

ANNA SEREDYŃSKA*

Kraków, Polska

ORCID ID <https://orcid.org/0000-0002-0483-6281>

SENIORS DURING THE COVID-19 PANDEMIC

Abstract: The article is devoted to seniors, for whom it was a period of intense fear of dying. Many of them actually died, many lost their health, and many lost their loved ones. The study described in the article analysed the situation of seniors during the pandemic on the basis of the interview technique. The analysis focused on several problems faced by the respondents during the pandemic. The problems were selected out of those reported in subject literature and included: treatment, shopping opportunities, loneliness, social isolation, inactivity, information chaos exacerbated by seniors' reduced ability to access electronic sources, fear of illness and fear of death. The interviews were conducted with 12 seniors and one caregiver who worked in a nursing home. They revealed that the main and most painful problems the respondents faced during the pandemic were: loneliness, inactivity, lack of access to religious practices in places of worship, as well as depression, anxiety and post-traumatic stress disorder they experienced in response to the situation. The results indicated that seniors should be provided with extra care – not only psychological but also medical and physiotherapeutic.

Keywords: pandemic, COVID-19, seniors, fear of disease and death, isolation.

Introduction

In March 2020, the lives of almost everyone in the world changed dramatically. People's best-laid plans fell through. Many people lost their jobs, their health, their loved ones and even their lives. Many people committed themselves to help others. Unfortunately, like any time of social crisis, also the COVID-19 pandemic brought to the surface certain negative qualities. The article focuses on the situation of seniors, who were most at risk of losing their lives, who lost the opportunity to lead active lives, and who (for their sake) were confined to their homes and cut off

* Anna Sereďyńska, dr, Katedra Pedagogiki Resocjalizacyjnej, Instytut Nauk o Wychowaniu Akademii Ignatianum w Krakowie, wolontariuszka Hospicjum św. Łazarza w Krakowie, współpracuje z Centrum Ochrony Dziecka; e-mail: anna.seredynska@ignatianum.edu.pl.

from their loved ones. In order to understand their fears, hopes and difficulties, excerpts from the interviews with seniors are used as a reference point.

Seniors as a group of interest

Different sources provide different definitions of old age, or late adulthood. The division adopted by the World Health Organization, mentioned by Maria Straś-Romanowska, identifies three phases: 60–75 years of age; 75–90 years of age; and over 90 years of age (Straś-Romanowska 2002). She also reports other divisions of senior age, e.g. 60–70 years of age; 70–80 years of age; and 80–90 years of age or 60–65 years of age; 65–85 years of age; and over 85 years of age. Others classifications are based on four phases: 60–69 years of age; 70–74 years of age; 75–84 years of age; and over 85 years of age. Stefan Klonowicz, quoted by Maria Straś-Romanowska, divides the period of late adulthood into the phase of proper old age and old old age. Joanna Janiszewska-Rain advocates the division of this period into three phases: younger old age (60–75 years), older old age (75–85 years) and the oldest old age (over 85 years) (Janiszewska-Rain 2005). In all these divisions the time of late adulthood begins between the ages of 60 and 65 and continues until the end of life. During this period, people suffer from physical deterioration, and an aging person increasingly faces more or less nagging health conditions and weakening cognitive functions in the area of perception, movement, memory, and a whole range of cognitive abilities (Straś-Romanowska 2002). Many factors play a role in experiencing this period: whether old age will be a time when a person will adapt to new challenges or will withdraw from active life and experience their old age only as a source of stress depends on, e.g., resources and competences with which ageing persons enter old age; the severity of the process of ageing and loss of strength; natural and social environment in which they lived and grew up; and the present attitude of other people towards them (Brzezińska, Hejmanowski 2005). The pandemic changed not only the environment in which seniors lived and the dynamics of ageing, but also the attitudes of younger people towards them, which exacerbated their stress and considerably weakened their sense of safety.

During the pandemic seniors were unable to visit health centres. Perhaps it is true that – as the doctors quoted by Judyta Watoła in her article claimed – they used to go there primarily to talk to their doctors. But maybe they did so because they had no one else to talk to. And talking to someone and being listened to is a form of preventive healthcare, as Judyta Watoła argued in her article (Watoła 2021), in which she analysed – with great sensitivity – the situation of elderly people during the pandemic. The examples she gave included their inability to consult their doctors via phone when they were ill, their problems with sending a photo of a sore spot via smartphones, not to mention the fact that many of them did not own smartphones. Many doctors soon returned to seeing patients in their surgeries but mostly in private practices, although, as Maciej Hamankiewicz, a doctor quoted by

Watoła said, there are still many doctors who “have not cast their eye on a single patient since the beginning of the epidemic” (Watoła 2021, p. 1).

During the pandemic the media mentioned psychological harm suffered by both the young and the old. Judyta Watoła observed: “I know an elderly couple who went out only to their home garden for eight months. Would such a regime be endured by someone living alone? And if so, with what consequences for their mental and physical health? And how to treat them when the epidemic is still going on and the threat to seniors has not passed?” (Watoła 2021, p. 1). Here the author identifies a problem that could be quite successfully coped with by those who had a life companion but which was much more acute for those seniors who spent eight months all alone in a closed space. These non-scientific observations can be confirmed by the study conducted on a group of seniors by Przemysław Wiśniewski, Rafał Bakalarczyk, Małgorzata Maryl-Wójcik and Magdalena Foryś (Wiśniewski, Bakalarczyk, Maryl-Wójcik and Foryś 2021). The participants of the study were 500 seniors over the age of 60. Most of them (59.9 pct.) confirmed that their physical condition decreased significantly after the pandemic. Physical activity was reduced by 62.8 pct. of the respondents. In the group over 70 years of age, it amounted to 73.9 pct. Fatigue caused by the pandemic and burdensome restrictions was reported by 53.6 pct. of the respondents. Limiting social contacts was reported by 52 pct. of the respondents above 60 years of age, by 39.2 pct. of those above 70 years of age, and by 34.8 pct. of those above 80 years of age. The lower results in the older group stem from generally less intensive social contacts in this age group. 34.6 pct. of seniors declared an increase in their irritability and anxiety, and 40.2 pct. of them group consider the initiatives undertaken by the authorities in the area of protecting seniors to be insufficient. More than 60 pct. of the respondents did not have adequate access to health services, both to general practitioners and to specialists. In the 60–70 age group, the Internet was used by 40.4 pct. of the respondents, in the 71–80 age group – by 14.4 pct., while in the 81+ age group – by 7.3 pct. Although the Internet cannot replace interpersonal relations and social life, this study demonstrates that it proved helpful in improving psychological wellbeing during the pandemic.

Thus, it can be reasonably claimed that during the pandemic the situation of seniors indeed deteriorated considerably. Adding to the above Covid itself, which was the greatest threat to people in this age group, it is obvious that they are in dire need of social attention and action. The authors of several articles from this area also reached such conclusions.

Old age during the pandemic – literature review

The study conducted in Poland 35 days after the announcement of the state of epidemic emergency, which covered a group of 2457 people, revealed that the respondents' level of generalised anxiety increased (Babicki and Mastalerz-Migas

2020): as many as 44 pct. of them reported its symptoms, which were more frequent among female respondents than among male respondents. Interestingly, an online study conducted in Poland during the three waves of the pandemic found that the oldest respondents displayed the lowest levels of depression and anxiety in comparison with other age groups (Gambin et al. 2021). This study was conducted online. It seems pertinent to ask how reliable such method is in this age group, and this question was asked by Anna Urbaniak, who observed that contact with seniors became much more difficult than before and thus negatively affected the development of social research in this age group (Urbaniak 2020). This question becomes even more pronounced in view of the opposite results obtained in qualitative studies in India and Nigeria (Muoghalu and Eboiyehi 2021; Bhardwaj and Bhardwaj 2021). Arguably, seniors are a target group that is hard to reach online, thus other channels are needed to conduct studies among seniors. Therefore, it may be worthwhile to gradually complement quantitative studies among seniors with qualitative ones which allow researchers to adopt a more individualised approach to respondents.

The time of the pandemic was the period when a large portion of interpersonal contacts moved to the virtual world. However, not all seniors have smartphones, and, even if they do, not all of them know how to use them. That is why special applications for collecting data on seniors' health and illnesses (Calamia et al. 2020) were of little use due to their limited reliability.

The study conducted in India among 135 seniors revealed that during the pandemic what they most needed was support and assistance in many areas including: obtaining necessary medicines, access to hospitals, transport services, household duties, housework and meeting basic needs (Bhardwaj and Bhardwaj 2021). Women suffered from more emotional problems than men, but men had more problems with managing daily affairs and performing daily chores. Women also experienced greater fear of getting sick and dying.

During the pandemic the stress levels reported by seniors increased significantly. A study conducted among a group of 64 elderly people in China found that most of those who attempted suicide in this period were senior citizens (Louie, Chan and Cheng 2021). Also, a qualitative study of 32 seniors in Nigeria found that lockdown had a very negative impact on their psychological wellbeing (Muoghalu and Eboiyehi 2021). In their conclusions, the authors observed that this age group was particularly in need of interventions and support in these hard times. Moreover, a study conducted in India reported an increase in physical, psychological, sexual and economic violence against older people during the pandemic (Sibal 2020).

The study conducted in Romania also confirmed that the pandemic had a negative impact on this age group. Its main cause was enforced isolation (Burlacu et al. 2021), additionally exacerbated by prioritising young people and their needs, which is what happened in many countries. Unfortunately, their needs could

sometimes jeopardize seniors' safety, which forced seniors into total social isolation with its potential harm for their psychological wellbeing.

A study conducted in India among 19 162 elderly respondents revealed that, like in Poland, the lack of access to medical help was a very serious problem there (Regy, Kiran and Gnanaselvam 2021).

The above mentioned studies conducted in different countries confirmed that the problems faced by seniors during the pandemic all over the world were similar and included: medical treatment, shopping, loneliness, social isolation, inactivity, information chaos increased by the lack of access to electronic sources, fear of illness and fear of death.

Seniors during the pandemic – research methodology

The study analysed the situation of seniors in Poland during the pandemic. The respondents were seniors aged 65 and above.

The main research problem was formulated as *The situation of seniors in Poland during the pandemic*, and it was divided into the following specific questions:

- What was seniors' opinion on their access to treatment during the pandemic?
- What was seniors' opinion on their shopping opportunities during the pandemic?
- How did seniors cope with loneliness and social isolation during the pandemic?
- How did seniors cope with limited activity during the pandemic?
- What was seniors' opinion on the flow of information during the pandemic?
- How did seniors cope with their fear of illness and death?

Due to the diagnostic nature of the study, no research hypotheses were posed. The variables were: the respondents' age, gender and their experiences related to the pandemic. The respondents' answers to the questions asked during interviews were the indicators for the variables.

The study was conducted using the interview technique. The interview was based on one opening question which served as a trigger for the respondent's free utterances, which were transcribed verbatim. The opening question was: "What were your experiences related to the pandemic throughout the last year?" The responses were categorised into groups identified on the basis of subject literature and focused on treatment, shopping opportunities, loneliness, social isolation, limited activity, information chaos exacerbated by the lack of access to electronic sources, fear of illness and fear of death (Babbie 2013).

Thirteen respondents participated in the study: 12 seniors (nine women and three men) and one female caregiver who talked about the residents of the nursing home where she worked. Out of the female respondents, two were 84 and two were 78, and the remaining were 97, 72, 70, 66 and 65 years old, while the male respondents were 74, 71 and 68 years old. The caregiver talked about the experiences of seniors who lived in a nursing home where she worked, while all 12 senior respondents

lived alone in their homes and were members of senior citizens' communities. As the interview was not structured, some of the interviewees did not address all the issues addressed in the article.

Analysis of seniors' pandemic stories

In order to facilitate the analysis of the interviews, the collected material was divided into sections related to the specific research questions.

Seniors' opinion on their access to treatment during the pandemic

Most respondents did not comment on their problems related to access to medical care, but it was mentioned by those of them who suffered from chronic diseases and their health problems were exacerbated by the pandemic. A female respondent (aged 72), who was receiving oncological treatment described her situation in this way: "Due to Covid, the date of my surgery was constantly being postponed and my chemotherapy treatment was a source of additional stress. The telephone treatment of such symptoms as lymph, pain and swelling in my hand makes me laugh out loud. This is what 'caring' for sick people looks like. And when a meeting with a doctor does take place, there is this additional fear of not getting infected, because my immunity is very low and the probability of getting sick is real".

Another female respondent (aged 70) commented on her fear of possibly catching coronavirus and having to go to hospital: "Hospitals lack everything, patients are transferred from one hospital to another because of the problems with finding a bed".

Another female respondent (aged 78) pointed out that due to her age she suffered from many health conditions, and, after the pandemic broke out, she could consult her doctors only via telephone. When she managed to see doctors face to face, they "kept reminding (seniors) of the distance and did not even give the impression that they were listening to what I was saying to them. For me, such behaviour was a sign that they wanted to get rid of me and to end the visit as soon as possible. And an elderly person needs calm, kindness and an atmosphere conducive to concentration". These words demonstrate that seniors expect to be listened to. In addition, a problem frequently faced by seniors is linked with properly hearing what is being said to them, and the distance to be kept and face masks to be worn did not make it easy for them to successfully communicate with doctors.

The words of a male respondent (aged 75) can serve as a good summary of this point: "To sum up, in my opinion, it is the Health Service, especially the doctors, who have shown that their morale is very very low. The most annoying thing is that their work within the National Health Fund is a threat to them, and in private health centres it is not. Of course, not all of them are like this, because I know doctors who have risked their lives to save people". These words reflect great bitterness of

seniors, who were particularly affected by the situation, as they were struggling with various health conditions. Although they were not necessarily life-threatening conditions, bearing in mind their old age, the probability that they would turn into life-threatening ones was rather high. Four out of twelve respondents, all at the age over 70 and suffering from specific illnesses, mentioned problems with access to health services.

Seniors' opinion on their shopping opportunities during the pandemic

One female respondent (aged 72) openly admitted that difficulties and restrictions related to shopping and other services were a huge problem for her: "Such activities as shopping (e.g. buying medicines) and rehabilitation, are prosaic yet important to me, and they are not as easily accessible to me now as before the pandemic".

Some statements reveal that the main problem linked with shopping restrictions was not the actual lack of some products but rather the fact that seniors were unable to keep in contact with other people while doing the shopping. This is evidenced by the words of a female respondent (aged 97): "I won't say they (my family) don't look after me, but it's very different to being able to do the shopping myself. I used to go to the open air market every day to buy what I wanted, to chat with people and to exchange opinions with befriended shopkeepers".

Sometimes the family was ready to do all the senior's shopping but wanted him/her not to leave the house, which was mentioned by a male respondent (aged 75): "My friends and family offered to do my shopping on condition that I would not leave the house".

Thus, it can be concluded that shopping was the easiest thing to be taken care of by the seniors' relatives. However, the core of the problem was that not being able to do shopping personally took away from seniors the opportunity get out of the house and meet others. Hence, it seems that the greatest inconvenience in this area was related to the lack of social contacts.

How seniors coped with loneliness and social isolation during the pandemic

A male respondent (aged 75) described his situation related to isolation during the pandemic with these words: "People became afraid and stopped meeting with others in person." This brief statement captures the essence of this time for older people: isolation, fear and the depletion of interpersonal contacts that kept them alive.

A female respondent (aged 83) answered this question the following way: "I feel very lonely and abandoned. During the last year most tenants moved out of the block of flats I live in and there is no one in my immediate vicinity on my floor. Previously, when I needed help, I would knock on the neighbour's door, but now I have somehow lost my sense of safety".

Another female respondent (aged 78) talked about how much social isolation affected the psychological functioning of older people: “For me, isolation leads to a recurring feeling of meaninglessness of life. I think this difficult time is particularly acute for people living alone”. She also mentioned problems seniors have with using electronic media and all these appliances that young people take for granted: “Telephone conversations, which are now a basic form of contact with people for me, additionally cause stress due to my poor hearing. I have not yet decided to get a hearing aid for fear that I will not know how to use it. I also haven’t mastered video chatting.” Contact with other people of a similar age was also difficult. It was particularly difficult if the senior’s family lived far away, as a female respondent (aged 78) described: “Before, I could entertain guests at my house. Unfortunately, due to the pandemic, due to fear, they ‘buried themselves’ in their flats and are even reluctant to talk on the phone. Unfortunately, my closest family live abroad and, because of the pandemic, they have not visited me for a year.” Another female respondent (aged 65) admitted that she had been meeting her friends despite the danger it posed. A male respondent (aged 68), who works in a library, pointed to an increase in reading as one of the outcomes of isolation. He also said that, as he lives in the countryside, his situation during the pandemic had not changed, and he had to perform all his daily duties as always.

Another male respondent (aged 71) talked about a serious problem faced by seniors linked to religious practices (which were very important to him): participation in them was possible only online.

Despite social isolation, the period of the pandemic also brought some positive changes in seniors’ lives, apart from an increase in reading. A female respondent (aged 84) reported: “...I can say that the pandemic verified my friends”, and added: “...unexpectedly, with a limited possibility of meeting people face to face, new acquaintances and even friends appeared in my life.” She also talked about the effects related to her spiritual sphere: “One might be surprised to conclude that this regrettable and devastating period resulted in the enrichment of my spirituality”.

The caregiver’s account of how the pandemic affected the residents of her nursing home seems most frightening: “Covid turned the lives of our residents upside down. Unfortunately, because of the epidemic, no one visits them and, left alone, they, in a sense «sank into themselves». They cannot move between wards and no one even tries to explain us why. This constant waiting and looking at the door «... maybe someone will come, maybe they will come». The staff are unable to devote more time to them”.

Summing up, it can be concluded that isolation was the hardest to those seniors who were alone, who did not have families or whose families lived very far away as well as to those who lived in care institutions and nursing homes. Isolation led to their depression, withdrawal and sometimes caused irreversible damage in their social functioning. Those who lived in the countryside had more opportunities to successfully cope with isolation, thanks to, among others, contact with nature and

daily work on their farms. For some seniors books were a great help, some used this time to verify their acquaintances and some to develop spiritually.

How seniors coped with limited activity during the pandemic

The lack of activity was one of the factors that probably contributed the most to the seniors' lowered mood. A female respondent (aged 84) complained: "I can't even go to church on Sunday, which was a great joy for me, because I have asthma and I suffocate after putting on a mask. I cannot go for a walk nor sit on a bench in the park because my friends have also stopped going out for fear of becoming ill". Before the pandemic, the source of some seniors' mental well-being was their activity, and severe restrictions in this area turned their lives upside down, as a female respondent (aged 97) reported: "I was always independent and it was me who decided what to do – I went where I wanted and did what I wanted. And I had unlimited contact with my children and grandchildren. Unfortunately, everything got complicated when some members of my family and friends got sick. My children categorically forbade me to leave the house". The lack of opportunities to actively participate in life, to stay in touch with others, and to participate in cultural life led seniors to be afraid of the quality of their future lives: "I am afraid that if it continues like this, I will either go gaga or die" (a female respondent, aged 97).

It seems that the greatest problems for seniors during the pandemic included the lack of contact with friends, acquaintances and relatives. This was indicated by a female respondent (aged 70) when she talked about her feelings during the first lockdown: "For me, it was tragedy, I am not a home bird, I need contact with other people to live, it's like air to me." Her next words clearly demonstrate what seniors were struggling with at that difficult time: "I started my first isolation. How to fill the time? Easter was coming, so I did some cleaning, following a plan, not too much in one day to leave something for the next days. I read, I talked on the phone a bit, we all called each other to pass on information about ourselves and, above all, about the virus. By the end of March the cleaning was done, and I was sick of talking about the virus. I surfed the Internet and it was the same, hate was pouring out from everywhere. I stopped surfing. Television depressed me even more. Endless images of ambulances, paramedics, doctors, nurses dressed in suits known only from SF movies. I decided to introduce some self-discipline. I got up, went to the bathroom, had breakfast, read a bit and then went for a short walk to the shop, because that was the only way to leave the house".

Restricting their activity affected seniors' mental health and their attitude towards themselves and towards taking care of themselves. Many of them lost motivation for daily hygienic routine, as a female respondent (aged 78) admitted: "I don't have any reason to take care of my appearance, because I don't go anywhere, and phone calls, even the long ones, are not the same as direct contact. I feel like a bird that lived in the wild and was locked in a cage – it has something to eat and

drink but no freedom to fly. I have everything, but I lack that which would let me enjoy my life”.

Obviously, limited activity also affected seniors' physical health, which was noticed by a male respondent (aged 75). During the pandemic, the condition of his spine seriously deteriorated. Not surprisingly, drastically reduced activity during the pandemic had this very effect on most people. It is worth remembering that while young bodies can easily recover from such health conditions, for older persons these changes might not be reversible.

A female respondent (aged 66) commented on the difference between the first and the second lockdown. During the first one her activities were limited to a much greater extent than during the second one, when she was able to go out to do the shopping and to the church. She also admitted that this time motivated her to read more books. A male respondent (aged 71) started watching TV a lot more than before and meticulously tracked the progress of the disease in Poland and recorded the number of people infected and dying, particularly during the first lockdown.

The pandemic exerted a smaller impact on the activities of those seniors who were engaged in gardening in their garden plots (a female respondent, aged 65) or on farms (a male respondent, aged 68), and their daily routines did not change drastically during the pandemic.

Another big problem faced by seniors was the necessity to give up the traditional way of celebrating Easter. A female respondent (aged 70) said: “I feel like I am in a cage, supposedly I am free, but I feel restricted. Easter passed, and they additionally closed cemeteries right before All Saints Day. What was this, this had never happened, neither during a pandemic nor during a war. I kept hearing that it's all for our own good.” The shift to practicing their faith online was equally difficult for seniors to accept: “I don't even try to go to church with a 5-person limit. So, I can use electronic media, but they do not appeal to me, the screen is not the presbytery with its mystery, the light of candles, even electric ones, the smell of incense and the old church walls. I have no choice”.

The interviews revealed that the limitation of activity was particularly problematic for the oldest seniors. Also in their case, interests and hobbies played an important role. Those who had more interests before the pandemic coped with this difficult period better. This includes those for whom reading books was important and those who had contact with nature, either because they owned garden plots or because they lived in the countryside. An inability to take part in religious practices was a very serious problem for most seniors. Maybe they needed personal relationships to fully express their religiosity or maybe they realised the importance of the community of the Church. This inability did not seem that important for young people, but it was like taking away the essence of their religious life for people in older age.

Seniors' opinion on the flow of information during the pandemic

Some seniors (e.g. a female respondent, aged 78) had a very low opinion of the possibility to obtain help during this difficult period: "Especially because nowadays kind, good and helpful people are so rare. We live in such times that more attention is paid to animals than to people. If I have to deal with any official matter or go to my medical appointment, I feel like an intruder". Other seniors' statements were even more pessimistic (a female respondent, aged 72): "I will not even mention the attitude of young people towards people in older age. If a person hears, for example, in a shop «let Covid at last eliminate these old people, because they only take up space unnecessarily...», it is not nice". One of the seniors (a female respondent, aged 78) summed up the situation by comparing it to the communist regime: "I survived communism and martial law – it was a hard period, there were bans, searches, but neither work nor meetings with others were taken away from people; people shared what they had – the shelves [in the shops] were empty – and this brought people together. And now everyone lives for themselves".

Seniors also found it more difficult to use modern electronic media. Many could stay in touch with their loved ones via telephone conversations (a female respondent, aged 97): "Talking on the phone with my children, grandchildren, and friends is completely different to being able to have personal contact. On the phone, I can't look into their eyes, stroke them, hug them or even sit in silence next to them. I'm beginning to doubt whether I'll live long enough to see this plague end." Some seniors had families abroad and could contact them only via telephone (a female respondent, aged 72): "My children live in Ireland. Due to the restrictions, none of them could fly to Poland and contact with them was very difficult. The bans and orders that have been put in place have made my life even more difficult".

Another problem that affected the whole society was linked with obtaining information and discerning the truth about the new disease. One female respondent (aged 70) said: "Is there or isn't there COVID-19 already in Poland? This question was in my mind since autumn 2019. My friends from abroad told me that it was spreading in their countries and described what their governments were doing about it. In Poland we were assured that it was not present in our country. My friends doubted it, because it seemed impossible with such great mobility of the European population. Who to believe?" Some seniors, unable to bear with the conflicting information, hurrah optimism and chaos, stopped watching TV (a female respondent, aged 70): "I have stopped watching TV. I'm sick of the chaos and the claim that it's not too bad, that the situation is under control, of throwing at us the numbers regarding millions of masks, hundreds of ventilators, and so on." The pandemic took away from seniors a basic sense of safety, which gave them a sense of stability so important for their mental health (a female respondent, aged 84): "With the kind of restrictions it has brought, with the lack of information and general mess, not only has faith in our individual capacities crumbled, but also

the hope that the socio-political structures in which we live can provide us with personal and group safety”.

Personal protection measures, which were supposed to protect people, posed additional problems in contacts with others. A person wearing a mask protected others, not himself, and masks were mainly worn by elderly people. A female respondent (aged 70) complained: “There is a new element of everyday life: protection measures, masks, gloves and antiviral liquids. And there is isolation. How to live with all this and stay sane?”. During the summer, it was mostly seniors who continued to wear mask. A female respondent (aged 70) said: “Around us the craziness of summer, trips, people disregard recommendations. Those who wear masks, including me, meet with condescending smiles”.

Summing up, it can be said that seniors functioned very badly in the information chaos. Paradoxically, it was much harder for those people who had previously been more interested in life, who had looked for sources of information other than television, and who had not accepted everything uncritically. They had to cope with uncertainty, contradictory information and chaos, which is more difficult for an elderly person who no longer processes new data as quickly as the young. What is more, seniors did not have a positive view of the assistance offered them by the state during the pandemic. It seems that the Polish society had divided into the young, who tried to live as if nothing had happened, and the old, sick and those with disability, who were marginalised. This is the picture painted by the respondents in their utterances.

How seniors coped with their fear of illness and death

A female respondent (aged 84) talked openly about her fears: “I cannot open the door to a stranger because I am scared”. Another female respondent (aged 72), who had her surgery during the pandemic said: “The trauma of the surgery and the fear for myself and my children have led to my depression. (...) In any case, I frequently feel that I have lost a sense of safety and my insecurity is deepening. Not to mention loneliness, because I hardly get any visitors, and even the longest phone calls are no substitute for personal contact”. Seniors were aware how dangerous the disease was for them – a female respondent (aged 84) described it as a disease which “brings death mainly to elderly people like me”. She described her experiences at the very beginning of the pandemic in the following way: “Before my daughter came home after a short trip, I went through a nightmare of lonely panic and fear, because death always awaits us, but we hope not this time yet. Old age, instead of preparing me for this event, lowered my mental resilience. I spent the first few days like a convict on death row, awaiting the steps of the firing squad”.

The utterances of some respondents reveal the symptoms of depression: “I’ve fallen into pieces. I’m constantly down and, additionally, this autumn weather. What to do during increasingly longer evenings? Books – only classics, when I’m

completely depressed I read wonderful tales from *One Thousand and One Nights*. It transports me to another world. I've gone back to the Internet, the web provides opportunities to participate in various lectures and cultural events. It occupies empty time and brings knowledge. But the outside world is getting worse, the first friends die of Covid, I can't even say goodbye to them, as only 5 persons can attend a funeral. Online lectures are starting to bore me, too. I wake up in the morning and fall asleep asking myself how long this will last and how to survive without harming my body and mind. After all, I would like to see the world after the pandemic, it will be completely different from the one before it. That world is history".

Some statements reveal the symptoms of post-traumatic stress disorders. For example, a female respondent (aged 78) reported: "The period of the pandemic and enforced isolation is, above all, physical and mental anguish. And, on further reflection, mental anguish is worse. Constant stress and fear for one's own life and the lives of the loved ones lead to recurring nightmares". Another female respondent (aged 66) complained of symptoms characteristic of adaptation disorders: "The fear of catching the disease has decreased over time, possibly due to adaptation to the crisis situation".

Some seniors, as exemplified by a female respondent (aged 78) were patient, because this is what life had taught them: "We seniors wait patiently to meet again and to be able to undertake new challenges".

Seniors also observed that fear made the topic of pandemics central in their conversations. A male respondent (aged 71) said: "A major change is that we talk and think about the epidemic threat and how the authorities deal with this challenge all the time".

Seniors feared not only their becoming ill but also dreaded the death of their family members and acquaintances. A male respondent (aged 75) admitted that: "Restrictions have made people fearful. Every time I felt that my temperature was higher than it should be, I took it several times. The worst thing for me, as someone living alone, was the awareness that if I contracted Covid, I would be alone with this disease. When I heard and read on the Internet about the Dantean scenes in front of hospitals and methods of treatment, my fears deepened. Even more so when my neighbour, who was a healthy woman, went to hospital to check some rash and never came back. She caught the virus there and died on a ventilator on Christmas Eve. The worst nightmare for her husband and children was that they could not visit her in hospital and help her with anything. Until they were able to talk to her on the phone, they had some hope, but then they went through hell." These words reflect the greatest fear of people in older age, that is the fear that they would die alone. They were terrified of the death of their peers and even younger people and the growing emptiness around them.

The account of the caregiver who was one of the respondents is most moving: "The vast majority of our residents have developed senile dementia, sclerosis, resentment and hopelessness. Those who can't walk lie in bed with their eyes fixed

on the ceiling for days. Those who are conscious and can be verbally contacted constantly ask: «...when are you going to take me away from here...why doesn't anyone come to me...», or they are waiting for the time when they will be again allowed to have visitors for 15 minutes. Often, after many months of no contact at all, they do not recognise their families. What they think about, who they remember, what their needs are.... They are slowly losing hope. What an indescribable joy when, in the course of a short visit, they manage to recognise their «guest»: «My God, I would sooner expect to die than that I would be able to see you again...». They are waiting, asking, begging not to be forgotten: «You don't know how sad it is when you are forgotten, useless and know nothing about the world... They will come and feed you with pulp, change your nappy, bathe you once a week ...». And finally Covid reaches them too and they find out that their neighbours have passed away and: «from my room also Jasia and Helenka died, and yesterday Kasia. They were all younger than me».

The period of the pandemic reminded many seniors of what they had always believed in and what they based their lives on. A male respondent (aged 75) confessed: “God made me realise that what is 100 pct. certain in this life is death that awaits each of us. We must be prepared for it all the time. As a believer, I can look forward with joy to this moment of transition from earthly life to eternal life. It is difficult but possible”.

During this time seniors lost, or at best reduced, their basic sense of safety. Some of them developed depression, post-traumatic stress disorder and anxiety. Summarising the experience of the pandemic, a female respondent (aged 78) observed: “How has our approach to life changed, have we formed an opinion about the events we are told about? Promises made to senior citizens – thirteenth and fourteenth salaries in a year – are a drop in the ocean of our needs! Is it possible to live on the lowest pension, most of which must be spent on medicines? I am waiting for freedom that was taken away from me!” Another female respondent (aged 84) issued a kind of warning to the younger generation: “The old, the abandoned, the sick – often helpless – may die as a result of associated diseases rather than Covid itself. Society's disregard for safety precautions has made us aware of the ruthlessness of the system of education and nurturing of the young which our epoch has come to regard as legitimate and fascinating. Moreover, the frailty of old people, who are marginalised, and natural elimination of my generation marks the collapse of the foundations of history, tradition, and culture of a nation that hoped to become free at last. Are «the old doing great» as their descendants selfishly claim? Probably yes, because we don't have any choice. After a year, we are not only a year older, and perhaps more than a year tired, some of us are perhaps even on the verge of or in the middle of depression... So, it is difficult to be optimistic about this”.

Discussion

At the bottom of Abraham Maslow's hierarchy of human needs (Hall, Lindzey and Campbell 2010) are physiological needs, which are the most basic needs. They are followed by safety needs, love and belonging needs, esteem needs and self-actualization needs. People can transcend themselves and realize their higher needs when their lower needs are not met but only to a certain extent. Needs are ordered hierarchically, thus needs related to a lack of something (i.e. all the needs listed by Maslow apart from self-actualisation needs, which are related to growth) must be met first.

As the studies conducted in India and Nigeria revealed, seniors need support and assistance in many areas including: obtaining necessary medicines, access to hospitals, transport services, household duties, housework and meeting basic needs (Bhardwaj, Bhardwaj 2021; Muoghalu, Eboiyehi 2021; Regy, Kiran, Gnanaselvam 2021). These studies revealed heightened levels of stress among seniors, and this finding was confirmed in this study. However, the situation of seniors during the pandemic in Poland was slightly different. It can be concluded that the results of the study are in line with the findings of the report "Jakość życia osób starszych w Polsce w pierwszym roku pandemii COVID-19" ["Quality of life of older people in Poland in the first year of the COVID-19 pandemic"] (Wiśniewski, Bakalarczyk, Maryl-Wójcik and Foryś 2021) and with Anna Urbaniak's conclusions (Urbaniak 2020). Seniors' access to health services, including treatment, rehabilitation and care services, was obstructed. They mostly stayed at home and their shopping was done and delivered by family members or neighbours. However, shopping is not the only basic need. Seniors felt cut off, they could not engage in their usual activities and missed social contacts. This led to the appearance of the symptoms of post-traumatic stress disorder, anxiety, depression and adaptation disorder. In both Romania and Poland, isolation exerted the most harmful impact on seniors, which was exacerbated by fear caused by young people's failure to comply to epidemiological regulations (Burlacu et al. 2021)

Women, as indicated in subject literature, had more emotional problems, but men had more problems with managing daily affairs and performing daily chores (Bhardwaj and Bhardwaj, 2021). Women also experienced greater fear of illness and death. This study confirmed that women were more afraid of death and illness. At the same time, however, they were more afraid of their loved ones becoming ill.

It should be added here that a characteristic feature of the period of pandemic in Poland was information chaos, which was an additional source of stress for seniors. The respondents complained about the impossibility of obtaining information and of its contradictory nature as well as about difficulties in deciding what source of information to trust and how to identify true information.

Conclusions

The problems seniors faced during the pandemic in Poland can be summarised in the following points:

- the lack of access to health services,
- a conviction that doctors were not interested in seniors,
- the lack of opportunities to be active,
- a drastic reduction of social contacts, isolation, being cut off,
- being cut off from religious practices other than having only online access to them,
- information clutter and information chaos,
- the division of society into the young, who tried to live as if nothing had happened, and the old and sick or those with disability, who were marginalised,
- symptoms of post-traumatic stress disorder, anxiety, depression, adaptation disorder.

It seems that for most young people, the period of the pandemic was linked with an inability to fully satisfy their needs related to self-actualisation. For older people, however, this period was linked with unsatisfied safety needs and love and belonging needs, which are very basic needs.¹

At this point, it might be worth complementing the findings of the study with a broader picture of the situation of seniors in Poland. They are not only the subject of charitable activities of various organisations (nor their object) (Skitek 2021), but very often initiators of activities which are beneficial to other people, and they work as volunteers in many places, including hospices. One of the institutions that acknowledge the importance of old age is the Catholic Church. It points to the value of human life “in each of its phases: from conception to natural death” (Skitek 2021, p. 22). The Church believes that one of vital contemporary challenges is to help seniors regain the meaning of life, to teach them not to focus on themselves but to convert and to reach out to others. Activities of the Church in this area are very important, and they should be undertaken not only by Catholics. This is a challenge – which seems particularly relevant today – perfectly suited for the time of the pandemic, when senior citizens were often pushed away from the mainstream of life.

The main recommendation formulated in view of the results of the study described in the article is to necessarily include seniors in the process of recovering from the crisis caused by the pandemic. It seems obvious that excluding the oldest generation from the society’s life may lead to its losing its roots, which begs the

1 It is worth observing here that the respondents also reported some positive effects of the pandemic, which included increase in reading, verification of true friends, and the revival of spiritual life.

question whether it is possible for a society to continue its successful development without roots.

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SENIORZY W CZASIE PANDEMII COVID-19

Streszczenie: Czas pandemii to czas kryzysowy dla całego świata. Młodzi tracą pracę, nie mają możliwości realizacji swoich planów, ich kontakty społeczne zostały ograniczone. Artykuł jest jednak poświęcony seniorom, którzy zostali postawieni w sytuacji lęku o życie. Wiele osób starszych zmarło, wiele straciło zdrowie, umierały osoby najbliższe. Badania nad sytuacją seniorów w czasie pandemii COVID-19 zostały zrealizowane techniką wywiadów. Podstawą do analizy było kilka punktów opisujących główne problemy w pandemii wskazane przez literaturę: leczenie, możliwość robienia zakupów, samotność, izolacja społeczna, brak aktywności, chaos informacyjny, zwiększony przez ograniczoną możliwość dotarcia do źródeł elektronicznych przez osoby starsze, lęk przed chorobą oraz lęk przed śmiercią. Wywiady zostały przeprowadzone z 12 seniorami i jedną opiekunką seniorów w Domu Pomocy Społecznej. Pokazały, że głównymi, najbardziej bolesnymi problemami seniorów podczas trwania pandemii koronawirusa były: samotność, brak aktywności, brak dostępu do praktyk religijnych w świątyniach oraz objawy depresji, lęku i zaburzeń posttraumatycznych w odpowiedzi na całą sytuację. Wyniki wskazały na konieczność objęcia opieką osób starszych (psychologiczną, lekarską i rehabilitacyjną).

Słowa kluczowe: pandemia, COVID-19, seniorzy, lęk przed chorobą i śmiercią, izolacja.