



“Hang in there”:
Experiences of the
COVID-19
lockdown among
older people in the
USA

COVID-19 Multi-Country Peer
Research: USA

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**justice
studio.**

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This report is the result of a research project conducted by Justice Studio in collaboration with a group of volunteer peer researchers from Great Britain.



About Justice Studio

Justice Studio is a compassionate consultancy and research organisation specialised in social justice. We are at the vanguard of an alternative consultancy model motivated by empathy. Our consultants are knowledgeable and experienced in human rights and social protection. We champion the voices of those in society who are most disadvantaged and un-heard, such as older people, adults at risk, children, offenders, and communities affected by migration, conflict or unequal power relations.

Acknowledgments

We would like to thank the five peer researchers who contributed with their time and effort to this research. Each of the peer researchers conducted in-depth qualitative interviews with participants at three points in time in the midst of the COVID-19 pandemic as they themselves were isolating. We are extremely grateful for their dedication and hard work. Sincere thanks to Karen Brawner, Wynnell Hilderbrand, Harriett Brawner and Marcia Cole.

Executive Summary

INTRODUCTION

As the coronavirus pandemic struck the United States of America in early 2020, older people were advised to stay at home for their own protection. On 13th March, President Trump issued the proclamation declaring a national emergency. In the days that followed, U.S. States began to implement 'stay at home' orders, which enforced lockdown measures on citizens. Beginning with California who issued the first state-wide stay at home order on 19th March, by 12th April a majority of states had enforced some form of lockdown restriction. Staying at home was deemed particularly critical for older people with underlying health conditions. In order to assess older people's understanding of these restrictions, as well as the impact on their lives, Justice Studio carried out independent research with a group of participants aged 65 years or older who were isolating in the U.S.

This research took place from March to July 2020, utilising the collaborative methodology of Peer Research. This method enabled us to reduce power imbalances in the research, whilst at the same time, providing meaningful activity to researchers and participants. In total, 18 in-depth qualitative semi-structured interviews were conducted over the telephone with eleven elderly participants by five Peer Researchers. All participants were given pseudonyms to protect their identity.

INFORMATION

The participants in this research received information about the coronavirus from a variety of media sources as well as local alert systems. Those who were volunteering were told to stand down, and others heard from the news. Queenie was ahead of the announcement saying that she started isolating *"on March 8, and I did so of my own free will at that point. It was the case where I kind of felt like I saw the writing on the wall."*

For many, the sheer volume of information, coupled with the party-political nature of the way it was delivered, led to confusion. Mary-Anne said, *"the media has been covering this pandemic constantly 24/7"* She said that this was *"way too much"*, and ended up being, *"totally confusing"* because of the conflicting information. There was a frustration for a couple of participants that the news was extreme and sensational, and that media sources were perceived as very party-political. Because of this, participants felt they could not get an accurate picture of the situation. Stella said you have to be careful *"what you read, where you read it. You have to double check three times, and have three different sources."*

There was an extremely mixed opinion as to the federal government's role in providing information. However, in general, participants found state information to be more helpful than federal level information. Some States were operating alert systems to provide their citizens with important information which the participants felt were very useful. Above all, the participants craved a single clear narrative. For example, Nick said, *"I think they probably need to coordinate."* He wanted *"the officials in Washington to discuss with all the governors before they make a lot of statements."* That way, *"everybody's on the same, page."*

HEALTH

Both physical and mental health concerns impacted the participants as they isolated, with the starkest impact being on the participant's mental health.

Whilst some participants were still able to access medical treatment, others had problems. For example, whilst Queenie said, *"it's complicated it but it hasn't stopped it or interfered,"* Rachel said that as a result of the move to virtual care, and because her doctors had cut back on what they were doing in their office *"you're not able to get the care time in a timely fashion and you used to be able to."*

Most participants were able to access the food that they needed. The participants described very different eating habits and access to food. Whilst some were doing all their own cooking, others were much more heavily relying on deliveries of prepared food. Only Queenie reported being unable to get ingredients for a recipe and therefore, *"I have had to go without."*

Some participants were more scared than others about the coronavirus pandemic. Whilst in some cases these fears were for themselves, in others the main worries were focused on their loved ones. Some participants also described feeling extremely low as a direct result of the lockdown isolation and fears from the virus. A number of participants mentioned that they felt depressed. Stella said that *"I am feeling very frightened I suppose, frightened. I don't have any motivation whatsoever to get up and do something, there is no joy, everything is worry, heavy, that kind of thing and it tend makes me want to curl up into a ball and lie under the covers."* She said, *"I need psychological help more than physical."*

The participants were using a mixture of cash and paying by card for the things they needed. As the pandemic went on, participants realised that using cash was less acceptable. As Rachel explained, *"they're telling you not to use cash because cash is dirty and it holds the virus."* Most of the participants appeared to be comfortable using digital payments. A number of participants mentioned receiving the \$500 stimulus cheques from the government. There were mixed feelings about these, whilst one said, *"it was a very wise move,"* Tamsin's opinion was that before, the government, *"starts issuing all this money, they should look at who might need it or who might not."*

CONNECTIONS

The participants described significant changes in the way they conducted their lives because of the lockdown restrictions. Two had been volunteers and their work stopped, whilst others found their religious and social activities move on-line, which did not feel the same. As Olive described, prior to the lockdown, *"we played cards every Wednesday, and we had Bible study, and we had book club once a month, and we played cards, and this other game sort of three times a week."* However, now, *"we're not doing anything."* For many participants, there was a sense of their world shrinking.

When participants began to leave their homes, they described taking a variety of precautions. For example, Penny said, *"when I go out, I wear latex gloves and a mask."* Participants were also taking precautions within their homes. Rachel said, *"even though I'm the only person in my house and you would say to yourself 'how could the virus get into your house?!' I've become so paranoid about it when I bring in the mail, I wash my hands immediately - I leave it for 24 hours."*

The participants were staying in touch with family and friends as much as they could. For some, this was enough to cope with, however for others, it meant that *“I’m sort of at the mercy of waiting—waiting for the kids to call.”*

A number of participants mentioned missing loved ones and physical touch. For example, Stella said that one of the things that she missed most is people and family giving her a hug, *“I think that got me worse than anything.”* This lack of connection affected the participants’ feelings. Rachel explained that when you are trying to keep six feet away from your loved ones, *“you don’t feel a sense of closeness. It’s hard to explain.”*

Nevertheless, the participants were using a wide range of technology to keep in touch with their family and friends and stay connected. For example, Queenie said she was using her *“iPhone, iPad, Mac, technology, Zoom, House Party.”* Some participants had learned to use new platforms since the restrictions were imposed, such as Rachel who did not know how to use Zoom at the beginning of the research period yet had mastered it by the end.

As well as being supported by their families, those with connections to the church were receiving support from their religious leaders and congregations. Others had very supportive neighbours. Because Stella was particularly suffering from mental health concerns, she was being supported by a social worker on the telephone.

CONCLUSION

This small group of older people, coming from many different parts of the U.S, demonstrate that whilst there are some differences in their experiences, there were also some broad themes that linked them. Difficulty in accessing coherent information, as well as missing the physical touch of their loved ones were particular areas of similarity.

For some older people, such as Mary-Anne, there was some comfort in the period of enforced isolation. She said, *“for me it’s been great. It’s given me time to reflect on what I’ve been doing and how I’ve been doing it and what I want to do in the future.”*

The experiences of isolation were extremely difficult for many of the participants in our study. Struggling with the isolation measures that were imposed, the lack of connection, and often confused by the messages that they were receiving from the media, some participants’ mental health was affected. On the whole, the experience appeared to be very difficult. As Rachel said, *“I’ve been through a lot in my life. I’ve been through hurricanes, tornadoes, fires, yeah, yeah. I mean you name it and I’ve kind of been there, but I’ve never had anything like this.”*

The participants’ hopes were that the coronavirus epidemic would lead to some positive changes in the future. As Penny said, *“I think we need other people.”* She hoped that in the future, *“we just need get to know people better and get to understand them, and perhaps, feeling that they understand us,”* having, *“a little bit of compassion and maybe empathy for someone.”* As Queenie said, *“there’s an awful lot of goodness in the world if you look forward. You know: be part of the solution, not the problem. It just that kind of thing that, you know, just seems a little more blatant now.”*

1. Introduction

When the COVID-19 pandemic struck the world, older people were advised to stay at home for their own protection. This was deemed particularly critical for older people with underlying health conditions who were identified as one of the most at-risk groups. In order to assess older people's understanding of these restrictions, as well as the impact on their lives, Justice Studio carried out independent research with a group of participants aged 65 or older in the United States of America. This research, conducted with the assistance of peer researchers, took place in March to July 2020.

Social isolation among older adults has been identified as a public health concern. As existing literature has noted,¹ social isolation often puts older adults at increasing risk of mental health issues such as depression, stress and anxiety. For those with other underlying health conditions (e.g. diabetes, cancer, cardiovascular issues), the risk can be even higher, particularly considering the absence of direct support at home when living alone.

Government advice on shielding during the COVID-19 pandemic presented further challenges to older people living in isolation, regarding, for example, access to food, money and carrying out everyday routines such as physical exercise. Additionally, while younger people increasingly relied on digital technologies to connect with their family and friends early on the pandemic, with less technological access and skills, some older people were at risk of being even more isolated.

When the lockdown measures were announced, Justice Studio, a female-led, compassionate consultancy organisation, rapidly designed and conducted pro bono research to both increase opportunities for connection between older people during the pandemic, as well as to provide deeper understanding of the impact that such measures would have on 65+ adults with underlying health conditions living in the United States. This report sets out our findings from those in isolation in the country.

1.1. United States context

1.1.1. COVID-19 chronological timeline

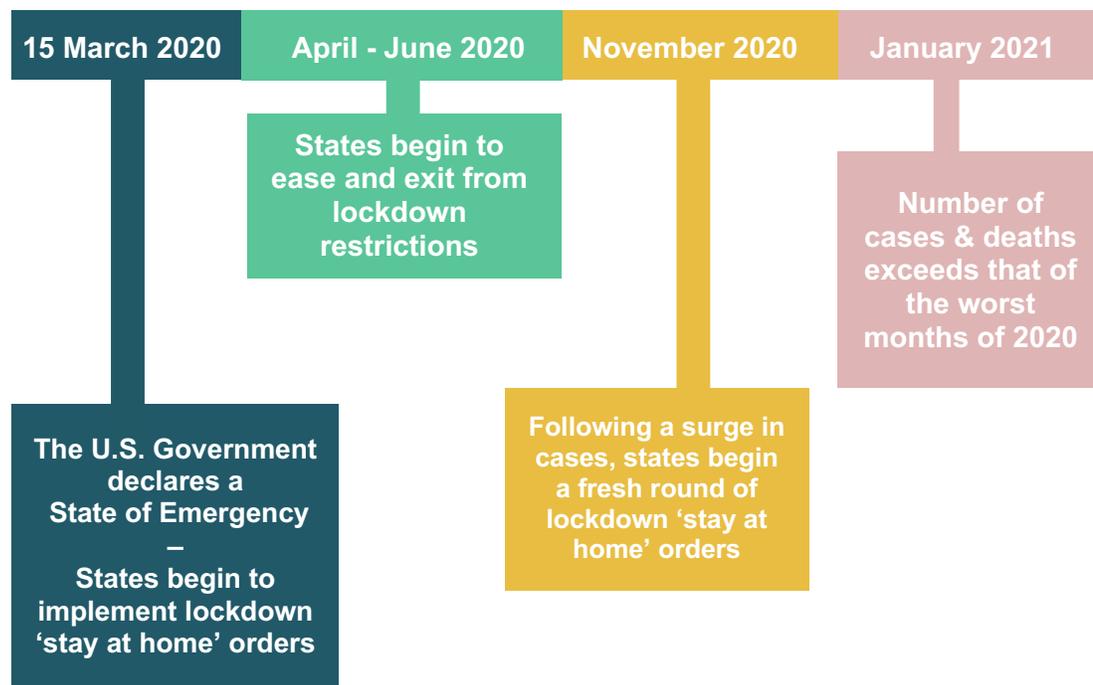
On 13th March, President Trump issued the Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak. This included provisions such as suspending entry of foreign nationals from nations affected by COVID-19, the implementation of steps to expand testing capacity and steps to increase supplies of personal protection equipment.²

¹ Armitage, R. and Nellums, L.B. (2020). COVID-19 and the consequences of isolating the elderly. The Lancet.

² The Whitehouse. (2020) Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak. Accessed here: <https://trumpwhitehouse.archives.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

Only a few days later, on March 15th 2020, the Centers for Disease Control and Prevention (CDC) advised no gatherings of 50 or more people in the United States over the next eight weeks. The recommendation included weddings, festivals, parades, concerts, sporting events and conferences. The following day, President Trump advised citizens to avoid groups of more than 10. Around the same time many states implemented a move to online schooling at primary, secondary and higher level. For example, New York City’s public school system, the nation’s largest with 1.1 million students, announced that it would close.³ In the days that followed, U.S. States began to implement ‘stay at home’ orders, which enforced lockdown measures on citizens. This includes California (the most populous U.S. state) which issued the first state-wide stay at home order on 19th March. By April 12th a majority of states had enforced some form of lockdown restriction.³ Due to the higher risk of severe illness with COVID-19 faced by older people, the CDC advised this group to take special care to reduce social contact along with other precautionary measures.⁴

The diagram below sets out the timeline of the restrictions in the U.S from 15th March 2020 to January 2021:



Gradually some states began to lift stay-at-home orders from late April, with others keeping some form of lockdown in place till June. With this, the county entered a new phase. During this phase, limited national social distancing rules are imposed, with

³ New York Times. (2021) A Timeline of the Coronavirus Pandemic. Accessed here: <https://www.nytimes.com/article/coronavirus-timeline.html>

⁴ Centers for Disease Control. Older Adults At greater risk of requiring hospitalization or dying if diagnosed with COVID-19. Accessed here: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

many states complementing these with their own measures. States implemented plans that detailed how states will emerge from the lockdown and how rules will be eased, typically in accordance with a 'level' system mapped to the prevalence of the virus.³

Like many other countries, the U.S. experienced a new and significant wave of the virus as the year drew to a close. As COVID-19 cases, hospitalizations and deaths began to rise rapidly nationwide, some states halted phased reopening plans or imposed new coronavirus-related restrictions.⁵ By January 12th, deaths reached a record high when a 7-day rolling average of 4,135 deaths was reported.⁶

In March 2021, at the time of writing this report, the CDC had started to notify an overall decrease in new COVID-19 infections, albeit from a record peak at the beginning of the year. The cumulative incidence in the last 7 days per 100,000 inhabitants stood at 118.6 cases.⁶ The total number of infections since the beginning of the pandemic in the U.S was 29,769,325 on the 24th of March 2021, while the number of deaths accounted to 541,289. This represents the highest death toll of any country worldwide.

More encouragingly, the U.S. has been a world leader in COVID-19 vaccinations. As of 25th March 2021, 26.1% of the population has received at least one dose of the vaccination.⁷

1.1.2. Older people

In the U.S, the term older people is used to refer to those who are 65 and over.⁸ According to the U.S. Census Bureau, there were more than 54 million U.S residents 65 years or older in 2019 (16.5% of the total population). This represents a notable increase from the 2010 Census when 40.3 million U.S. residents were 65 years and older.⁹ The Census Bureau predicts that older people will outnumber children by 2034 and make up almost a quarter of the population by 2060.¹⁰

Overall, the United States ranks 26th among 35 Organisation for Economic Co-operation and Development (OECD) countries with an average life expectancy of 79 years.¹¹ In fact, almost all western European countries, Australia, Canada, and Chile, have a longer life expectancy than the United States.¹¹ U.S life expectancy gains have not kept pace with those of its peers. In 1960, the United States ranked 3rd in life

⁵ USA Today (2020) New coronavirus restrictions: Here's what your state is doing to combat rising cases and deaths. Accessed here: <https://eu.usatoday.com/story/news/nation/2020/11/13/covid-restrictions-state-list-orders-lockdowns/3761230001/>

⁶ Centers for Disease Control, Trends in Number of COVID-19 Cases and Deaths in the US Reported to CDC, by State/Territory. Accessed here: https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendsdeaths

⁷ Our World In Data. Covid Vaccinations. Accessed here: <https://ourworldindata.org/covid-vaccinations>

⁸ Institute of Medicine (US) Committee to Design a Strategy for Quality Review and Assurance in Medicare; Lohr KN, editor. Medicare: A Strategy for Quality Assurance: Volume 1. Washington (DC): National Academies Press (US); 1990. 3, The Elderly Population. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK235450/>

⁹ United States Census Bureau, Older Population and Ageing, Accessed here: <https://www.census.gov/topics/population/older-aging.html>

¹⁰ United States Census Bureau (2020), Stats for Stories: National Senior Citizens Day. Accessed here: <https://www.census.gov/newsroom/stories/senior-citizens-day.html>

¹¹ American Health Rankings (2016) Annual Report Summary. Accessed here: <https://www.americashealthrankings.org/learn/reports/2016-annual-report/comparison-with-other-nations>

expectancy at age 65 among 10 major OECD countries, but by 2016 its ranking had dropped to 10th.¹²

The highest proportion of older people with respect to the total can be found in rural areas. The median urban adult is six years younger than his or her rural counterpart: 45 years old compared with 51.¹³

1.2. Methodology

This research used a Peer Research methodology. Peer Research is a form of collaborative research whereby the researcher is a peer of the research participant. Peer Research is different from other types of participatory approaches, such as consulting on information sheets and being involved in workshops, as it gives people with lived experience the opportunity to work alongside researchers in all stages of the project.¹⁴ This methodology also has the capacity to empower participants by providing them with a voice and reducing power imbalances between researcher and participants, which can decrease bias and improve the quality of data collected.¹⁵

Due to the swift spread of the COVID–19 pandemic, the research was designed by the Justice Studio team rapidly. It had two motivations:

- to provide meaningful activity to researchers and participants isolating in the U.S thereby increasing connection and alleviating loneliness
- to collect unique and important data on the experiences of older people who were isolating during the first lockdown of the COVID-19 pandemic.

The research took place from March to July 2020 in the U.S, with fieldwork taking place predominately at three points in time: in April, May and July. Prior to starting the research, Justice Studio identified and trained five Peer Researchers to conduct interviews with older people in isolation. This involved providing training on both research methods and ethical issues through two intensive sessions that took place online.

Following the preliminary sessions, Justice Studio co-designed semi-structured interview guides with the group of American Peer Researchers before conducting the interviews. These interview topic guides included open-ended questions structured around a number of key themes:

¹² Chen et al (2017) Why Has U.S. Life Expectancy Fallen Below Other Countries? Center for Retirement Research at Boston College. Access here: https://crr.bc.edu/wp-content/uploads/2017/11/IB_17-22.pdf

¹³ United States Census Bureau, (2016) New Census Data Show Differences Between Urban and Rural Populations. Accessed here: <https://www.census.gov/newsroom/press-releases/2016/cb16-210.html>

¹⁴ Di Lorito, C., Birt, L., Poland, F., Csipke, E., Gove, D., Diaz-Ponce, A., & Orrell, M. (2017). A synthesis of the evidence on peer research with potentially vulnerable adults: how this relates to dementia. *International journal of geriatric psychiatry*, 32(1), 58-67.

¹⁵ Lushey, C. J., & Munro, E. R. (2015). Participatory peer research methodology: An effective method for obtaining young people's perspectives on transitions from care to adulthood?. *Qualitative Social Work*, 14(4), 522-537.

- Information received
- Access to food
- Access to money
- Health issues
- Everyday activities
- Feelings and emotions
- Community support

In total, 18 in-depth qualitative semi-structured interviews were conducted with nine research participants. Participants were interviewed by Peer Researchers via telephone.

1.2.1. Peer research participants profile: Older people in isolation

Of the nine participants, the vast majority (8) were women, with one man participating. Participants had a wide age bracket ranging from 65 to 90 with the majority between 70 and 75. Out of five participants for which we had data, three lived in suburban areas and the remainder lived in urban areas. Most participants had underlying health conditions at the time of conducting the interview.

As we discuss the participants personal experiences, they have all been given pseudonyms to protect their identity.

2. Information

The participants in this research received information about the coronavirus from a variety of media sources as well as local alert systems. For many, the sheer volume of information, coupled with the party-political nature of the way it was delivered, led to confusion. Participants found State information to be more helpful than federal level information. Please note that all of the participants have been given new names for the purposes of relaying their experiences in order to protect their identities.

2.1. Information sources

The participants first heard about the coronavirus lockdown from a variety of sources. Two of the participants were volunteers so they found out when their work was stopped. As Lauren said, she found out, “when they told me to stop working”, she explained, “they took my temperature and said I could stay that day. But then the next day, I could not come back.” As a result, she had to subsequently, “quit volunteering.” Mary-Anne said: “I’m a volunteer with the United States Coast Guard, and we were ordered to, what’s called, stand down and not come in contact with anyone.” Nick, who lived in a supported living complex, said “I think I first heard on the news,” and it was then followed up by the management of his home. Queenie was ahead of the announcement. She said that she started isolating “on March 8th, and I did so of my own free will at that point. It was the case where I kind of felt like I saw the writing on the wall.”

The majority of participants got their information on the virus through the television as well as other sources. Nick said, “I stopped reading the newspaper, I just watch the news, and watch the local news, and then the evening news.” Rachel had more sources. She said, “I’m on the internet all day long, I read the news, I go on CNN, they tell you what’s going on a lot. I also get all these alerts I signed up for.” She said, she got her information, “mostly through the internet but I also subscribe to the Post Sunday edition so I get info from that as well, and also from my friend, - he finds stuff I didn’t know about and vice-versa.”

The extensive media coverage made things confusing for some participants. For example, Mary-Anne said, “the media has been covering this pandemic constantly 24/7” She said that this was “way too much”, and ended up being, “totally confusing because there were conflicting information from there was no centralised information points, and everyone has their own opinion.” Similarly, Nick explained that, “some of the media he watched “was very informative, and some of it was very trivial, and some of it was news that they wanted to try to belittle other people’s opinions of things.” He stated that consequently, “you don’t know exactly who to believe as to what to do.”

As a result, some participants said that they would have preferred to have had more specific information. Stella also said, “I would like to have more accurate, more honest, reports on who has been affected by COVID-19.” In a similar vein Rachel said,

“it would be nice if. If the media had paid more attention to giving really specific information. I've gotten the information I need but I've had to search for it, you know more than I think you should I think that in a crisis like this there should be one place that gives you, you know, really basic information so that you don't have to search.”

There was the frustration for a couple of participants that the news was extreme and sensational, which meant they could not get an accurate picture. Stella said, “everything is sensationalism, you know, this is the worst storm, the worst flood, the killer tornado...” and as a consequence she said that she had to be very careful of “what you read, where you read it. You have to double check three times, and have three different sources...” What Olive would have liked to have had, “instead of having every newsman out there telling a different story and exaggerating things,” was, “just have one channel that you felt you were getting the truth. And not to scare you to death with some of their tactics the way some of them do.”

There was also the issue that the media sources were perceived as very party-political, so it was thought important to have a variety of news sources in order to counter the bias on each side. Stella explained, “in our country you have two political parties and you have news television stations and radio and newspaper who are more one way or another”. As a result, she said, “I tried to listen to a little bit of this, and a little bit of that and then I formed my own opinions.” For this reason also, Queenie said, “I try to get my media my news from more than one source.” She said, “I want to see how both sides are operating.” In general, she said, she was really disappointed by the information she had at her disposal. She was disappointed, and said:

“the disappointment comes from the fact that you can't trust the media anymore... you have to spend too much time looking for something that you can trust, it becomes a matter of adding and subtracting things... and so it's very disappointing, that there isn't news reporting, but that everything is opinion driven.”

Some States were operating alert systems to provide their citizens with information. Mary-Anne said that she had “downloaded an app on my phone so I get alerts of any changes.” Queenie, said that the thing she found the most helpful was “the State of Florida's information posted twice daily, they're posted 11 in the morning, and it's 6pm. And that's a statistical look at what's happening. You know, during each day, I have found that to be extremely helpful.” Rachel said that she was on an alert list, and because both the county and the city had an alert, “sometimes I get it double. But whenever the thing changes, going from level 1 to 2 or whatever, they send out this alert telling you how it's changed and what you have to do.”

2.2. Government role

There was an extremely mixed opinion as to the federal government's role in providing information. One the one hand, Queenie said that the President's daily conferences “were extremely helpful, especially in the beginning.” She said, “I respect the office and to large measure the President as well, I think it's a rather impossible job. And poor man never gets a break.” She explained that,

“what I liked about the daily conferences was the fact that it was daily, be these people were standing up and speaking out to anyone who wanted to listen in media form that could be rewound at any moment in the future, and say, but you said, so there was a lot of accountability in that I think,”

On the other hand, Rachel was particularly concerned with the health information that President Trump gave. She said, “you know he was doing this thing with oxychloroquin, saying it’s safe, it’s been tested, well it HAS, I think I took it when I went to India for malaria! I didn’t buy it. But the problem is it has heart consequences for some people.” Yet, “he ordered millions of doses to be stored, spending our money on this ridiculous thing, scientists are saying it’s not useful.” She went on to say, “we’re past 170k deaths at this point. And we’re losing 1,000 people a day. All this craziness started when Trump was talking about drinking bleach. He claims he was joking but there have been people in emergency rooms because they drank bleach. As far as I’m concerned, he’s a murderer.”

The participants seemed to find their local State, county or town information more helpful than federal information. Mary-Anne said, “there’s no direct national information, and so the governors have taken over and are much more direct and consistent.” Stella was annoyed that, “I haven’t received any government advice. There were no letters and no emails saying this is what you’ve got to do. It’s just what I’ve read or heard.” She said that it would have been nice “to hear from some authority.” Rachel said, “I think the state government has been pretty decent about getting out information, it’s the federal government that’s really been pretty bad.” She explained that the reason she was not happy with the information from the Federal Government gave was because “I don’t trust any of it... I think it’s controlled by the republican party and president Trump and really the only thing they’re interested in is getting the economy open they could care less how many people were dying?”

The participants’ views on the medical information they received was mixed. Mary-Anne said “Ideally, I would have liked to have heard scientific information from our CDC. Unfortunately, the CDC was not forthcoming.” Yet Dr Faccui was praised by a number of participants as having been helpful to their understanding. As Stella said, “I know someone I can trust - that medical speaker,” because “he has a reputation for many years of always being a straight shooter.”

Above all, the participants craved a single clear narrative. For example, Mary-Anne said she would have wanted to see a “much more coordinated effort in the information.” Similarly, Nick said, “I think they probably need to coordinate.” He wanted “the officials in Washington to discuss with all the governors before they make a lot of statements.” That way, “everybody’s on the same, page.”

3. Health

Both physical and mental health concerns impacted the participants as they isolated, with the starkest impact being on the participant's mental health. This spoke to the wider impact of the coronavirus pandemic across the country. As Mary-Anne said, when she tried to sum up the impact, as a whole, she said:

“what immediately came to mind was health because the mental health situation of being able to cope with the quote/unquote isolation and then the financial worry about losing your job or not being able to go to your job because you have to take care of your children and just keeping your family safe.”

3.1. Physical health

A number of factors affected the participants physical health during the coronavirus isolation period, including access to medical treatment, and their access to food.

3.1.1. Medical treatment

Whilst some participants were still able to access medical treatment, others had problems. For example, whilst Queenie said, it's complicated it but it hasn't stopped it or interfered,” Rachel said that as a result of the move to virtual care, and because her doctors had cut back on what they were doing in their office “you're not able to get the care time in a timely fashion and you used to be able to.”

Both Olive and Mary-Anne were happy with the medical care they were getting. Mary Anne said that her healthcare provider “have been very proactive. They have, for at least a year now, done virtual doctors visit conference calls for a phone call.” They also had, “periodic medical updates. Regarding you know, various subjects, whether it's to remind you to get your flu vaccine or just being very proactive and being on top of your medical situation and making suggestions.” As a result, she reported that she had no healthcare interruptions. For Olive nothing had really changed. She explained how “I changed my doctor's appointment, but it was just my check-up. I wasn't having any problems.”

Conversely, Lauren had a frustrating experience with her doctors. She described how she, “had a doctor's appointment that they said that it will be over the phone. Then the next call I had from him it says come to the office. They when I went to the office, they said go home. Why did you bring me here? If you could call me at home? They wouldn't let me in the office other than to turn around and go home.”

Whilst some participants were happy to have their appointments move from in-person, to virtual, others found this impeded their access. Penny said that for her “the only change has been with my pulmonologist”, whereby “we had a telephone conversation,” instead which for her was okay. Queenie was having ‘telemed’ appointments with her pulmonologist also. At the second interview she said, “I actually

have a telemed with my GP tomorrow. So, you know, we're keeping those things going good. I'm able to get my prescriptions without a problem. And, you know, it's just practice really." In contrast, Rachel said that, the doctors were only offering "strictly telehealth", and "so the couple of times that I felt that I needed medical care and I called up I was only able to get a Zoom type of thing." As a result, Rachel said, "I can't get the medical care and part of the reason for that is because there's they've cut back on what they're allowing," and, "obviously you can't get me injections with telehealth."

When Stella had "a meltdown" early on in the research period she found herself paralysed on the street. She said, that she would have liked to have seen her neurologist, however she could not because "he's all the way downtown". She explained, "the day I had the meltdown I would have loved to have gone over there and just said 'help!' as really what I needed was someone to reassure me. Really all I needed was someone to talk to me about it. Which I kind of got on the phone, to a degree. But you know to talk to another person face to face would have solved it whereas now it's just lingering still. You know, it's still with me." Nevertheless, Stella was happy with the virtual treatment by the end of the research. As she described her work with her pulmonologist, she seemed to have a good system going:

"I take my own blood pressure and temperature, pulse rate and oxygen rate. And when he calls, I can just tell him what those things are. So it's the same as if I had to get dressed, call the bus, go to the doctor's office, sit in the waiting room and the going to see him go home and undress in that bed, which is totally exhausting and would wear me out for two or three days. This way, I can just lay in my bed and talk to him on the phone. Using Apple or Skype so it's wonderful." ... "I call him and say I'm out of this medicine and I think I should probably stay on it because it was working until I got off of that. And then he prescribes it."

Some participants were still going into medical centers and explained their experiences in various ways. When Olive went physically into a medical center to have her feet checked she was impressed that there was, "someone sitting out there in the lobby to check your temperature and ask you the questions: 'have you had a cough blah, blah.' They are asking questions like that and I think that's wonderful." On the other hand, although Rachel noted that, "when you do face to face they take your temperature and ask a slew of questions: 'have you been exposed, out of the country, etc., they ask you like up to 10 questions and if you don't answer them right they won't let you in the door." Although she found this somewhat comforting at first, she said: "but the thing I thought about is if somebody really wanted to see their doctor, you could lie!"

Rachel was particularly concerned with her health because she needed knee replacement surgery. She explained that usually, "when a person lives alone and has knee replacement, they go into rehabilitation center." However, because of the coronavirus, she was "too afraid to go into rehab center because that's where all the deaths are right now. I would need to stay at home and hire someone to live with me, which is extremely expensive." As a result, she said, "I feel like I'm in limbo", because, "there's no safe place." She said that even if she had enough money to have someone come and care for her at home, "how do you know they haven't picked up the virus from the last person they were helping?"

Meeting the costs of their own medical support was indeed a concern for some participants. Stella explained that because there's no insurance that pays for home help, and she does not qualify for Medicaid because she's over the eligibility income level, she has to meet the cost through her savings. This was a concern that inhibited her from using hospital care as well. After treatment, "if you have to go home in the ambulance then it's a \$500 charge. I did that one time and it turned out to be \$1000 charge and so I should know I'm not going to do that or I'm not going to the hospital unless it's something they can really do something about."

3.1.2. Access to food

The participants described very different eating habits and access to food. Whilst for some, were doing all their own cooking, others were much more heavily relying on deliveries of prepared food.

Most participants were able to access the food that they needed. Penny said "I haven't had any trouble getting food. In fact I've gained some weight. I mean it's just I'm not doing much so I need more exercise." Queenie, similarly described how, "the food comes into the house in various ways, I've had Instacart, delivered twice. And some of those nice young ladies have filled in a couple of times for me." Mary-Anne said that, "food's available in the grocery stores. I go shopping when I need to and do takeout 90%, I cook for myself and I try to support the community restaurants so I try to order something out once a week - either by delivery or picking it up curbside."

It was more complicated to get food for some participants however. As Stella explained, "grocery stores will take your order if you have somebody to pick it up but there's a three day waiting list to get somebody in the store to put the orders together so you have to plan ahead, which I always do anyway." Rachel explained her issues with her delivery company: "when I do a big shop I do it with Instacart I'm not happy with it, they over charge you they give you the wrong thing, but because it's there and it works I do that." What she "couldn't get from the grocery delivery" such as, "fresh vegetables and stuff like that" she got with the help of her daughter. She said, "I haven't gone to the grocery store yet."

As the pandemic went on things got a little easier. Mary-Anne described the improvements to the system at the grocery stores:

"about four weeks ago, or more, protocols have been put in place by various grocery stores, which allows a separate time for seniors to come and do their shopping in store so that there will be only seniors in the store and a limited number of people. Which makes it very convenient... Usually, for example, you know, the toilet paper, all the paper goods and sanitizer, and rice, flour and so forth, is in short supply, and so the seniors will have first access to that."

Nick, who was in a care home, had a caretaker "picking up all the groceries, and doing my grocery shopping and wiping everything off and bringing it in and away. And so anyway, she's a big help there." The main change for him was that he was getting food delivered, "rather than going to the dining facility. The have to get everything delivered midday, for our mid-afternoon lunch, and our evening meal and everything has to be warmed up in the microwave is an inconvenience, you know that? That's one

inconvenience.” As a result, “the food has diminished quite a bit, as far as flavour and everything.”

Tamsin was cooking for herself, and in turn, Queenie found herself “cooking for myself a little more.” She described herself as having been a cook her whole life, “I prepared a meal every night - a full course meal for my family - so it's part of my life and my persona that I still do that. I mean, I basically cook all the time and so in terms of doing that take out stuff. I it wouldn't even occur to me to do that.” Nevertheless, in the pandemic this could be frustrating. As she said, “Like the other day I went to do a new recipe and I didn't have the ingredients, you know - to do it. And I felt very stymied by that because I actually couldn't make the item because I can't ask my daughter, you know to go to the store to get one thing or two things that I you know, don't have just because I want to make some recipes. Yeah, and so I have had to go without.”

Snacks and steaks, obtained in a variety of ways, were in both Olive and Penny's diet. Olive described herself as, “a big snack person, “but “I do get tired of just eating junk food, so I go to drive-ins I don't go to a restaurant.” Penny's husband does the shopping for them, and, “he buys a lot of snacks, yeah big boxes of them.” She said that they, also order meat from a steak restaurant, “and they have really good hamburgers, ground sirloin. And we got a bunch of those and we grill or cook. We have chicken tenders here, and we're gonna have burritos tonight.”

Stella had a very particular diet that she was able to continue. She described how, “every morning I get a Starbucks order. I get four Frappuccinos, Venti. Venti is the largest size. Four. Only one shot of mocha, but extra whipped cream. And I don't eat breakfast and lunch.” She explained that this diet was particularly good, “during these times, because I have [condition] and it helps my chest and helps me not cough. That cold's really good. An ice drink like that is very good for me. And so far, I have been able to get away with it weight wise, I haven't gained any weight. And then I just have dinner. And I will maybe at the late lunch order some a local pizza place or BBQ or something like that. But generally but I do my own meals.”

3.2. Mental health

Some participants were more scared than others about the coronavirus pandemic. Whilst in some cases these fears were for themselves, in others the main worries were focused on their loved ones. Some participants also described feeling extremely low as a direct result of the lockdown isolation and fears from the virus.

3.2.1. Worries and concerns

The participants reported either not being scared at all or being very scared. At one extreme, when Queenie was asked if she had any fears from the virus, she answered simply, “no, ma'am,” and similarly Penny said, “I'm not scared because I am taking precautions.” In contrast, Stella said that “I am feeling very frightened I suppose, frightened. I don't have any motivation whatsoever to get up and do something, there is no joy, everything is worry, heavy, that kind of thing and it tend makes me want to curl up into a ball and lie under the covers. Which is why I had that breakdown thing, and said I need psychological help more than physical.”

Many of the participants' fears and concerns centred on their children. Mary-Anne explained how, "I don't have any fears for myself because I will do what it takes to keep myself healthy", however she feared for her daughters because, "the reality will change for my daughters, you know, who need to carve you know their future in this environment." Nick said, "I have some inner fears in my mind." But these were focused on what would happen to his wife if something happened to him, "she would need somebody, somebody full time to watch her to take care of her. So I have that fear." Lauren, said that "I would worry about if I thought the kids were in danger, but so far everybody's doing fine."

Rachel had fears for herself and her family. She said, "if I get sick, I'm gonna have pain really serious mental trouble as well as physical because I truly feel that with all of my underlying conditions that if I get this virus, I probably will die hmm." Her fears were also related to the stress of the associated economic fallout on her family. She explained that her son-in-law was a financial planner dealing with people who are in financial trouble, "I have seen anxiety in my son-in-law, not for his own financial situation but for his clients who are calling him up and agitated and everything, so it's made him more agitated and more concerned than he would be if he were in another job. And I feel bad because there's not anything he can do for them for the most part, so it's really making him really tense." Rachel said that she actively suppresses feelings such as fear as a coping mechanism. She said she has "probably just an overriding fear that I push down yeah when I say I push it down. I have I have learned over my life to suppress thoughts that are concerning to me... in terms of this virus the I guess the thing that is most upsetting to me is the fear of death, you know, because. It can it with this virus you can be healthy one minute and less than a week later you're dead." She said, "keeping busy is keeping me sane"

Both Stella and Olive described mental health issues. Olive said, "I get depression some days." Penny described herself as "depressed", and said, "I have cried more." She explained that she was going to see if her doctor "can prescribe something." Stella had also been crying more since being in isolation and also described in detail how she had "a meltdown" on the street:

"I had to go to the drugstore to pick up something, and I thought 'I am not going to pay \$20 to pick up a \$10 prescription in my chair. It's a lovely day' and half way over I started to cry and I'm not a crier. I am a very strong women, you should have seen some of the things I have gone through. I am a fighter to the end...but I totally lost it. And I got to the drugstore and I couldn't go in crying like that. And I didn't know why I was crying, I had to sit facing a wall racking you know sort of thing for 25 minutes. Finally I called the doctor and I said 'I am in trouble, I don't know what's wrong, I need, I didn't sleep last night I hadn't been sleeping over this virus thing and I need some medicine' so he prescribed something and I went in and got it. And that helped for that next day but I still find myself very wet eyed. I am very anxious about will I have enough money."

Stella said that the pandemic ending and the opening up of society, "has got to happen pretty soon or me and the rest of the world are going to find a bridge to jump off. It's not good." On the other hand:

“If they lifted the ban tomorrow and there was no more virus, I would be like hey I need to get to bed early tonight so I can get up early tomorrow, I am going to call a friend who I am going to meet for lunch. And go over to the senior centre or whatever, you know have a get together. You know it’s a reason to live, when you can’t go any place and there isn’t anything to do anyway because everything is closed what’s the point? There is no fun.”

As things began to open up during the research period some participants noted feeling worse. By the second interview, Tamsin was also “more scared”. Rachel also said she was, “more scared because things are opening up and I see what things are happening all over the US, because they think they have it under control, it goes out of control.” Further, she described:

“more of a feeling of dread about what’s coming because I think that, the longer this goes on you realise this may be forever. It may never end. And my grandmother died in the 1918, she was 29 years old, my father was 8 years old. There’s in a very vague sense a personal attachment to what a pandemic can do for me. And I just am feeling more and more like this may never end and it will end in my death...I don’t have much hope”

3.2.2. Access to cash

The participants were using a mixture of cash and paying by card for the things they needed. As Queenie said: “I’m going to go to the bank today or tomorrow, and just get a little cash out, aside from that. I pay everything online.” Lauren also did both: “I use a credit card. I draw my money out too.” Similarly Nick said, “I’ve had several, not several 1000s, but a couple of \$1,000. In my cash box, My safe. And I’ve used that money for buying groceries and everything.” Rachel was hardly using cash at all, but explained that “I actually went to the bank for the first time (drive through) for the first time in months to get some cash mainly because when my daughter brings me food I have to repay her and so I’m giving her cash.”

As the pandemic went on, participants realised that using cash was less acceptable. As Rachel explained, “they’re telling you not to use cash because cash is dirty and it holds the virus”, so “everybody here is requesting cards not cash, so you don’t need cash. I haven’t gotten cash out of the bank for a long time. So all my cash is safe because it’s been here for months.” Mary-Anne also explained how, “not very many people, or stores or businesses in general, don’t like to handle cash because of the infections issue. They prefer to use your credit card so that no one has to touch it but you.”

None of the participants said they had any problems using internet or telephone banking systems, indeed most participants, such as Stella seemed comfortable using digital payments. Stella delighted with her system:

“well, it’s wonderful because my phone, its connected to my bank. All I have to do is go on my iPhone and open up the bank icon and then it also sends money. Click on that. Click on the person’s name: I can give you money and it gets there in 3 minutes. I had a girl here this morning, it took about 5 mins to give her 50 dollars. bing bing bing. It’s wonderful and I

don't have to handle money or you know or my credit card when I use that.”

A number of participants mentioned receiving the \$500 stimulus cheques from the government. There were mixed feelings about these. Stella said, “although I was amazed that a Republican President would do that, I think that was a very wise move.” When Penny received her stimulus cheque she said, “you know what I cried. It's a credit card, well it's a Debit Card. And all I can think about are the people that don't have enough money to buy food.” Tamsin's opinion was that before, the government, “starts issuing all this money, they should look at who might need it or who might not. They're just sending out money like it's rolling out of a machine. Somebody says they probably are making it. But I don't think everybody needs it.” Indeed, Mary-Anne, said, “I know for a fact that I have several very elderly friends in their late 80s, who live on federal assistance, who still have not received the stimulus that was promised.”

Some participants mentioned concerns about their own money situation. For example, Nick was worried about the cost of having full-time care which he and his wife needed while also paying rent at this senior living facility.

Other participants were worried about the economic impact of the coronavirus pandemic. As Stella said, “no economy can sustain this kind of thing with three fourths of the growth going on unemployment.” She went on to say, that:

“There are thousands, millions of people who have lost their job, no way to get food, no way to get money, becoming homeless, and nothing serious is being done about it! I think it's horrendous that that is going on. I'm not talking about myself, I'm fine financially. I'm talking about people, other people who have lost their jobs and have no way of getting their jobs back as long as this virus goes on, all the restaurant workers, all the chefs, stores—they're only allowed to have so many people in a store at one time and the amount of business is so far down that stores, they've fired people all over the place and nobody seems to be seriously paying attention to this. I think it's horrendous what's going on without help. I know it would cost me more in taxes if they do more to help these people but what are we here for? We're human beings!”

3.2.3. Strategies to cope

The participants used a variety of methods to cope with isolation, and the fears. Penny was able to have hugs from her husband every night which helped her to get through it, “those hugs are special,” she said. Both Nick and Mary-Anne were trying to stay as active as possible. Mary-Anne also incorporated “using the time for reflection and meditation actually. I listen to a lot of music and watch some ballet performances. Everyone is being so innovative and providing beautiful performances, even though they can't perform it on stage. I really enjoy the movement and the physical strength and endurance it takes.” Rachel said, “I can't go to the symphony but that doesn't mean that I can't find other things to do instead and that's one of the ways that I've kept myself busy is I've gone online and I've found things on YouTube, you know to take the place of the symphony and the yeah, You know?”

For many participants their faith was a comfort and a source of strength. Nick said that a strategy he used was, “break the Bible out and read the Bible as much as you can. And also read a good book and also try to play some games and checkers. take your mind off of the virus.” Queenie’s advice was:

“If you go to God, you have god. But even for the people who don't believe in our god, or any god, if you go out of yourself and be the caretaker of someone else, to the extent that you're able, whether that means you make a phone call, and you write a letter, you send a card, you pray a prayer, it gives purpose, and it gets down to your life. When we are in us, there is in a time like this, you just feel the there's no hope. Because we know we don't have what it takes to fill that one last hole that has to be filled in our hearts, you know. So, get out of your own head and believe that you can help someone else.”

When asked what their advice would be to others coping with the pandemic isolation the participants said:

- Rachel: “you just have to be really proactive in terms of helping yourself in whatever way you need to help yourself.”
- Stella: “Don’t sweat the small stuff... Don’t let yourself become a worrier over things you have no control over.”
- Mary-Anne: “Keep happy thoughts. Stay active... exercising and having a routine in the day really helps, just keep going.”
- Nick: “Just use that same old term we use - hang in there.”

4. Connections

Significant changes to their daily activities, coupled with the lack of physical connection with loved ones made life in isolation challenging for a number of our participants. Although many used a variety of technological mechanisms to keep in touch with their family and friends, many missed physical touch.

4.1. Daily activities

The participants described significant changes in the way they conducted their lives because of the lockdown restrictions. Two had been volunteers and their work stopped, whilst others found their religious and social activities move on-line, which did not feel the same.

As Lauren said, prior to lockdown, “I went to volunteer and I went to church and can't do either one of those now.” As time went on, she described how, “I don't go to any other place than the grocery store.” Even though she had previously volunteered at the hospital she said she could not even go there. On top of this, she no longer had home help. She explained that, “I have to do it the other stuff at like, shower bathe. Take a, make my bed every morning, change my sheets, do the laundry for myself”

For Mary-Anne who had volunteered for two organisations, the situation was mixed. Whilst, “one of them I have been able to maintain some of the activities through the use of internet and doing online and virtual meetings, the other organisation has come to a halt, because it was more of a social event.” She described this as a woman's club and because, “most of the members fell into the over 60 age group, and we're all at high risk, we have suspended our meetings and activities for the year.” So for Mary-Anne, her life had, “totally changed - instead of going out to lunch with friends, we now use conference call.” Mary-Anne was still able to leave the house, which she tried to do once a week, “or when I get really bored, I just get into my car and drive into the hills.”

It was exactly this ability to drive that Nick, who was more restricted in his facility, missed. He said, “sometimes you want to take a ride over to the old neighbourhood where we used to live. Bring back old memories. Just take a little drive and look at the scenery. Right now I can't do that.” As a result, Nick was getting, “kinda used to it being cooped up in the apartment, and not getting out.” Yet he found that within his facility they had restricted the residents:

“from going from building to building for, for activities whereas before this virus, we could go to the exercise room and all that or go to a movie or whatever, and now everything is you had to stay in your in your apartment. You can't socialise with anybody, you have to be at least six feet apart and everybody seems to be jittery about even wanting to stop and say hello or anything in the hallways, you know that the apartment area, so anyway it's a very stressful, stressful period.”

Queenie was a pastor, and so her life particularly cantered around her church. She explained that prior to lockdown, the prayer meetings used to be on Wednesday morning at church, and other meetings used to take place at her house, “and now, they're both on Zoom.” Luckily, because she was comfortable using a computer, this was okay. She explained, “once I got past the, you know, getting Zoom in place and understanding etc, etc. and, you know, you do it a few times and don't blow anything up! So you're good to go!”

Penny's church started moving back to holding services, as the restrictions lifted during the research period. She described how, at her church, “some are allowed in the sanctuary, no singing, because of the coronavirus ... it's self-distancing and wearing masks and they can go to the fellowship hall where they have it televised and then in the chapel.” Nevertheless, because she said she was, “not a real well person... I mean, I'm older and vulnerable” they had been suggesting that she did not go physically to church. Yet Penny said, “I've been watching it on YouTube. Who wants to watch church on YouTube?”

The change to the participants daily lives, coupled with the fears that came from the dangers associated with the coronavirus, were disheartening. Prior to lockdown, Penny said, “I had lunch with friends, often. We had first Fridays you know quilters, we are a quilt group, and my circle at church.” However, now, everything had stopped, and on top of that, “I know several people have died, and they don't even have funerals. They'll have memorial service later. It's like everyone everything has been put on hold except death.” Similarly Olive said that prior to the lockdown, “we played cards every Wednesday, and we had Bible study. And we had book club once a month, and we played cards, and this other game sort of three times a week.” However, now, “we're not doing anything.”

For many participants, there was a sense of their world shrinking. Stella seemed to particularly be suffering from the change in circumstances because of her already restricted mobility. Before the pandemic hit, she would regularly go out in her wheelchair. However, since the restrictions started, she had not been able to go out at all, and in fact ...only twice since lockdown started. She said “I have not gotten dressed to go outside for four weeks. I've not really been out. Even to take out the trash.” As a result, as the research period progressed, she reported that she had lost a lot of strength because she had not be out of getting exercise. This meant that she now could not open heavy doors or even reach into the tall trash bins. She said, “I really miss just been able to get out and get some fresh air and sunshine and you know it can get depressing.”

Because of the extended period at home, when the participants did start to leave their house, it brought added anxiety. Penny explained that:

“the longer it goes, the more difficult it is. I haven't been out much at all. In fact, I had to go in for a shot this morning. And I drove myself. And you know, it's been probably three months since I've been behind the wheel of a car. It was scary. It was like I had to look in other directions all the time. You know, it was just uncomfortable for me.”

4.1.1. Taking Precautions:

When participants began to leave their homes, they described taking a variety of precautions. For example, Penny said, “when I go out, I wear latex gloves and a mask.” Mary-Anne said, “I’m required to wear a mask and do social distancing. I do not wear gloves, but I have plenty of hand sanitizer and disinfectant wipes on me.” She explained how her local businesses, “disinfect the shopping carts, etc. They’ve erected face shields so there’s no contact with the cashiers.” Mary-Anne said that also, “in certain situations I would come [home], for example, and change my clothes before entering the house. For example, when I have to go to the hospital to have treatment or [get] bloodwork done, etc. I would prepare another set of clothes for me to change into in my utility room.”

Participants were also taking precautions within their homes. Rachel said that because, “I’m really nervous about exposing myself to anything.... I wear a mask unless we’re eating. My friend visits, and we only sit outside on the patio, my table is six feet long so we sit at opposite ends, and with masks.” She said, that:

“even when I walk my dog I put a mask on even though you don’t have to do that, and one time I didn’t take my mask with me and someone was in their yard and they stopped me to talk to me, I’m washing my hands constantly, my skin is about to flake off! Even though I’m the only person in my house and you would say to yourself ‘how could the virus get into your house?!’ I’ve become so paranoid about it when I bring in the mail, I wash my hands immediately I leave it for 24 hours because there have been reports that some mailmen have come down with the virus. So you don’t know where to turn to be safe. Everything is a danger.”

Nick’s caretaker was taking extra precautions on his behalf, “wiping the house, sterilising everything, every doorknob every everywhere, everywhere you think somebody is touched. She’s wiping, wiping it off.”

4.2. Family and friends

The participants were staying in touch with family and friends as much as they could. Mary-Anne, was an example of a participant who had managed to thrive in her social connections despite the restrictions. She said:

“Yes, actually, I have regular Zoom meetings with my daughters and, in fact, the different clubs that I belong to have set up the ability to stay in touch through Zoom or a similar program so we have virtual meetings... I make an effort to call someone different every week and stay in touch. Also, personally, I have taken notecards and sent messages to my friends. And the telephone is so easy...I can pick up the phone or people can call me from overseas too. I check with a different friend or person every day on the phone or text. I have four video conferences a week with various agencies or people. Actually, I’m very busy.”

However, for others the transition felt more stark. Rachel explained that “I did not see my daughter or her family for two months, which is very unusual because for me up

until this happened. I went to my daughter's house for Sunday night dinner every week.”

The participants explained how their children were checking in on them, and how comforting this was. Stella son, “calls every day, and wants to know, checking in, what are you up to? How are you doing? How do you feel?” Mary-Anne said that, “my family—my kids—check on me regularly by phone or video conference.” Nick said, he got support from “most of the kids, you know, as far as calling and checking in, but some, some don't.” Because, “the only thing we got right now is the video on the phone, and I don't do a whole lot of texting - I can but I don't do a lot—so I'm sort of at the mercy of waiting—waiting for the kids to call or I call them.” Calls from her daughter during the restrictions created a positive for Rachel. She said:

“one thing that's a silver lining is my relationship with my daughter has improved in the sense that—and this came about because I asked her to do this. She's really busy, she has two teenage kids, I understand that. When this all started, I asked her to call me, to check up on me, because I really didn't know what was going to happen, and she has done that at least two to three times a week: just called me to say hello. In that sense my relationship with her has improved,”

A number of participants mentioned missing loved ones and physical touch. For example, Stella said that one of the things that she missed most is people and family giving her a hug, “I think that got me worse than anything,” she said. Her son came to visit regularly and it hurt not to give him a hug. She was very conscious of her vulnerability and once made him stay away for two weeks because “he wasn't being careful.”

For participants unable to see grandchildren this felt particularly sad. Penny felt this lack of closeness upsetting, “I just think it's a sad thing, especially with my grandchildren. My own children, Jennifer will come and sit over in the corner of the porch and I sit over in the other corner and we talk. And if I get too close, she reminds me.” Rachel said, “I have two grandchildren that I have never touched, - sorry two great grandchildren. - my great granddaughter who I dearly dearly love - we talk for hours, she just turned 20 - I long for a hug from her, I want to give her a hug.” Rachel, also missed her friend,

“I've always been a home body. But the thing that I'm missing the most is my friend ...especially in the summertime like now, we always would go get in the car and drive to little small towns around here and just spend the day doing that. And I really, really miss that. I miss getting into a car with him. We can't be in a car; we can't be 6 feet apart. I can't go anywhere with him; I can't do anything. The most I can do is have him sit on my deck”

Queenie and Tamsin were missing the physical connection with their friends at the church. “I am really starting to miss my hugs”, said Queenie,

“The other thing is, you know, I have the one prayer team meets here every Thursday night. I miss that almost as much as I miss worship on Sunday. And the reason for that is because we always start with

worship... And so [now] we do it by Zoom, and at first that felt really good. It felt like, 'oh, we conquered this, we've got this made', you know. But not so much after these weeks, you know, start to say, you know, that's a cute picture of you (laughs) I'd just rather see the real thing, you know,"

Tamsin discussed the measures for going back to church. She explained that they had encouraged the congregation to keep social distancing, however it was extremely difficult: "We're used to hugging and shaking hands and that sort of thing. We don't do that we just wave. This, these are their suggestions to help people though, and it's really hard. You know the first thing you want to do is hug."

This lack of connection affected the participants feelings. Rachel explained that the "proximity issue has affected me—the inability to be closer than six feet definitely has an effect. Because even in particular—and with my daughter, too, we sit on her deck and we're six feet or more—we position the chairs and you're practically shouting and you don't feel a sense of closeness. It's hard to explain." Stella agreed that:

"One misses the nuances of face-to-face contact. People need people, we need that kind of contact. In jails the worst punishment is solitary confinement, it's the isolation that gets you, not the prison itself." Penny simply said, "it's kinda like you're alone in the world."

4.2.1. Technology use

The participants were using a wide range of technology to keep in touch with their family and friends and stay connected. For example, Queenie said she was using her "iPhone, iPad, Mac, technology, Zoom. House Party", as well as Facebook. Stella was using "almost 100%...99%. Technology or the phone." Penny said, "I done Skype but I don't do FaceTime." She said that generally she will text people and then they will get back to her through a phone call. Tamsin was using her, "computers or iPads our text, our phones, whatever. So, we were not concerned any other way. I'm not crazy about doing all this FaceTime and stuff like that, I don't want anybody seeing me. I just use my text machine." However, a couple of participants said that they did not like texting. Rachel said, "I hate texting. I'm forced to text with my daughter, she lives by the text, so with her it's either in person or by text."

Some participants had learned to use new platforms since the restrictions were imposed. Mary-Anne "learning new and different systems. Like for example all of the different organizations use different platforms Like I have to learn to use Free Conference Calling, or Zoom, or Go To Meetings...the different programs...but none of it is too complicated." Nick's son set him up on WhatsApp. Early in the research period Rachel said "I haven't used Zoom with anyone because I'm not sure I know how to do that. I do have Zoom on my computer or my phone. But I'm not sure how to initiate a Zoom meeting." By the end of the research period she had managed to work it. She explained, "I've joined a couple Zoom groups trying to find people to talk to, and that's been ok." Nevertheless, she said:

"Zoom is wonderful, don't get me wrong, I don't know how this country would get by without Zoom, it's a miracle, but it's also very limiting in terms of the personal part of it. It happens, you participate, but do you really feel like you're participating in the same way you would before? You don't. It's a very limited emotional effect; it's there but it leaves a lot to be desired."

4.3. Community support

Those with connections to the church were receiving support from their religious leaders and congregations. Nick said that, “the preacher calls every so often.” Lauren explained that people at, “my church, they have called me to keep in touch regularly, every week. Somebody calls, same person, because he's on the list of making personal calls. And then I do have a friend from church brought me a laptop that I can use now at least.”

Queenie was getting support from her neighbours, she said, “my neighbours are great”, and that a collection of young women she knows “made it absolutely known that I shouldn't want for nothing. So it's really good to have them in place.”

Rachel had tried to get involved with an online community for support yet found that it was not quite for her. She explained that: “I went onto that thing thinking I could make some new friends but it was really lame. After about 10 minutes I left the meeting and I realised this was not for me. I did try but it... just stupid stuff, things that I had no interest in. If something is stupid it's not worth my time—I'm not desperate! You have to make it worth my while in terms being interesting.”

Because Stella was particularly suffering from mental health concerns, she was being supported by a social worker on the telephone. She explained that it was “very, very helpful. She's a social worker and she gave me some very succinct suggestions.” She went on to say,

“I just happened to fall on a gem. She had worked for hospice for many years. and she has a great deal of insight into psychology and so forth. She helped me to just take a look at what the problem was—and it had to do with loneliness—and feeling like I didn't want to ask for help and I didn't want to be crying and be a 'poor me' kind of person and I just didn't understand why I was getting so upset over this. So she helped me. She asked me some questions...and then it made so much sense. I was very, very grateful to her. Great, great gal. I've known social workers that were dumber than a box of rocks...it just depends on what their background has been.”

5. Conclusions

This small group of older people, coming from many different parts of the U.S., demonstrate that whilst there are some differences in their experiences, there were also some broad themes that linked them. Difficulty in accessing coherent information, as well as missing the physical touch of their loved ones were particular areas of similarity.

For some older people, such as Mary-Anne, there was some comfort in the period of enforced isolation. She said, “for me it’s been great. It’s given me time to reflect on what I’ve been doing and how I’ve been doing it and what I want to do in the future.” She went on to say that, it freed her, “in the sense that I don’t have any commitments outside this house, or, you know, to other people” As a result, she said the experience has been “enlightening, I guess, because of the time because of the reflection that has occurred.” She added: “it forced me away from the treadmill that I was on, you know, by being busy and having to do this that and the other. So the forced isolation allowed me to just relax and give myself the time to reflect and do nothing. So, in that sense, there was relief.”

The experiences of isolation were extremely difficult for many of the participants in our study. Struggling with the isolation measures that were imposed, the lack of connection, and often confused by the messages that they were receiving from the media, some participants’ mental health was affected. On the whole, the experience appeared to be very difficult. As Rachel said, “I’ve been through a lot in my life. I’ve been through hurricanes tornadoes fires, yeah, yeah. I mean you name it and I’ve kind of been there, but I’ve never had anything like this.” For Queenie, getting through this time made her realise, “maybe that I am stronger than I thought I was, or I am weaker than I thought I was I’m not sure which. Some days I feel stronger now, some days I feel weaker now. That makes sense. It’s been sobering experience. I never realised how much other people meant to me.”

The participants’ hopes were that the coronavirus epidemic would lead to some positive changes in the future. As Penny said, “I think we need other people.” She hoped that in the future, “we just need to know get to know people better and get to understand them, and perhaps, feeling that they understand us”, having, “a little bit of compassion and maybe empathy for someone.” As Queenie said, “there’s an awful lot of goodness in the world if you look forward. You know: be part of the solution, not the problem. It just that kind of thing that, you know, just seems a little more blatant now.”