

Older people's early experience of household isolation and social distancing during COVID-19

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Abstract

Aim: To explore older people's initial experience of household isolation, social distancing and shielding, and the plans they constructed to support them through the COVID-19 pandemic.

Background: Public health guidance for those aged 70 or older was predominantly to undertake stringent social distancing within their household. Little is known about older people's experience of these measures. This paper explores changes experienced by those over the age of 70 during the first two weeks of household isolation, social distancing and shielding in the UK and the Republic of Ireland, and their early perceptions and plans to support them through the pandemic.

Methods: An inductive phenomenological study. University staff posted the study invitation flyer on social media, such as WhatsApp neighbourhood groups, the NextDoor App and twitter. Qualitative semi-structured interviews were undertaken with 19 participants and repeated at two week

intervals for 10 weeks, further data collection is still in progress. This paper presents the findings from the baseline interviews, which showed older peoples' early responses. The COREQ (COnsolidated criteria for REporting Qualitative research) Checklist was adhered to in the reporting of this study.

Results: Three themes emerged from older people's early experiences of social distancing: protective measures; current and future plans; and acceptance of a good life, but still a life to live.

Conclusion: People over 70 adapted to household isolation, social distancing and shielding, by using social media and neighbourhood resources. Nurses and other professionals can develop holistic care for older people by listening to their experiences of what works for them, helping them link to local and distant supports. Understanding the holistic life view of older people, including death anxiety, is an important element of care planning; to help older people access the protective resources they need to reduce the serious risks associated with coronavirus.

Relevance to clinical practice:

What does this paper contribute to the wider global clinical community?

- Older people in this study appreciated the risks COVID-19 posed to their health and generally adhered to government recommendations for stringent hand-washing and social distancing.
- Household isolation and loneliness is an emotional feature of social distancing measures, which is mitigated by social media use and contact with neighbours and their local community.
- Good social support mediates death anxiety and needs to be included within holistic care planning for older people especially those at risk of serious illness.

INTRODUCTION

The vulnerability of older people to COVID-19 is indisputable (Oxford COVID-19 Series, 2020). In the United Kingdom (UK), 88.29% of all deaths due to COVID-19 occurred in the 65 and over age group (Office for National Statistics, 2020), which is comparable to other European countries, such as Italy, where 87.88% of deaths occurred in the 70 and over age group (Euronews, 2020). Older people often occupy a contested space in the debates about health and social care and the COVID-19 crisis has highlighted governmental approaches to the provision of care for older people during a pandemic (Bottery & Babalola, 2020).

In the UK from the 30th March to the 1st May 2020, Public Health England (2020a) provided social distancing guidance for those aged 70 or older, regardless of medical conditions, which was predominantly social distancing with and within their household. Further guidance included the need to significantly limit face-to-face interactions with friends and family, arrange deliveries of food, medicines and essential services, and the access of medical assistance remotely with the postponement of medical appointments. The only reason for leaving the house was to take daily exercise. For those over the aged 70 and over, with certain medical conditions, shielding was also recommended, with the advice not to leave home for any reason until the end of June 2020.

Amended guidance published by Public Health England (2020b) on the 11th May 2020 reinforced this message. Worldwide, similar recommendations have been implemented for those aged 70 and older. Recommendations have been widely distributed by governments through social media and this may have both a practical and emotional impact on older people who are required to social distance or isolate due to their higher risk of mortality.

Anxiety and fear are common during a pandemic and this has major implications for individual and population mental health (Music, 2020). How older people feel about their risk of contracting the virus and the risks that others pose to their health is influenced by social and political messaging. Knowing how older people relate to others in their personal social networks is vital to understanding the risks posed to them by social contact. Music (2020) argued that 'moral panic' about the virus

gives rise to an epidemic of fear, and 'fear of the other' involves judgements about how others behave. At the same time, nurses and other health professionals need to raise awareness of the serious implications of contracting this virus whilst maintain social contact with patients.

A reflective approach to understanding perceptions of public health risk has been developed with the inclusion of three related dimensions: (1) risk as feeling, (2) risk as analysis and (3) risk as politics (Lupton, 2013). This emotional modelling of risk may help to inform how people aged 70 and over might experience their lived situation (feeling) while making sense of the risks to them (analysing), and adhering to the government guidance (politics).

Older people's sense of fear, isolation and loneliness has been recognised to be an emotional feature of COVID-19 (Brooke & Jackson, 2020). Social isolation is the lack of physical contact with, or separation from family, friends and social networks and lack of involvement in outside activities (Valtorta & Hanratty, 2012). It is the result of environmental restrictions, such as a lack of resources, rather than an individual's ability to develop and maintain social relationships (Tanskanen & Anttila, 2016). The implementation of household distancing, isolation or shielding due to COVID-19 may increase or instigate social isolation for those aged 70 or older, especially those who are retired and live alone, whose only social contact was outside of their home, such as shopping, volunteer work, attending places of worship or visiting family and friends (Armitage & Nellums, 2020).

In contrast, loneliness is a subjective feeling of anxiety and dissatisfaction with a connectedness with others, and a lack of the desired quality and quantity of social relationships (Victor, Scambler, Bowling, & Bond, 2005). The implementation of social distancing may increase feeling of loneliness due to the changing nature of social relationships, with the reliance on telephone or social media communication. Therefore, household isolation, social distancing and shielding due to COVID-19, may disproportionately impact negatively on older people, especially those who are already social isolated and lonely, which may further increase their risk of poor physical and mental health (Armitage & Nellums, 2020; Lloyd-Sherlock, Ebrahim, Geffen, & McKee, 2020).

The need to address social isolation and loneliness is imperative, as both have a negative impact on older people's physical and mental health, and increase the risk of anxiety, depression, cognitive dysfunction, heart disease and mortality (Barth, Schneider, & Kanel, 2010; Holt-Lunstad, Smith, & Layton, 2010; Santini et al., 2020). The mental and emotional impact of social isolation and loneliness on older people is a concern in many countries (Santini et al., 2020). The risk of social isolation in those aged 60 and over has been estimated to be 50%, and one third of this age group will experience loneliness later in life (Fakoya, McCorry, & Donnelly, 2020). However, there is little understanding of the lived experience of this age group or their concept of risk during this pandemic. Therefore, the overarching aims of this qualitative longitudinal study are two-fold:

- To understand the concept of risk and the impact on adherence or resistance to social distancing measures of individuals' aged 70 and older living in England and Republic of Ireland
- The lived experience of individuals aged 70 and older living in England and Republic of Ireland throughout the COVID-19 pandemic and its impact on social isolation and loneliness

The aim of this paper is to explore changes to daily life experienced by the over-70s during the first two weeks of household isolation, social distancing, and shielding, and their initial perceptions and plans to support them through the COVID-19 pandemic.

METHODS

The COREQ (COnsolidated criteria for REporting Qualitative research) Checklist (Tong, Sainsbury & Craig, 2007) was adhered to in the reporting of this study.

Theoretical Framework

The design of this study was informed by inductive phenomenology (Groenewald, 2004) and influenced by the philosophical approach of Heidegger (1962). Both theoretical approaches support the exploration of the initial perceptions of risk and the lived experience of older people through

understanding their world of objects, relations and language, in the context of household isolation, social distancing, and shielding. They also support the understanding of how older people interpret and make meaning of this restricted environment.

The exploration of older people's emotional mediation of risk during the pandemic suggests Lupton's (2013) theoretical perspective might be useful to understanding their feelings about their lived situation, particularly the ways in which individuals made sense of the governmental guidance and adhered to or resisted the recommended social distancing or household isolation measures.

Participant selection

Sampling and recruitment

Non-probability convenience sampling was applied. An email with a recruitment flyer was sent to all staff within the Faculty of Health, Education and Life Sciences at the researchers' institution. Staff were asked to post the flyer on social media, such as WhatsApp neighbourhood groups, the NextDoor App and Twitter. Staff also shared the email and recruitment flyer with their older relatives, although this approach was not suggested. Potential participants contacted the first author by either phone (a designated mobile phone for the completion of this research) or email for further information.

Sample size

In total 19 participants were recruited, which exceeded our target of 10 participants, and is an appropriate size for a longitudinal qualitative study (Vasileiou, Barnett, Thorpe, & Young 2018), as semi-structured interviews were completed every two weeks during the restrictions recommended by the government due to COVID-19.

Setting

Telephone interviews were an essential approach for this study to ensure social distancing measures were maintained to prevent the spread of COVID-19. They were conducted with participants while

they were at home due to the COVID-19 restrictions, for those who were living alone no non-participants were present, for the participants living with somebody else this was unclear, however on one occasion a non-participant was heard in the background.

Description of sample

A total of 19 participants, of which four participants lived in the Republic of Ireland and 15 in England. Eight participants lived on their own and 11 participants lived with another person; one couple completed the telephone interviews together, therefore 18 interviews occurred at each time point. The mean age of the population was 77 years (5.77 SD), ethnicity was not routinely collected, however participants self-declared themselves as Irish (n=4), Caribbean (1), European (1) or English (13). Refer to Table 2 at the end of this paper for more information on each participant.

Data collection

Interview guide

A semi-structured interview guide was developed from a contemporary review of the literature on social loneliness (Courtin & Knapp, 2017). This included open-ended questions reflecting scales measuring loneliness (Russell, 1996; de Jong Gierveld, 1987), and social networks and support (Berkman & Syme, 1979; Powers, Goodger, & Byles, 2004).

Telephone interviews

The benefits of telephone interviews include: a more balanced distribution of power between the researcher and the participant, removal of visual cues, decrease social pressure and a greater level of anonymity and privacy, which supports participants to feel more comfortable to discuss personal feelings (Vogl, 2013; Holt, 2010). However, the challenges of telephone interviews include: a lack of visual cues (which may lead to a breakdown in the communication) a loss of non-verbal visual data and the inability of the researcher to use body language for probing and prompting (Novick, 2008; Stephens, 2007).

All interviews were completed by the first author, who adhered to the strategies and framework developed by Farooq and De Villiers (2017) to ensure comparability of the data with adherence to the semi-structured interview guide, through informing the processes to support and build rapport with participants, the interview style, and especially recommendations on how to communicate without visual cues.

Telephone interviews were conducted fortnightly with each participant, audio recorded and transcribed verbatim. Recruitment continued through the completion of an interview with all participants until data saturation was reached (Faulkner & Trotter, 2017). Transcriptions of each interview were not returned to the participant for comment; instead, verification was sought at the beginning of each interview, by the researcher re-capping information from the previous interview and giving the participant time to comment. The duration of the first interview for each participant ranged from 34 to 56 minutes.

Data collection commenced on the 6th April 2020, two weeks following the introduction of household isolation, social distancing and shielding in the UK. At the time of writing four rounds of interviews had been completed and a further two rounds are planned (refer to Table 1). The data presented in this paper are from the first interviews, providing a foundational snapshot of how people were feeling and made sense of the changes to their lived situation in the early stages. This is the first stage of the longitudinal analysis of all data.

Table 1: Interview schedule

Interview	Completion dates
First interview	6 th April 2020 to 15 th April 2020
Second interview	20 th April 2020 to 29 th April 2020
Third interview	4 th May 2020 to 13 th May 2020
Fourth interview	18 th May 2020 to 27 th May 2020
Interview	Planned dates
Fifth interview	1 st June 2020 to 10 th June 2020
Sixth interview	1 st July 2020 to 10 th July 2020

Important dates:

12th March 2020, the Republic of Ireland government, and 23rd March 2020, the UK government introduces social distancing measures due to COVID-19.

Data analysis

Analysis of the preliminary data, the first semi-structured interview, adhered to the principles of content analysis. This approach captured participant's early responses to the pandemic. Interview data provided an understanding of changes to their lives due to household isolation, social distancing, and shielding, their initial perceptions of risk, and the plans they constructed to support them through the COVID-19 pandemic. Content analysis of the preliminary data was essential to provide phenomenological insights and to inform subsequent data collection (Forman & Damschroder, 2008).

Forman and Damschroder (2008) describe three phases of content analysis. First immersion: the process of engagement with data through reading and re-reading of transcripts to understand each participant's data as a whole before organising the data into discrete units for analysis. Secondly, the reduction of data through the deductive development of codes and then themes to address the research question. Thirdly interpretation; this process overlapped with that of reduction and analysis of the data, and supported the identification of patterns of codes to further develop themes, and to present key results and conclusions.

Ethics

Ethical approval was provided by the University Research Ethics Committee at Birmingham City University (6290/Am/2020/Apr/HELS FAEC). All potential participants contacted the first author and provided an email address to enable them to receive a participant information sheet. If they were still interested in participating in the study they contacted the first author by telephone. A discussion occurred prior to the provision of informed consent which allowed participants the opportunity to ask any questions, and to understand all information they provided would remain anonymous and they were free to withdraw at any time, without any reason. Informed consent was obtained by the first author, who read the consent form aloud and the participant agreed to each statement, this process was audio recorded.

RESULTS

Data analysis from the first round of 18 interviews, with 19 participants, identified three themes: protective measures; current and future coping plans; and acceptance of a life lived, but still a life to live. Each of these themes and subthemes will be discussed in depth, all participant names are pseudonyms.

Protective measures

Participants described the need to adhere to protective measures, and acknowledged at times they did so excessively, which was probably not necessary. However, participants expressed the need for excessive adherence was due to a small minority of people not adhering to recommendations, and this was not only putting everyone at risk, but also prolonging the pandemic. All participants discussed how they had changed their behaviours when completing activities outside of the home, including shopping and bringing shopping into their home, only one participant allowed their son and daughter-in-law into their house, and this was only to bring in their groceries. The implementation of protective measures differed, due to participant's own analysis of their risk of contracting COVID-19, which included both the area they lived and their current health status. Participants expressed the need to complete their own risk analysis to address the assumption all people over the age of 70 should adhere to the same recommendations, which was supported by disappointment in the government for a lack of clear and specific guidance. The following sub-themes will be discussed; hand washing; two metre social distancing; disinfecting practices; and face masks.

Hand washing

All participants acknowledged the importance of handwashing to prevent the risk of becoming contaminated with COVID-19, therefore reported an increase in their handwashing practices. The obligation of participants to continually wash their hands was captured by Geraldine, who explained

her need for reassurance during the pandemic, to ensure she kept herself safe and well. The act of handwashing for Geraldine became a ritual that represented protection from COVID-19, which she acknowledged may not always be necessary, and was detrimental to her skin:

I am washing my hands all the time, my hands are raw from washing them all the time, I don't think I need to wash them as much as I do but I do it just in case, I don't have anybody coming in, so there is nobody contaminating me, but I keep washing.

Other participants also discussed practices to minimise their contact with objects outside of their homes to avoid being contaminated with COVID-19. These practices, such as the avoidance of touching anything when out for a walk, provided participants with reassurance that were protecting themselves, and provided them with a rationale of how they were reducing their risk of coming into contact with COVID-19. Jessica and Stephen explain how they have changed their behaviours when they go out on their daily walks:

We are doing the best we can, we never touch anything when we are out (on a daily walk), and we don't hold on to anything or touch anything and don't sit down anywhere. So we try and minimise contact with the virus the best we can. *Jessica*

I try to remember to wash my hand on return (from a walk), although I am not sure I touch anything that is ... I refuse to sit on the benches, for example, or hold on to the bannisters and rails, so I am not aware I touch anything that can be contaminated. *Stephen*

Two metres social distancing

Participants discussed the increased risk to their own health due to a minority of people who were not adhering to social distancing recommendations, which they found annoying, distressing and frightening. Furthermore, participants believed these people were selfish and irresponsible, and their behaviour would prolong the pandemic, and negatively impact on their lives and leave them at

risk for a longer period of time. Katherine and Jessica explained how this emotionally impacted them:

I am very aware that a lot of people are probably disregarding this (two metres social distancing) and to be honest that annoys me intensely. So, if anything is going to get to me, it is that, it is going to make me angry. *Katherine*

That is something you get cross about, is when people disobey the recommendations, one of our neighbours has two teenage girls, one of the boyfriends must have come up and they were chatting away on the door step, not the recommended two metres apart. So, I stood on my door step and said 'what is it you don't understand'. I get cross about that, because it is selfish and irresponsible. *Jessica*

A particular concern of participants was the lack of adherence to the two metres social distancing when out on their daily walk, which further restricted their ability to leave their house and feel safe. Barbara had one experience that informed her decision to stop her essential activities and stay within her house and garden:

It is very frightening, very frightening, I was walking up the road to the post office, and someone ran across the road to say hello to me and I was flinching, it sounds ridiculous, I was trying to duck away from them. I am vulnerable, as I have multiple health conditions.

Disinfecting practices

Disinfecting was one of the protective measures participants discussed to protect themselves and reduce their risk of being contaminated with COVID-19. Individual participants analysed their own risk and applied the measures they thought appropriate. Deborah discussed the need for help to bring her shopping into her kitchen but also the need to protect herself:

The only people allowed to come in my house are my son and daughter-in-law, and I wipe the door handles with disinfectant, after they have gone, I wipe all the handles and everything that they have touched.

Martha explained a complicated system to disinfect or quarantine all items coming into the house, due to the risk of COVID-19 to her husband who has a compromised immune system:

I put on disposable gloves to handle everything, I disinfect it if possible, or quarantine it for 72 hours, I have got a box and it all goes in there and stays there. It is complicated, I take off the external wrappings, from post and packaging outside while wearing disposable gloves and then put them in the recycling bin, dump my gloves and bring the contents in and place them in the quarantine box. It is a bit of a performance, but we have to be extra careful.

Face masks

Participants discussed different opinions and perspectives on the use of face masks, this may represent the confusing information being provided by the government at this time. Unlike handwashing, social distancing and disinfecting practices, participants did not always complete a risk assessment on the need to wear masks. Some participants felt there was no need to wear a face mask as this would not further reduce their risk as they adhered to the two-metre social distancing or didn't leave their house and garden for any reason. However, other participants felt that wearing face masks while shopping was reassuring and prevented them from worrying about COVID-19. Whilst other participants had made face masks, and then analysed the level of risk of contamination to inform if they wore their mask. A reason for wearing a mask was also to remind other people to maintain social distancing, as Carole and Louise both wore masks explain:

I don't have to worry myself because when I go out I wear a mask and there is no one around when I go out (goes out early in the morning) apart from the shop keeper and they wear a mask. *Carole*

We bought a sewing machine online, and she (daughter) made two face masks using that, when I go out I have it hanging from my ear, and I put it on if I meet somebody and I want to remind them they are to step to one side. *Louise*

Current and future coping plans

Participant's current and future coping plans were influenced by their need to challenge society's assumptions of older people, as many understood these assumptions and believed themselves not to be a stereotypical older person. A prominent element was the need to support their older friends and family members, rather than identifying themselves as old and needing support, which occurred through an increase in the use of social media. Participants expressed the need to keep living, and the importance of the quality of their lives, which also influenced their current and future coping plans. The need to embrace and live life, as well as the need to be distracted from the pandemic was essential, participants discussed watching plants in their garden or local parks grow and blossom, as well as watching the wildlife. A further coping mechanism to avoid thinking about the constant risk and fear associated with COVID-19 was the need for participants to keep themselves busy in the weeks ahead. All participants discussed various activities within the house that had been building up because they had been too busy previously to complete them, but also, these activities would allow them to reminisce on past good times and the life they had lived. The following sub-themes will be discussed; social media; weather and the garden; and tasks to be completed.

Social media

All participants discussed the use of social media to keep in touch with friends and family members, and the need to keep in touch in a positive and supportive manner. WhatsApp predominated, followed by FaceTime, Facebook and Messenger, and then Zoom and Skype for group calls. All participants reported using social media prior to the current pandemic, which they believed challenged the perceptions of older people being computer illiterate, but the current circumstances had increased the use of these platforms, as Walter describes:

I use it now much more intensively, for example my brother lives near London and I might send him a couple of WhatsApp's a week if something funny happens or there is a nice picture of a flower in the garden or when I am out on a walk, but now we are exchanging communications of one type or another several times a day, and the same goes with probably quite a number of our friends.

Apart from two participants who obtained information from WhatsApp groups, and participated in video calls their wives had organised, all other participants were competent in the use of social media. Hilda, in particular wished to challenge the perception of older people and their understanding of modern technology as she had been trained as a computer programmer, and explained how she used social media to support others:

I have created a Facebook page, a local community group for COVID-19, which is mainly for anybody who was willing to volunteer, so I have been very busy dealing with people who have offered to volunteer and I have arranged for leaflets to be put through every door in the village to offer help from each volunteer and I keep an interesting Facebook page going for those who are also self-isolating.

Barbara thought it essential that people were made aware that older people were competent in the use of social media:

I am not falling into a stereotypical older person, but actually it is important to get this right, because I am not actually breaking the mould amongst my friends, nearly all my friends over 70, 80 and one over 90 all use social media.

The abilities to use technology went beyond the use of social media and participants discussed the use of the internet on a regular basis, which provided them with an important resource during this pandemic, as Edith explained:

I am always online, as there is so many free stuff, such as tours of museums, churches, and there is Facebook, not that I do much on that, but some of the family do, it is an enormous resource, isn't it? I am looking things up on it all the time, it makes a huge difference, and I feel really sorry for people who don't have that resource.

Weather and the garden

Participants discussed the importance of outside space, and being able to leave the confines of their house, which provided them with relief from the oppression of the pandemic, and enjoy a sense of normality and the ability to live their lives. The unusually good weather at this time supported participants to be able to be outside. Louise described the impact on her of being outside and the good weather, and her concerns for the winter:

I have a garden and I have an allotment, I am in paradise, because the sun is shining, and it is going to be a warm day and that is going to be wonderful. I think it is good we are in isolation now, as come winter, I am sure people will die, as you can't do anything in winter, and as soon as you stop doing things, you get stuck in the armchair, you can just go on falling asleep, falling asleep, whereas the summer is the time when you get up and do things.

Participants found comfort and enjoyment by being able to stop their normal busy routines and live in the moment and enjoy their surroundings, such as spending time in their gardens and watching their plants grow, as Edith and Peter discussed:

I spend more time reading and just looking around at things really and watching things grow in the garden, and watching birds, and all sorts of things, that sometimes you whizz around and miss all of that, which is a good thing. *Edith*

Fortunately due to the good weather, we have a garden which has kept us busy. This is another big upside to this not being able to go out, we are getting on really well with getting the garden together after a diabolical winter. *Peter*

Tasks to complete

Participants discussed their needs to keep both physically and mentally busy, and these activities included working in their garden, but also other activities which would keep them busy within their homes. Two broad categories of plans were discussed. Firstly those which support the organisation of their house and to some extent their lives, such as: organising all their paper work, de-cluttering the house, and decorating. These tasks were recognised as needing to be completed but were only being completed now due to the pandemic, as Vincent and Trevor explained:

I am decorating, now the kids have all left home, I am making good their deprivations (damage). I would have done it anyway, but this has sort of given me a bit more of an incentive. *Vincent*

We are cleaning the house and while we are doing that have a clear out of things at the same time, as we have accumulated so much stuff, I still have stuff from my children that left home years ago, and there are things you accumulate, we have a filing cabinet and the stuff in there will be fascinating, it is an opportunity, if you like, to do things that you didn't before, but probably needed to be done. *Trevor*

The second broad category of activities included: sewing, reading, crosswords, jigsaws, painting banners and organising photographs into albums. These tasks mentally occupied the participants and supported them to either concentrate on other aspects other than the pandemic or to reminisce on times past. Jessica and Hilda explained their planned activities:

I have loads of photos that I want to put a name to, as when we are not here, the kids will say 'who the hell is that', both children gave me a book, tell me about yourself, what is your childhood like and being a post-war London baby, I am doing all that. So, I have two of those to do, and I want to add to it with photographs. I am a jigsaw puzzle addict, well not as I have never had the time, so I am going to do all my jigsaws I have had for presents. *Jessica*

I look up on my shelf and I have 500 postcards, I bought a book about them and I need to print off sheets showing every postcard, when I bought it, and how much I paid for it. I have got two jigsaw puzzles, and a 100-page photobook to fill, I really have to get to it at some time. I have things I can get on with, I am not going to be sitting twiddling my thumbs. *Hilda*

Acceptance of a good life but still a life to live

Participants accepted they had lived a good life, and considered themselves as being blessed, lucky and fortunate, and were concerned and worried about other less fortunate or privileged than themselves during the pandemic. Due to their age participants acknowledged they had lived a long life and were now the oldest generation, and they did not want to do anything to hurt the next generation, but they were also not ready to die. The following sub-themes will be discussed; blessed, lucky and fortunate; and life still to be lived.

Blessed, lucky and fortunate

Participants applied the concepts of being blessed, lucky and fortunate to their experiences of the pandemic, and discussed the importance of the support of good neighbours and family members, internet access and the use of social media, as well as living in a house with a garden. Therefore, some of the participants did not feel as though they were negatively impacted by the isolation associated with the pandemic when compared to those who were less fortunate than themselves.

Both Geraldine and Walter expressed these thoughts:

I count myself very lucky, I said to my daughter I don't really think I am the one for this study, because I am not really missing out much compared to some people, I am sure there are some people so badly off. *Geraldine*

I am not too fussed about or concerned about my welfare, I am more sympathetic with people in a much worse situation than me ... this morning I sat in the garden and for me I

know that contact with growing things, whether the lawn, trees or spring flowers, gives me a really emotional boost, so I am alright. *Walter*

Life still to be lived

Participants reflected on their longevity, and being mortal, and implied they understood the possible fatal consequences if they came into contact with the coronavirus, although some didn't directly or openly discuss this consequence. Katherine discussed this and her daughter's concern:

I don't want to put anyone else at risk and, by the same token, I don't want to be put at risk myself. I am not sure, if we (Katherine and her husband) were to contract this virus how ... well my daughter clearly doesn't think we would make it through, it's just very unknown.

However, participants acknowledged they were not ready to die, as there were still many things that they wanted to live for and more importantly they didn't want to die due to the incompetency of the government. Therefore participant's adhered to the recommendations to continue to live and enjoy their lives, both Deborah and Louise discussed keeping to these recommendations:

I don't go outside of my gates, as I said to somebody I want to live, so I will do what they asked me to. *Deborah*

I feel very privileged to have lived so long, which is a remarkable thing, and our age does talk about death, and we do talk about aches and pains, but I don't want to go just because they haven't bloody well organised the NHS well enough, and I want to stay and harvest my allotment. *Louise*

Participants who spoke about their faith, found their faith was a comfort during the current pandemic and although they were not frightened or afraid of death, they still wanted to live, Stephen explains this:

I am not afraid of dying but I don't like the idea of the pain that is often associated with dying, so that in itself is an incentive, if you like, not to catch it but at the same time it gives me that peace of mind that I am not afraid of catching it.

DISCUSSION

The findings from the preliminary data of this study suggest older people adhered to social distancing measures in the first two weeks, as instructed by their respective governments in England and the Republic of Ireland. The stringency of adherence to hygiene measures such as disinfecting dustbins lids or quarantining all incoming goods, depended on participant's perceived level of risk of COVID-19 to their or their spouse's health. Within the first two weeks of enforced social distancing measures all participants discussed their plans for the immediate future, including having enough tasks to do within their house and garden to keep them busy, which would support them through the pandemic and provide them with structure to their days. All participants discussed feeling blessed, lucky and fortunate, for example having the ability to use social media to stay in contact with their friends and family members. Due to their age participants discussed the possibility of death if they came into contact with the virus, while simultaneously discussing how they were appreciative of having had a long life, and not being afraid of death, but still had some life left to live.

Protective measures

Participants all discussed adhering to social distancing measures during the initial phase of the COVID-19 pandemic in England and Republic of Ireland. One possible reason may be the government's emphasis on the risk of the virus to those over the age of 70, so the participants in this study felt the need to adhere to the proposed restrictions through fear of the virus impacting negatively on their health. An international study, of 73% British participants, found the only predictor of adherence to social distancing measures was the fear of catching the virus (Harper, Satchell, Fido, & Latzman, 2020). While we do not know whether this includes adhering to the measures in order to protect spouse or significant others, socially desirable responding (the

tendency for participants to present themselves in a positive light) needs to be considered in studies based on participants' self-reporting (Paulhus, 2017). This is an important consideration as other studies, like the current one, are currently reporting participants' concerns that other people are not adhering to social distancing measures and blaming their lack of understanding (Harper et al., 2020; Williams & Armitage, 2020).

Current and future coping plans

Participant within the current study all discussed their plans to keep themselves busy, and the number of tasks they had within their homes and gardens that needed to be completed. These plans structured their days and motivated them to complete activities, such as gardening, which enabled them to sit and enjoy watching their plants grow. This may be specific to this group of participants over the age of 70, as a study which explored the experiences of the social distancing measures with participants aged 18 to 64 in the UK, found participants overwhelmingly reported loss, including the loss of social interaction, structure and routine, meaning, motivation and self-worth (Williams & Armitage, 2020). The loss described by participants in current study was the loss of physical social interactions, although virtual contact with friends and family members had increased through the use of social media.

All participants in the current study discussed the importance of social media, especially the use of video calling to be able to see their loved ones, although they still missed the physical contact. The use of social media in those over the age of 65 has been identified previously, suggesting at least one third use some form of social media (Anderson & Perrin, 2017). The motivations for older adults to engage in social media has previously been explored and an emphasis on meeting the individuals' needs and interests to engage in social contact and receive social support was identified (Leist, 2013). The use of the internet on various devices also supported participants in this study to play online games, such as bridge, and complete activities, although virtually, such as touring a museum, or listening to an opera, which supports the findings of Leist (2013).

Although not many of the participants within the current study reported engaging with Facebook, they did have Facebook accounts, which appears to be in line with 56% of people over the age of 65 in the US (Duggan et al., 2015). The ways participant used Facebook within the current study was similar to other studies involving those over the age of 65, which included the opportunity to see photographs of family, a family member had asked them to join, and sharing their own photographs (Jung & Sundar, 2016; Jung, Walden, Johnson, & Sundar, 2017). A further important point from previous literature (Jung et al., 2017) was the ability to keep in touch with inaccessible people, which due to the pandemic has expanded to close friends and family members.

Acceptance of a good life, but still a life to live

Participants within this study discussed being blessed, lucky and fortunate, as they had had a long life, although they still had life to live, but were not afraid of death. These participants showed little evidence of 'death anxiety', which has been defined as the unusual and severe anxiety concerning the process of death and events following death (Zahedi Bidgoli, Tagharrobi, Sooki, & Sharifi 2020). Participants also discussed the positive impact of their own personality and their religious beliefs on reducing their anxieties regarding death, which supports current literature (Heidari, Arefi & Amiri, 2019). Low levels of death anxiety in the current study may also be due to participants' high levels of social support and perceived life satisfaction. Social support during the current pandemic had increased for most participants and social support is associated with lower levels of death anxiety, increased self-esteem, and the provision of a sense of security, meaning and structure (Taghiabadi et al., 2017; Chopik, 2017).

The concept of death anxiety is complex, Tomer and Eliason (1996) developed a model with involving both death anxiety and death salience, the acceptance of having had a long life, and the inevitability of death. However, death anxiety has been found to reduce as people age. Older adults' death anxiety has been found to decline over their lifespan and is lower than middle-age and younger adults (Chopik, 2017). The reason for the reduction in death anxiety is unclear. In this study,

participants discussed their appreciation of a long life, although death was inevitable and they did not want to harm the younger generation by draining NHS resources.

Limitations

A possible limitation of this study is the purposive recruitment method, which was through emails and social media, so it is not surprising that all participants within this study interacted with social media. A further limitation is the unrepresentative sample of predominately white European participants, who all viewed themselves as 'fortunate' and lived in houses with gardens. However, there is an element of transferability of this study to other Western societies, with consideration of those who have homes and gardens.

Conclusion

This study enhanced our understanding of how some of those over the age of 70 currently cope during COVID-19, using the best of what is available to them, including social media. This might suggest possibilities for future support from nurses and other healthcare professionals through this route. The results also demonstrated how older people negotiated the recommended changes in their lived household space during COVID-19 in the context of adapting to protective measures; while reflecting on current and future plans, and reporting their acceptance of a good life, but still a life to live.

Recommendations

Older people can adapt well to change and use social media and other resources to improve social and emotional connectedness with friends and family. Nurses can develop knowledge of local networks of support, through listening to older people's experience, enabling all older people to promote and protect their health in ways that are meaningful to them. The importance of understanding the holistic life view of older people, including how they use social support to mediate death anxiety is an essential element of holistic care planning by nurses and other

professionals. Learning about older people's experience of living through the COVID-19 crisis can help ensure nurses and other professionals can continue to protect the health of this population.

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Table 2: Overview of participants

Code name Age Living circumstance	Activities prior to self-isolation	Family Support	Early reactions to self-isolation
Angela 78 Lives alone, in a house with a garden	Daily: visits with her family, Mass, meets friends for coffee Weekly: visit to the Post Office; painting class	Lives on the same land, but separate houses, as her son and wife, and daughter and husband, who have four children Daughter completes her shopping	'I count my blessings' 'I do think it is easier on your own' 'I still have my usual routine' 'I feel the precautions are keeping me safe, and I have a strong faith' 'The numbers (of deaths) are horrific really, but they are mostly old, that is the only thing at least, we have had a life if we are taken now' 'I am fortunate my family are around me'
Barbara 83 Lives alone, in a house with a garden	Weekly: shopping, trips with friends Attend two book clubs	Children and grandchildren Friendly neighbourhood, and support from neighbours Dependent on people taking her places due to her eyesight	'Two neighbours either side of me that I am fairly close contact with, so I don't feel very isolated.' 'I am 83 and because I live alone, and I can't see very well, not much has changed.' 'I do miss my family, they are quite a distance away, that is a big difference for me. I worry about them' 'It is very frightening, very frightening, going out, someone ran across the road to say hello to me and I was flinching'
Carole 70 Lives alone, lives in a house with a garden	Daily: cares for her granddaughter after school; visits her mum in a care home; visits her other daughter Weekly: church; visits her brother for a Chinese takeaway Occasionally: lunches with old work colleagues	Three daughters and four grandchildren Independently shops twice a week	'It is very restrictive, because now I am in the house, and I am not used to being in the house, even if I had a cold, I would still go out' 'Because I live on my own, I am not lonely, as I have got used to living on my own' 'I am very independent I should say, always been that little bit independent, I really don't like to rely on people, I would always go out and do what needs doing' 'I don't physical see anybody, it would be nice to physically see people'

Deborah 76, lives alone, in a house with a garden	Daily: Mass; coffee with friends; attended an art class Twice a week: plays bridge; Seasonal: gardening	Two children and one grandchild Son completes her shopping Supportive neighbours	'We have all created a friend's text, so we do that, so we are still in contact, so it is not too bad' 'It is better that we do what we are asked to do for a couple of weeks then maybe never be able to do it again' 'The first week we were housebound, I lost my voice talking on the phone (laughing)... it is great and definitely helps to pass the time' 'I have even edged my lawn, normally I would tell someone else to do that for me, but I am getting a new lease of life'
Edith 86, lives alone, in a house with a garden	Weekly: church; family gatherings Twice weekly: volunteers in a charity shop; volunteers for a bereavement support organisation; Occasionally: tour guide in local cathedral	Four children, eight grandchildren and four great grandchildren Supportive neighbours who complete her shopping	'I am finding I am beginning to get quite horse because of all the telephone conversations going on, which is lovely' 'I am very fortunate I have a garden and lovely neighbours' 'If I keel over tomorrow, I have had a long innings and a very good life, but I would rather not' 'This is a horrible horrible thing, but there are good things come out of it, which I hope will continue when this is finally over'
Freda, 89, lives alone, in a house with a garden	Weekly: painting Seasonal: gardening	Five children who support her with shopping	'As an only child and a father who was a communist, I read a lot of non-fiction and became isolated in books' 'It has brought back, a repetition of my childhood, and sitting in a window reading and all the other children playing outside, it is as simple as that' 'My neighbours are weekenders, so the isolation now is very different as I have no neighbours' 'My house was a very open house, and it has now become a very silent closed house' 'When you hear what is going on with older people, and lack of treatment, but they you have to say you can't do anything to hurt the generation behind you'

Geraldine 74, living alone, in a house with a garden	Daily: Mass; visits her sisters; cares for her grandchildren after school; visits her daughter Weekly: social dancing	Six children Daughters do her shopping and pick up her prescriptions	'I live in the country thankfully, for this virus, and all my family live almost all around me, so I am very lucky' 'I haven't seen anyone for two months now, it seems like years, but this is basically all I miss' 'It reminds me of when I was a child, this is the way we lived in my childhood, we didn't go anywhere, we didn't have playdates or things like that' 'I count myself very lucky really, because I am not missing out that much compared to some people'
Hilda 71, lives alone, in a house with a garden	Daily: maintains a village Facebook page Twice weekly: glasses at a gym; meet with friends Weekly: archery Fortnightly: cinema with a friend	Two children Daughter does her shopping	'I am more fortunate than most, as I have my daughter living next door' 'Before I go to sleep, I am a great believer in pushing things into my subconscious, and I know I am going to wake up with a positive attitude to life' 'I am very grateful I am living on my own, can do what I like when I like, I could stay in bed all day if I wanted to, without anybody nagging me (laughs)'
Jessica 70, married, husband is 72, lives in a house with a garden	Three/four times a week: visits the gym Twice weekly: looked after grandchildren; meeting friends for coffee Weekly: shopping Seasonal: growing vegetables in her son's garden	Two children, three grandchildren Online food shopping, as registered as vulnerable	'My life has changed... really from catching my breath to having time, so that is the difference, I have time for me, which I have never had before' 'Old friends... we are having really lovely conversations on the telephone. I would say, I am on the phone about two hours a day' 'What I am missing most, is that I am not physically with the children, playing with them, it isn't the same... but it could be worse' 'No, I am not frightened I am quite a sort of pragmatic sort of person, and people are dying of other things, other than COVID'

Katherine 75, married, husband is 77, lives in a house with a garden	Weekly: Pilates Monthly: social visits with two close friends Seasonal: gardening Occasionally: functions due to her husband's work	Two children and three grandchildren Son and daughter-in-law do her shopping	'I enjoy my gardening, and I am very fortunate, I have a nice garden, which I enjoy working in' 'I am happy with my own company, I was brought up as an only child, in a one parent family, and I think I have become very self-sufficient as a result' 'I look at the figures and think horrendous, and I think that is going to have an impact on me for sure, and will increase my levels of anxiety, but not yet that will occur over time'
Louise, 83, daughter has come to stay with her, lives in a house with a garden	Daily: walks her dog, cycles Weekly: pottery class Seasonal: gardening, and attending her allotment	One child Neighbour does her shopping	'I talk a lot on the phone to people, I find I am talking to people haven't talked to for a long time, which is great, old friends' 'I do feel privileged, and this does not feel stressful at all, so if you are looking for people who are isolated, I am not one of them' 'I am being classed as a little old lady, and it makes me feel dispensable, because what will happen if I get ill now, is I think I am going to get put to one side, as she is too old and is probably going to die, so let's not bother, so there is that feeling'
Martha 75, lives with her husband, in a house with a garden	Daily: walks her dog; visits friends or family Twice weekly: shopping trip into town Monthly: visits the cinema or theatre; plays bridge Seasonal: gardening	Two children and grandchildren Online food shopping, as husband registered as vulnerable Daughter and neighbours also support with essentials, such as collecting prescriptions	'I miss doing my own shopping, it was quite a past time if you like, I used to enjoy my twice a week outing into town' 'I am more active in some ways, mind you I have never been one to sit around in the daytime, I don't do that and I don't do it now' 'I don't see anything changing for some foreseeable time, I think we are in this for the long haul, even when things improve, and they will improve, there is no doubt about it' 'I think that is the scary thing about it you know, where is it all going to end, because people keep demanding an exit strategy, but they can't have a strategy, as they don't know, there is lots of things they don't know'

Nicholas 83, lives with his wife, in a house with a garden	Daily: out having coffee and chatting to different people	Children and grandchildren A friend does his shopping	'I am probably not a good example, I am quite good at being alone, I am quite good in my own company' 'I was much worse off when I started work, with no television, no central heating, and no telephone, and that was deprivation, but we were all the same we had the same degree of nothingness' 'My biggest worry is when the coronavirus finishes, when we are allowed to go out again, that is when I will become afraid, as I think we are reasonably safe in this situation'
Peter and Rosemary Husband 75, wife 74, live in a house with a garden	Weekly: Sunday dinner with their children Monthly: golf; eating out; socialising with friends; bridge (husband) Seasonal: gardening Occasionally: theatre	Two children and three grandchildren Both daughters support with their shopping	Rosemary: 'I do miss the physical contact with other people, and not being able to hug our granddaughter or our daughters' Peter: 'It might get a bit worse in the next few weeks when all the garden is really coming together and finished, and what am I going to do now?' Peter: 'We were extremely busy, and now a lot of things are not going to happen, which is frustrating, but as Churchill said, we shall keep buggering on' Rosemary: 'I think considering what we are doing we have a reasonable chance of not catching the virus'
Stephen 84, moved in with his daughter and family	Daily: responsibilities as Pastor of a Church	Four children, six grandchildren and one great grandchild Daughter does main shopping, but Stephen goes to his local shop	'I think we should take precautions, but I don't think we should become prisoners of fear' 'I am not afraid of dying, but I don't like the idea of pain that is often associated with dying, so that in itself is an incentive, if you like, not to catch it' 'This is a worrying time, one of my children works on the front line, and one is self-isolating because she is pregnant...'
Trevor 72, lives with wife, in a house with a garden	Twice weekly: gym; cycling; socialising with friends and family	Two children and one grandchild	'Due to our (UK) approach it kind of crept up on one, it didn't suddenly happen, and the result of that was it was easier to accommodate' 'It is an opportunity, if you like, to do things that you didn't do before, but probably needed to be done'

	<p>Weekly: cared for our grandchild (3 years old), local choir practice</p> <p>Monthly: cinema</p> <p>Seasonally: gardening</p>		<p>'It hasn't been difficult, one has to be aware, and it is a new awareness, which is good as it is about basic hygiene'</p> <p>'There is an idea that this could happen to me and we have thought about that, but with this pandemic most people are going to survive and that is the mind set of people, and certainly what we have at the moment'</p>
<p>Vincent 72, lives with wife, in a house with a garden</p>	<p>Three times weekly: cycling</p> <p>Weekly: church; cycling club</p> <p>Monthly: DIY</p> <p>Seasonally: gardening</p>	<p>Only one child and her family live close</p> <p>Independently does main food shop, and visits local shops twice a week</p>	<p>'I think if we didn't have one another and keeping in touch with people we have mentioned it would be a bit desperate'</p> <p>'I was out in the garden when the phone rang, not a big one, but enough to keep me busy'</p> <p>'Now the kids have all left home I am making good their deprivations, I would have done it anyway, but this has sort of give me a bit of an incentive'</p> <p>'Current health permitting, I should think things will tick along much as they are at the moment'</p>
<p>Walter 71, lives with wife, in a house with a garden</p>	<p>Three times a week: cycling; walking</p> <p>Weekly: French conversation classes</p> <p>Monthly: photography; walking group; trips out; socialising</p> <p>Seasonally: gardening</p>	<p>Two brothers and their families, but do not live close</p> <p>Independently does main food shop</p>	<p>'I don't feel completely isolated, particularly the fact that we are not actually locked down into the house... and really we are not suffering very much, I don't think'</p> <p>'I am not fussed about or concerned about my welfare; I am more sympathetic with people in a much worse situation than me'</p> <p>'For me I know that contact with growing things, whether it is the lawn, or it is out and about with trees and spring flowers... gives me a really emotional boost, so I am alright'</p> <p>'Unless something happens to someone we care for, I don't think it will make an enormous impact on us, and I don't anticipate it causing a real psychological or other problem to us'</p>

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