitely look down upon them and be like you're mad that we're not allowed to do things, but people acting the way you're acting is the reason that we're not gonna be allowed to do things for longer if anything. – Rebecca

Changes in Mental Health and Disability Presentation

The circumstances of the pandemic affected the mental health as well as aspects of their existing disability presentation for some participants. Many participants expressed feelings of dullness, mental fatigue, and exhaustion that they had previously not experienced prior to the pandemic.

I lost a little piece of myself in those first couple months. I lost some kind of spark and I've been fighting to get it back. And I think in losing that spark, I just allowed myself to feel really dull and try to get it back through using substances and stuff. Yeah, I would say my psyche was really unstable. – Sadie

Changes in mental health were often accompanied by behavioural changes for participants who began to withdraw from engaging in pleasurable activities and experienced a marked difficulty with emotional regulation.

I mean, like, I would say pre-pandemic I was a pretty emotionally stable individual, but now it just feels that I can have those good stable days and then other days I'm just mad at everything or I'm just very sad about everything, and it got to the point where I was really struggling with motivation. Because why bother applying to grad school, it doesn't matter. – Lindsey

Many participants experienced changes in the presentation of their existing disabilities, having an effect on how they were able to cope with the changes of the pandemic. Participants described intensified symptoms of their disabilities, while others displayed novel difficulties.

And then now trying to go back to school, I definitely have way more anxiety trying to go to school than I did before, and I already had anxiety before, so it's quite bad now. I've definitely become more introverted and just kind of wanna stay home, like no drive to go outside, and so it definitely flipped my personality a little bit – Anita

Some participants discussed developing novel challenges with their mental health that they had not previously experienced prior to the pandemic. These mental health challenges were described as resulting from aspects related to pandemic conditions.

I was like I don't really understand it when other people would talk about it. I wouldn't experience it personally, but I think I understood it. And then I would say at the end of December I gave myself Zoom burnout from trying to avoid having mental health issues caused by the pandemic. So, taking a semester off, it clearly took a toll on me, and I would say it made me question my ability to perform in schools. Like maybe school is just getting harder and I can't hack it. – Rebecca

Shifts in Postsecondary Educational Experiences

Interacting with Peers in the Remote Classroom

Participants experienced changes in the way they interacted with their peers in the remote classroom. Many participants expressed feeling disconnected from peers during remote service delivery. Some participants expressed feeling a sense of being alone in class and that their peers were not actually present. Many participants described how most of their peers had their cameras off, leading to their classes feeling depersonalized. Many participants experienced difficulty interacting with peers in the remote classroom compared to their in-person experience due to the technology being used.

I think when you're learning online, especially when you're not seeing people, like people have the ability not to have their camera on, it just becomes de-personalized. So, I don't know who they are, I'm not making an effort to know, just go to class and then you sign off. – Anita

For some participants, interacting with peers through the use of technology was preferable, as they felt they were able to connect more than in an in-person classroom as they felt less anxious about interacting with peers.

I tend to be pretty quiet and shy in my classes, so I feel like it being online almost gave me a better opportunity. Because somebody would be like “Hey, I made a discord or like a Snapchat group chat to talk about the class,” and everything like that. So, I feel like I almost had more opportunities to talk to my classmates even if it wasn't in person. –

Rebecca

Many participants described interacting with peers during remote delivery to be an awkward and uncomfortable, even anxiety provoking experience. Participants felt the interactions were often contrived by professors and were disingenuous.

And then some profs would try to do forced activities to make people be social, and that felt really awkward, and I didn't necessarily like it. I liked the class, but I just didn't like those forced activities to be social, I'm like this is weird – Michael

Many participants expressed that it was difficult to make friends during remote service delivery or meet new people as they normally would during in-person service delivery.

I don't interact as much. It's pretty hard when you're in an online class to start a conversation like you would've like when their sitting beside you type of thing, but that never really bothered me. It kind of did a bit in the first semester, but I just got over it pretty quick. I was just like whatever, I don't really care, I'm gonna meet so many people just through my life. People come and go, so it's a little less now, but it doesn't mean it's gonna be like that in the future. – Noah

The size of the class was an important variable for many participants in terms of peer interactions. Smaller, more program-specific courses, where peers had their cameras on and were more active with participating in discussion was preferred for some participants over large online classes.

I felt it awkward because their classes would be nice for small classes, like between 9 to 10 size classes. My honors class was really nice because you met regularly twice a week for an hour and a half, so you got to know each other pretty well over the course of a year. Because people would talk about social things that are happening in their life versus like a big class, you didn't really have that socialization until you're like oh man we have to socialize. It was awkward. – Michael

Adjusting to Remote Service Delivery

As undergraduate students, participants described the transition from in-person to online service delivery to be challenging. Many participants described feeling distracted during online service delivery and not being fully engaged during class times. A difficulty focusing and retaining information was described by many participants.

I would say that my academic performance stayed the same, but I was doing a lot more, I feel like, learning outside of the lectures. And getting explanations from textbooks because I'd look at my slides and my notes that I'd made and I'd be like, I don't really remember this even though that was like 30 minutes ago. Or like did I understand that, just not as many thoughts going on during the lectures in my head, I would say as usual. I wouldn't leave feeling like I knew much. – Rebecca

Some participants described their online classes as a surreal experience, feeling dissociated from reality, and that these courses were akin to an experience watching a video online or participating in an online chatroom.

So, I've studied the internet a lot in my classes, and I think I grew up with the internet being a place where you talk to people you don't know a lot of the time. This would be something that you just quite frankly would do like on Omegle or those anonymous chat

sites. When you're at a sleepover with your friends, you're not talking to people you know on the internet because people you know live in your neighborhood or you talk to them on the phone. Video chats weren't for discussing things with people that you knew. And so, to me, the consequences of those interactions were I'd never experienced those being real. I guess? I guess that's the best way I can explain it is that I've never had consequences for internet behavior. And those were now real interactions I was having with real people who are my professors. And I watched other people do it too, I watched people in my classes be shirtless in a Zoom class or come to office hours and be vaping. Obviously, I didn't do those things, but it was still just as hard for me to feel grounded in reality when I was spending like five, six hours a day on Zoom. – Sadie

Adjusting to the new technologies and how courses and lectures were now delivered was an aspect of remote service delivery for participants to acclimatize to. Some participants experienced little difficulty adapting to the new technologies being used such as Zoom Video Communications (Version 5.9.1) and Microsoft Teams, while others felt that the transition was quite difficult, feeling unsupported by the university during this transition, expressing a lack of communication from the university and teaching staff.

Oh, I felt very anxious. I remember freaking out the day before course class started. Or explain how Zoom's gonna work over UVic because previously it was just like you just use your personal account. And I actually got locked out and I actually didn't get I wasn't allowed to do a class for the first day for the first 15, 20 minutes because I had a personal account and the UVic didn't explain you have credentials. And I was like you maybe should have explained that way before things got going instead of "And day one go: we have a brand-new software and we have Zoom, but you're not allowed to use your

Zoom. Previously, we said you were allowed to use your personal Zoom and it worked out fine. – Michael

Many participants experienced academic success during online service delivery. Some participants expressed a preference for select characteristics of online courses such as the format for lecture delivery of some courses. Remote service delivery made it easier for students to manage their own schedules, with some participants expressing online courses were easier for them to access and schedule their day around as there was no commuting or unforeseen barriers to make them late for class.

Because if I was even a minute late to a lecture, I would have like a panic attack and I couldn't go in, so then I would miss the whole lecture. Whereas here, I just set up at my desk, I have my day plan to a T, I don't have to factor in getting there and other stuff that comes up. I just sit at my computer and I'm never late, so it definitely helped. – Anita

Many participants experienced an increase in academic workload credited to remote service delivery, expressing discontent with the ways in which they were being asked to demonstrate their learning in many courses. Many participants described courses that assigned numerous discussion forum posts and written papers during remote service delivery, resulting in mental exhaustion.

So, a lot of profs I found in the first semester of fall were sending out so many weekly posts, and twice or three times a week, you have to do some sort of activity. And sometimes the class would be asynchronous or synchronous, so you'd miss some things. Then I felt for one class I had like four little things to do every week and it felt very overwhelming, and then also a paper every two or three weeks. It felt a little bit overwhelming because it was like how much effort do I have to put into these things? And

then if you're doing this, another class is doing this, another class is doing this, it's quite a lot of homework and it's actually not producing as good in value I felt. – Michael

Accessing Supports

Access to Remote Academic Supports and Accommodations

Many participants experienced a change in their access to supports from the Centre for Accessible Learning (CAL) at the university concerning their academic supports and accommodations for their disabilities. Several participants commented on the communication they received from the university regarding the transition to online service delivery and how to navigate remote learning. Many participants experienced a lack of communication from CAL and wished for more personalized contact regarding navigating online learning as well as information surrounding their accommodations.

I think in an ideal world it would've been great to have them provide transitioning to online for CAL students, tips, and everything like that. Like when we went online sooner because I feel like that didn't come out until the next year. And so, I feel like even if someone just looked up in the office three articles about how to make online school better for people with learning disabilities and then copy and pasted those and then sent it an email out to everybody, that would've been more helpful than nothing. – Rebecca

Some participants expressed feeling disappointed with their online experience with CAL as they felt the university did not make meaningful attempts to include the voices of students with disabilities in their decision making during the transition to remote service delivery.

I felt very frustrated because a lot of concerns for students with disabilities, I never really saw that the university was actively having a dialogue. It was like the university was

telling us what the policies were and not actually talking to students with disabilities or at least making the appearance that they were talking to students with disabilities. –

Michael

Other participants expressed that the level of communication and information distribution was sufficient. Some participants expressed that receiving widespread emails from CAL that addressed such topics as successful online learning were both helpful and supportive.

I remember that they were very attentive and sending out emails being like we're here to help. These are some of the resources you may not know about, things that you can utilize for your accommodations. So even though I wasn't really needing it, it was nice to know that I had an entire department ready to help me for whatever I needed just because my brain works differently. So that was comforting in that regard to know that they had my back. – Lindsey

The way in which participants made use of their academic accommodations from CAL differed from in-person service delivery. Several participants felt their accommodations were transferred poorly and did not translate well to remote service delivery. These participants expressed dissatisfaction with the lack of alternative options for in-person accommodations such as taking tests in a private environment. Participants expressed feeling they lost many beneficial accommodations they once had, which led to participants not getting full use of their CAL services.

The thing about accommodations is I'm not looking for an upper hand. Like I think it's great that it's take-home (test) because everyone gets the same amount of time, and we all have lots of time to work on it. But more so just like that I didn't really access my

accommodations because they didn't try to change them into an online environment. –

Sadie

Some participants expressed gratitude for their experiences with CAL during remote service delivery and felt their accommodations translated well to remote service delivery and they were able to get full use out of their accommodations. Participants felt the services CAL offered were aptly accessible during remote service delivery.

My access with the university, I think that helped. CAL is a big thing that helped. I really like that. – Noah

Seeking Mental Health Services

Over the course of the pandemic, many participants sought assistance from professional mental health services. Participants who sought mental health services did so through their own volition after observing changes in their mental health.

And as soon as my motivation just went zip, I was like it's time for some professional help. So then got on some antidepressants, which I've been loving. So that's just been like a little helpful, almost push, to get over the numbness that was starting to affect. –

Lindsey

Participants sought mental health services through both the university as well as through private channels. These services included counselling and psychotherapy services as well as psychiatric assistance. All participants who sought services reported the helpfulness of these services to their mental health.

And so, I started seeing a psychologist because if I'm gonna take a semester off school, this seems like a good time to start seeing someone and make sure when I go back to

school, I'm at my best. And I did that and that was great, I don't think probably after a month that I had any lasting effects of being anxious about going back to school and Zoom burnout and all that stuff. – Rebecca

Some participants experienced barriers to accessing mental health services and reported long wait times to gain access to services. Poor communication between university services and private practice was cited as reason for delay, as well as an overall strain on the resources of the mental health system during the pandemic. This resulted in a frustrating experience for these participants, who described being waitlisted to receive mental health services for several months.

And then also when I did want access to mental health services, I was put on the back burner for about two years. Because everybody was struggling, so you kind of fell into the system a little bit, so it was a difficult two years. – Anita

Chapter 5 Discussion

This study explored the experiences of a diverse population of undergraduate emerging adults with disabilities and their experiences with social isolation and loneliness throughout the COVID-19 pandemic. This study also considered the implications of these experiences for postsecondary institutions. These topics were explored through the two research questions posed:

(a) What are the lived experiences of postsecondary students with disabilities regarding loneliness and social isolation during the COVID-19 pandemic?

(b) What are the measures that postsecondary accessibility services could implement to make students' lived experiences more equitable?

The results of this study have revealed the wide range of experiences that undergraduate students with disabilities had because of the changes brought on by the COVID-19 pandemic. In line with a descriptive phenomenological approach, the experiences of participants were organized into meta themes and themes. Four meta themes were identified: (1) Shifts in social life; (2) Shifts in psychological resilience; (3) Shifts in postsecondary educational experiences; (4) Accessing supports. A discussion of the meta themes and themes found in this study will first be discussed, focusing on the first research question. Following this, the second portion of this discussion will offer recommendations concerning the university and accessibility services collating findings from this study as well as the research literature, addressing the second research question.

Discussion of the Meta Themes and Themes

Alignment with the Current Research

Participants' experiences with loneliness and social isolation can be aligned with the developmental trajectory of emerging adulthood as well as the mental health and well-being factors proposed by the new model for sustainable mental health by Bohlmeijer and Westerhof (2021). Emerging adulthood is a time of growth, exploration, and change in the social lives, mental health, living and family environment, as well as socioeconomic status of individuals in this developmental stage (Hefner & Eisenber, 2009). With this turmoil comes a greater risk for reporting loneliness and social isolation (Buote et al., 2007). The social-distancing restrictions brought on by the COVID-19 pandemic were reported to have a large impact on emerging adult populations, as aspects such as their social lives and educational experience had been greatly altered (Cao et al., 2020). Emerging adults with disabilities were already a group identified as at-risk for struggling to adapt to these life course changes and experience greater loneliness and social isolation pre-pandemic (Wood et al., 2018). During the COVID-19 pandemic, emerging adults with disabilities were hypothesized to be an at-risk group for experiencing increased challenges adapting to the changes brought on by the social distancing restrictions, including postsecondary students with disabilities, experiencing large scale changes to their social lives, mental health, as well as to the accessibility of academic accommodations (Perrinicchio et al., 2021; Soria et al., 2020). The present study found that participants' social isolation and loneliness varied based on their experiences adjusting to the pandemic's impacts on their individual social lives, psychological well-being as well as their academic experiences.

The Impacts to Social Well-Being

In the new model of mental health and well-being, social well-being is discussed as having positive relations with others and accepting their differences, believing society is capable of positive change, feeling that one can contribute to society in a positive manner, as well as experiencing social coherence and social integration. As previous research has discussed, emerging adults with disabilities are at a heightened risk for experiencing social isolation, and the addition of social distancing measures was proposed as especially concerning for this group (Pettinicchio et al., 2021). Experiences of friend-sickness and a yearning for greater social fulfillment are attributes commonly experienced during the emerging adult developmental phase (Wood et al., 2018). Many participants in this study expressed a lack of social fulfillment and experienced difficulty staying connected with friends due to the changes brought on by the pandemic. Instability in the social circles of participants was expressed for many participants. For some participants this was a welcomed change as they were able to reconnect with old friendships, while others experienced the dissolution of friendships. Emerging adulthood is a period in which social connections and circles are often in turmoil, impacting reports of loneliness and social isolation as observed in the experiences of the participants in this study (Buote et al., 2007). Changes to living environment and family life, a noted occurrence in the developmental trajectory of emerging adulthood as per Hefner and Eisenberg (2009), was found to be heavily impacted by the pandemic for participants in this study. Some participants took solace in having social contact with the direct members of their household, while others described the limitations of strictly socializing with the members of their own household as the pandemic persisted, expressing feelings of increased social isolation and loneliness. Some

participants were able to adapt and acclimatize to these changes in their social well-being, while others expressed difficulty adjusting to their new social realities.

The Impacts to Psychological and Emotional Well-Being

Psychological and emotional well-being were discussed in conjunction with one another in participants' experiences during the COVID-19 pandemic. Due to the social distancing restrictions and characteristics of the pandemic, many participants expressed difficulties with emotional regulation as well as overall changes to their psyche. Considering the emerging adulthood developmental period, many changes are expected to occur concerning psychological well-being, and an overall instability in mental well-being is projected to occur during this developmental stage (Arnett et al., 2014). Some factors implicated in psychological well-being are pursuing meaningful goals, experiencing autonomous power, the ability to manage one's environment and experiencing continued personal growth (Bohlmeijer & Westerhof, 2021). The experiences expressed by the participants in this study revealed that adapting to the new reality of the COVID-19 pandemic was challenging and impacted aspects of psychological well-being, such as participant's expressions of autonomy and their ability to manage their environments, as they dealt with the unpredictability of their situations. Many participants felt it to be challenging to occupy their time and pursue meaningful goals as well as to experience personal growth. This difficulty to experience these aspects of psychological well-being led to expressions of boredom, dullness, and isolation. Other participants were able to set positive goals for themselves and experienced growth through participating in new career ventures as well as enjoying the discovery of new hobbies. In studies conducted during the pandemic, emerging adults were found to experience high rates of psychological distress, resulting in reports of deteriorating mental health (Findlay & Arim, 2020; Mcquaid et al., 2021; Wickens et al., 2020). Some

participants in this study experienced impacts to their mental health in tandem with changes to the characteristics of their disabilities. These changes were reported by participants to be brought on by the circumstances of the pandemic. In concert with these changes in mental health, participants experienced difficulty with their emotional well-being. Emotional wellbeing includes the ability to experience positive emotions, evaluate one's life in a positive manner, and have an absence of severe and lasting negative emotions (Bohlmeijer & Westerhof, 2021). In this study, participants experienced emotional deregulation as well as negative emotionality. Individuals with disabilities were flagged as a population likely to experience greater psychological harm as a result of social isolation during the COVID-19 pandemic compared to those without disabilities (Razai et al., 2020).

The Importance of Mental Health Supports

With this change in the psychological and emotional well-being experienced by some participants, professional mental health services were sought by participants in this study. In the COVID-19 literature, many postsecondary students increased their requests for mental health services (Bedrossian, 2021). In the disability literature, postsecondary students with disabilities are already more likely to struggle with stresses to their mental health compared to their non-disabled peers by reporting higher levels of anxiety, depression, and loneliness, impacting the rate this population seeks out professional mental health services (Jackson et al., 2019). During the COVID-19 pandemic, participants in this study who sought mental health services reported these services to be very helpful to their overall well-being. The availability and accessibility to these services, however, varied over participants, with some participants relying on university mental health resources, with others relying on private services. The severity of mental illnesses experienced after societal disasters and trauma, such as the pandemic, can be intensified by

isolation and lessened social supports, making accessibility to mental health supports crucial (Moore & Lucas, 2020).

Postsecondary Educational Experience and the Importance of Academic Supports

Feeling supported by the university in their academic pursuits was of high importance, described by many of the participants in this study. Continuous postsecondary educational disruptions brought on by social distancing measures were conjectured to impact social isolation and loneliness by Razai et al. (2020). Educational service delivery was swiftly transitioned from in-person to remote learning for participants of this study. This transition was accompanied by many new aspects of remote service delivery that students needed to adapt to as lectures were now delivered through the use of technology and academic assignments and expectations changed for many participants. Availability and accessibility to academic supports was identified as a factor of high importance for the success and well-being of postsecondary students with disabilities during the COVID-19 pandemic (Erwin et al., 2021; Scott & Aquino, 2020; Zhang et al., 2020). Many participants expressed feeling supported and grateful for the resources provided by the Centre for Accessible Learning and felt communication from the university was informative and useful for their academic and overall well-being. Other participants struggled with the new remote format of learning, expressing feelings of loneliness and disconnection from both the learning material as well as their classmates. Participants experienced some anxiety transitioning to the online format as well as with attempts to make connections to their peers online. Some participants expressed feelings of abandonment and a lack of meaningful communication from CAL and the university, expressing that their academic accommodations online were unhelpful, and that the university failed to take their opinions and suggestions into consideration.

Recommendations

This study was undertaken in order to gain insight into the experiences of post-secondary undergraduate students with disabilities. Specifically, the study investigated the variables of loneliness and social isolation during the COVID-19 pandemic to inform accessibility services at the university to improve the well-being of students. The results of this study identify target areas for the university to improve supports for students with disabilities, and areas to target to generate possible safeguards for this population in the future. These recommendations have been summarized in Table 3 below.

Table 3. Recommendations to improve the response of postsecondary institutions

Recommendations			
Feeling Supported	Being Heard	Access to Mental Health Supports	Connecting with Peers
Themes			
Receiving high quality, meaningful communication from CAL was a big contributing factor to feeling supported	Students expressed wanting to be included in decision making & planning concerning the transition to remote service	Noted struggle to access university mental health services during the pandemic	Connecting with peers was described as awkward and unenjoyable
Receiving communication about best practices to the transition online was emphasized	Their voices are especially important to be able to give feedback on changes to their academic accommodations	Already a population more likely to access mental health service pre-pandemic, emphasizing the even greater need accessibility to supports (Zhang et al., 2020)	Students experienced some dissatisfaction with the loss of peer interaction in the remote classroom
Informing about resources offered directly by CAL and also outside of CAL (such as mental health supports			Changes should be implemented at the course level and advocated by CAL to create space for socializing to support greater connection and inclusion

The experiences of the participants in this study revealed that feeling supported by their university was highly valued. Receiving communication from CAL concerning best practices for transitioning to online as well as continued success in online learning environments disseminated in an educational manner contributed to students feeling supported by their institution. Sharing information about the resources offered by CAL, as well as resources and supports outside of CAL that the university offers to support students was also highly valued by students who

participated in this study. This finding supports the need for greater and continuous communication between accessibility services and students with disabilities during the pandemic as outlined by Sahu et al. (2020). Engaging in open dialogue with students with disabilities about their experiences with remote service delivery, especially the changes to their accommodations and how they will be transitioned to an online space was another strategy greatly valued by participants in this study. This finding echoes calls made by researchers and advocates to include people with disabilities in the decision making and planning in pandemic situations (Campbell et al., 2009; Schormans et al., 2021). Feeling that their voices were heard and being included in decision making processes and planning impacted participants' experiences accessing accessibility services during remote service delivery. Some participants described struggling to access crucial mental health resources and professional help. Providing more readily available mental health services to students struggling with their mental health is of great necessity as students with disabilities are already a population of the student body more likely to access such services (Zhang et al., 2020). Making connections with peers during class time was something many participants expressed as awkward and unenjoyable, expressing feelings of dissatisfaction with the lack of connections made in their courses during remote service delivery. This is a need to be addressed at the course instructor level, as well as advocated by CAL due to its implications for students with special needs. Creating more space for students to socialize in remote classroom settings with peers may help students with disabilities feel greater connections to their peers and decrease expressed feelings of disconnection. This aligns with the findings and discussion of Soria et al. (2020) concerning the need for postsecondary students with disabilities to feel included and a part of their school community.

Conclusion

This study provides insight into the experiences of post-secondary students with disabilities, specifically loneliness and social isolation along with an exploration of how universities can support this specific demographic of students. The study provided a platform for students with disabilities, a population identified as being chronically under-researched, to share their experiences with loneliness and social isolation as undergraduate postsecondary students (Pettinicchio et al., 2021). The experiences of social isolation and loneliness of students with disabilities was multifaceted and impacted by many changes experienced as part of their emerging adulthood developmental trajectory, exacerbated further by the COVID-19 pandemic (Wood et al., 2018).

The study contributes to the limited research focusing on the lived experiences of people with disabilities during the COVID-19 pandemic (Hamza et al., 2020). It was undertaken through a qualitative lens to add to the existing, but sparse quantitative literature focused on the experiences of students with disabilities during the COVID-19 pandemic (Best et al., 2020; Zhang et al., 2020). The study focused on a small sample of 7 participants to gain an in-depth and rich perspective of their experiences, providing greater first-person contexts to the existing research literature (Braun & Clarke, 2006; Shew, 2020). Providing an outlet for marginalized populations, such as people with disabilities, to share experiences in their own voices is crucial during such a volatile period in history such as a pandemic (Schormans et al., 2021).

Important insights can be gleaned from this study to inform future research. Directions for future research may explore a more diverse population of students with disabilities to include those with physical and/or sensory impairments. Additionally, exploring the interactions between the themes of this study and their implications on students' quantitative reports, such as survey

data of loneliness and social isolation, may help to understand why participants' experiences during the COVID-19 pandemic varied so greatly. This would explore the relations of meta themes and themes in greater detail such as: Were positive or negative experiences in themes falling under changes in social life impactful or related to student's likelihood of experiencing changes in their mental health?

Possible Limitations

Due to the small sample size of 7 participants the results of this study are not generalizable to the larger population of postsecondary students with disabilities. This study was also conducted virtually using Zoom Video Communications (Version 5.9.1), which may have impacted interviews with participants compared to in-person data collection. The experiences discussed by participants were also retrospective in nature, which could impact the validity and reliability of participants' expressions of their experiences during the pandemic due to their reliance on memory.

Competing Interests

The author declares no competing interests.

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Appendices

Appendix A Participant Recruitment Advertisement

Dear UVIC undergraduate students,

My name is Grace Demerling, and I am a master's student in the department of Educational Psychology and Leadership Studies (Special Education). I am excited to invite you to participate in a research study exploring the academic and social experiences of undergraduate students with disabilities during the COVID-19 pandemic. This study is being undertaken as part of the larger project titled, "Living with COVID-19: The Mental Health Experiences of University Students" conducted by the principal investigator, Dr. Jillian Roberts.

If you would like to share your experiences, have your voice heard, and contribute to the research literature surrounding COVID-19, please consider participating if you meet the following criteria:

- You were enrolled in an undergraduate program of study during the 2019-2020 and/or 2020-2021 school year(s)
- You were aged 18-25 years during the 2019-2020 and/or 2020-2021 school year(s)
- You were registered with the Centre for Accessible Learning during the 2019-2020 and/or 2020-2021 school year(s)

If you are interested in participating in this study, contact Grace Demerling at: gracedemerling@uvic.ca

This study has received approval from the University of Victoria's Human Research Ethics Board under the larger project entitled, "Living with COVID-19: The Mental Health Experiences of University Students."

Appendix B Criteria Inclusion Questions

- (A) What year of your undergraduate degree are you currently in?
- (B) What is your current age?
- (C) Did you attend the University of Victoria as an undergraduate student during the 2019/2020 or 2020/2021 school year? Which year(s) did you attend? Are you still attending?
- (D) What year of your undergraduate degree were you in during that/those school year(s)?
- (E) What was your age during that time period?
- (F) Were you registered to receive services from the Centre for Accessible Learning during that/those school year(s)?

Appendix C Semi-Structured Interview Schedule

- (A) What has your experience with the COVID-19 pandemic been like?
- (B) Tell me about your experiences being a postsecondary student during the COVID-19 pandemic.
- (C) How did the social distancing measures and remote learning service delivery affect you as a postsecondary student?
- (D) Tell me about your emotional well-being during the pandemic.
- (E) Tell me about your psychological well-being during the pandemic.
- (F) Tell me about your social well-being during the pandemic.
- (G) In your experience, what services or help, did the Centre for Accessible Learning offer to decrease the social and mental health strains brought on by social distancing and remote learning?
- (H) If services were provided, did you use them and how were they beneficial to you?
- (I) Describe any successes and challenges you experienced with accessing services offered by the university during the pandemic.
- (J) Is there anything else you would like to add about your experience as a postsecondary student during the COVID-19 pandemic that you feel we have not touched on or that you would like to go into greater detail about?

Appendix D Participant Signed Consent Form

Educational Psychology and Leadership Studies (Special Education) University of Victoria *Participant Consent Form*

Exploring the Experiences of Social Isolation and Loneliness of Postsecondary Students with Disabilities During the COVID-19 Pandemic

This informed consent form is for undergraduate students with disabilities attending the University of Victoria and who are invited to participate in the research project entitled, "Exploring the Experiences of Social Isolation and Loneliness of Postsecondary Students with Disabilities During the COVID-19 Pandemic."

Introduction:

You are being invited to participate in a study entitled, "Exploring the Experiences of Social Isolation and Loneliness of Postsecondary Students with Disabilities During the COVID-19 Pandemic." This is a thesis study conducted by Grace Demerling as part of her master's degree at the University of Victoria in the department of Educational Psychology and Leadership (Special Education). This study is being undertaken as part of the larger project entitled, "Living with COVID-19: The Mental Health Experiences of University Students" conducted by the principal investigator Dr. Jillian Roberts, a professor in the department of Educational Psychology and Leadership who will supervise the present study. Participation in this study is completely voluntary and the following information is provided to help you decide if participating in this study is right for you.

Purpose:

The purpose of this study is to explore the academic, social, and mental well-being experiences of postsecondary undergraduate students with disabilities during the COVID-19 pandemic at the University of Victoria.

Participation:

To participate in this research, participants will complete one recorded virtual interview lasting approximately an hour. Interviews will focus on your experience with your mental well-being, loneliness, and social isolation during the COVID-19 pandemic as well as your experiences with accessible service provisions offered by the University of Victoria. Recorded audio of the interviews will be transcribed by a third-party professional transcriber and all identifying information will be removed. An additional 1-hour virtual feedback meeting will take place to ensure that the transcription and answers are a valid portrayal of your experiences.

Risks Involved:

There are no costs associated in participating in this study. The only aspect involved in participating in this study will be your time. Due to the topic of this research concerning mental well-being, loneliness, and social isolation during the pandemic, emotional memories and topics may be discussed. You are free to not answer any questions that you are uncomfortable with or terminate the interview at any time. Should you require greater mental health supports and wish to speak to someone, the following options are available to support you.

(a) SupportConnect

- Immediate mental health supports available 24/7
Call:
Toll-free (calls from North America): [1-844-773-1427](tel:1-844-773-1427)
International collect calls: [1-250-999-7621](tel:1-250-999-7621)

(b) University of Victoria Student Wellness

- Counselling services are available through the University of Victoria Student Wellness and students may book an appointment with a counsellor, nurse, physician, spiritual provider and more
To book an appointment visit:
<https://www.uvic.ca/student-wellness/book-an-appointment/index.php>
Or Call:
[250-721-8563](tel:250-721-8563)

(c) Vancouver Island Crisis Line

- A 24/7 community crisis line contracted by Island Health
Call:
[1-888-494-3888](tel:1-888-494-3888)
Or to access their other mental health services visit:
<https://www.vicrisis.ca/>

(d) KUU-US Crisis Line Society

- First Nations and Aboriginal specific hotline operating 24/7 serving all of BC
Call:
Toll-free: 1-800-588-8717

Benefits to Participating:

By participating in this study, you have the opportunity for your voice to be heard through sharing your experiences in a detailed first-person account, as well as having your experiences potentially inform university planning and response to students with disabilities' social, academic, and mental health needs.

Voluntary Participation:

Participation in this study is voluntary and purely by choice. This means you can withdraw your consent and stop participating in the study at any point without consequences or explanation. If you need to or would like to withdraw from the study at any, your data will only be used with your consent.

Anonymity, Confidentiality, and Data Security:

At no time during the research project will any names of participants be used or stored. A random number will be assigned to identify each participant to maintain anonymity. Data will be kept on a cloud-based storage system to ensure data security. This will include the storage of answers to screening questions, consent forms, recorded virtual interviews, and transcriptions of recorded interviews. Only the researcher and the supervisor of this study will have access to the

data and records. After a 5-year period, all data and records collected from this study will be destroyed from the cloud-based storage system.

Dissemination of Results:

The results of this study are planned to be shared both orally and in writing with others as part of a master's thesis presentation. The results may also potentially be shared in the form of writing to be submitted to a scholarly journal. The results may also be orally presented at a community-based meeting.

Contacts:

The researcher for this project, Grace Demerling, may be contacted at gracedemerling@uvic.ca. For further inquiries concerning any ethical concerns or questions, prospective participants are welcome to contact the researcher at the email address listed above or contact the University of Victoria's Research Ethics Board directly at ethics@uvic.ca.

Your signature below means that you have read and understood the implications and conditions of participating in this study.

X

Printed Name of Participant

Signature of Participant

Date

A copy of this consent form will be stored by the researcher. The participant should also save a copy for their records.

Grace Demerling
 Master's Student
 Educational Psychology and Leadership Studies (Special Education)
 University of Victoria
gracedemerling@uvic.ca

Appendix E Verbal Consent Script at Introduction of Participant Interviews

Introduction:

My name is Grace Demerling and I am a third year master's student in the Educational Psychology and Leadership program at UVic specializing in Special Education. I have a personally interest in inclusion and how that relates to higher education, which is why I am conducting my research for my master's thesis under the supervision of Dr. Jillian Roberts in this area.

Context of the Interview:

This project is in conjunction with a larger project titled, "Living with COVID-10: The Mental Health Experiences of University Students" under the principal investigator, Dr. Jillian Roberts. The project I am conducting will be titled, "Exploring the Experiences of Social Isolation and Loneliness of Postsecondary Students with Disabilities During the COVID-19 Pandemic." This interview along with others will be used to explore the academic, social, and mental well-being experiences of postsecondary undergraduate students with disabilities during the COVID-19 pandemic at the University of Victoria. Participating in this research will allow for your voice and experience to be heard by sharing your experiences during the COVID-19 pandemic.

Ethics and Consent:

This interview will be recorded. Only the audio portion of this video will be used for analysis, so it is your choice to keep your camera on, or if you feel more comfortable with your video off that is perfectly alright. This video will be recorded to the cloud server on Zoom. Do I have your permission to start recording this Zoom meeting?

Only the recorded audio of this interview will be used and transcribed into words. Themes from the interviews will be analyzed and identified for the common essence of the experiences among interview participants. Following this analysis, I will follow up with you in order to get your feedback on the analysis to ensure that it is accurate and fair to your experiences that you discuss with me today. Do I have your consent to contact you via email after this conversation we have today for the purposes of a follow up?

Your identity will be kept confidential at all times and your anonymity will be maintained in the written research report as well as in all files, recordings, and documents related to this research. I would also like to state that participation in this interview and research overall is completely voluntary. This means that if you feel uncomfortable and wish to discontinue participating in this interview or at any point during the study following the interview, that is completely your choice, and you have the right to discontinue the interview and/or participation in the research all together at any time. You also have the right to skip over or not answer any question during the interview that makes you feel uncomfortable or that you do not wish to answer. You can say something such as, "I don't really feel comfortable answering that," or "I'd like to move to the next question."

Do you have any questions for me concerning your participation in today's interview?

Appendix F Verbal Interview Follow-Up Care and Debriefing

I would like to thank you so much for your time today. I really appreciate you sharing your open and honest experiences with me.

In case any part of the conversation we have had here today has brought up any discomfort, distress or if you just need someone to talk to, I would like to alert you to the mental health resources and services attached to the consent form you previously signed and submitted to take part in this study. The majority of services listed on this form are 24/7 immediate mental health service hotlines such as SupportConnect and Vancouver Island Crisis Line.

I would also like to remind you that I will be contacting you via email to complete a check of my analysis in the next few months to ensure that my analysis is a fair representation of your experience that you have discussed today. Is that still ok with you?

Thank you again for your time.

Appendix G Reflexive Journal Entry Samples

Thursday November 25, 2021

External to the study, my experience as a TA this semester with the students from the course I teach may be a point of bias for my own research. I have been privy to students' weekly study diaries as part of my responsibilities in this course. As part of this, many students complete a section with the prompt, "I would like my LC advisor to know...". Many students have shared their difficulties with the mix of online learning and in-person learning this semester. Many students accessing services from the Centre for Accessible Learning have shared that they have been having a tough time with their mental health. Some students are more specific about what is bothering them, such as being vocal about anxiety and becoming overwhelmed with juggling their academic tasks and extracurricular activities. Others are less forthcoming with what they are struggling with. I have also experienced some students who are receiving services from CAL not showing up to class for long stretches of time. These students seem to have dropped off the face of the earth as the semester has gone on, losing motivation, and not completing their work. Are these students receiving the services needed for them to stay successful? Are these students having difficulty with their mental health? Why are they not attending class and completing their work as they were at the beginning of the semester? Having direct experience with these students and being privy to what types of accommodations these students are receiving from CAL may be biasing my thinking with the present study.

Sunday January 9, 2022

Now that I have participants and I feel that the study on track and is a reality, I completed two pilot interviews. I completed one over Zoom with a friend who was a postsecondary student during the pandemic as well as one with my brother who was also a postsecondary student during the pandemic and was receiving academic accommodations for a disability. I wanted to trial the questions before completing the actual interviews with students to ensure I felt comfortable and confident in my delivery as well as when and how to probe for more information. I also wanted to see if the types of responses I got from my interview questions were getting at the themes I was hoping to explore with my study, as suggested by one of the committee members. I felt very nervous even completing these pilots, as I still do not feel confident that I am doing anything right. I am honestly not sure if my questions are suitable for a descriptive phenomenological study. How can you tell if you are probing too much/too little and how do you probe properly? I read some more and also watched some videos for some exemplar phenomenological interviews which helped me to get a better understanding of what an appropriate interview looked like. This further research definitely calmed me down as I felt more confident in my abilities to probe for more information after seeing how other interviewers did it. I also was able to pick up important pointers for conducting an interview such as summarizing information a participant says and presenting it back to them for their confirmation during the interview.

I think it was a good idea to conduct one of the pilot interviews with my brother as his experience is a source of potential bias for me. I know that his experience with COVID and isolation has been extremely difficult from my point of view and the way his school experience ended during the first wave of the pandemic in the spring of 2020 certainly was not a positive event. Interviewing my brother as one of the pilot participants forced me to face these biases head on. Interviewing him was very confirmatory of many of the biases I already had about

students with disabilities and their experiences during the pandemic. I must be careful to remember that every individual had unique life experiences during that time period. My brother has always had a bit of a pessimistic outlook on life to begin with so I believe that someone who is a bit more of an optimist may not have had such extreme negative feelings about their experiences during the pandemic.

Saturday February 26, 2022

I have also noticed another commonality between several interviews of interviewees making statements concerning that their time during the pandemic was detached from reality. I have noticed many participants stated that during the online portion of school, things did not feel real. They mention that they didn't really care about their schooling at this time because it didn't feel like it mattered because it was not actually reality.

Tuesday March 1, 2022

Again, this feeling of being detached from experience has come up as a recurring theme participant interview, but more in an academic sense with remote service delivery. It seems like COVID was a great time of change in people's lives within academics, social/personal lives, as well as living environments. Some participants seemed to have dealt with these changes very well if they had the coping skills, access to mental health resources, etc. They also seemed to cope well depending on their living environment and who was there to act as a support system for them.

Also- noticing many students sought out mental health resources during this time. Some students had longer wait times than others. Many students described that they felt they had underlying mental health issues previously, but the pandemic exacerbated them, illuminated them, and made them come to the realization to seek out professional services. All participants who sought help found professional services to be beneficial to their struggles with mental health.

Wednesday March 2, 2022

I have now completed several steps of the data analysis. I have listened over each individual tape to ensure that the transcripts and the interviews match up. I have also read over the transcripts again separately. I have begun to identify significant statements in each of the interviews that go towards describing a) Students' experience with mental well-being during the pandemic, along with b) Students' experience with academia and accessing services from the university during the pandemic. I do believe these concepts to be strongly intertwined with one another due to my own experiences as well as my friendships that I have had during the pandemic. When accessibility to services is limited and students are unable to appropriately access educational resources as well as mental health and social services offered by the university, I believe their mental well-being is jeopardized. I also believe that if students are experiencing difficulty with their mental well-being, it will cause them to rely more on services offered by their institutions. I thus believe that these two factors have a bidirectional and reciprocal relationship with one another which is why they should be investigated alongside one another.

Using Colaizzi's method of descriptive analysis is difficult to me as it requires me to look at each individual interview as a separate entity unrelated to any of the previous research as well as keeping each participant's experience separate from one another until the themes can be looked at collectively between participants. As I have recorded in this journal, many participants had

experiences that overlapped with one another, and I have found commonalities between them. It is important to keep them separated for now so as to not try and skew the meaning of a participant's described experience to fit with the narrative of another's.

