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«Staying at home, wearing a mask, bored and annoyed». Experiences and physical and emotional consequences of the COVID-19 pandemic for older adults in Barcelona

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Abstract:

With the return to a certain degree of normality after the pandemic, there is enough perspective to reflect on the lived experiences and impacts on specific social groups. Older adults were the most affected by this situation. This group includes a significant percentage of people with fragile health, as well as people who are economically and socially vulnerable. In Spain, one of the European countries with the strictest lockdown measures, these challenges were compounded by periods of isolation and loneliness. This article presents a qualitative study conducted with 38 participants living in Barcelona, characterised by an average age of 85, significant physical health and mobility issues, and often limited social networks. The study explored whether their experiences of loneliness and social isolation were an advantage for adapting to the conditions of the pandemic or whether physical distancing measures exacerbated their vulnerability and had physical and emotional consequences. The findings show a marked decline in physical and emotional health among participants due to the harsh conditions of the pandemic. However, family and community networks, in the case of having them, played an essential role in the day-to-day life of older people.

Keywords: older adults, COVID-19, health, loneliness, Barcelona

Resum: «Quedar-se a casa, amb mascareta, avorrida i fastiguejada». Experiències i conseqüències físiques i emocionals de la pandèmia de COVID-19 per als adults grans de Barcelona

Amb la tornada a un cert grau de normalitat després de la pandèmia, ara tenim prou perspectiva per començar a reflexionar sobre com es va viure la situació i l'impacte que ha tingut en determinats grups socials. Les persones grans han estat les més afectades per aquesta situació. Aquest grup inclou un percentatge important de persones amb una salut fràgil, així com persones vulnerables econòmicament i socialment. A aquests problemes de salut i, de vegades, a la soledat i l'aïllament, s'hi van sumar el confinament i les mesures restrictives durant la pandèmia, que a Espanya van ser de les més estrictes d'Europa. Aquest article presenta un estudi qualitatiu realitzat amb 38 participants residents a Barcelona. Aquestes persones són especialment vulnerables a causa de la seva edat avançada (mitjana de 85 anys), greus problemes de salut física i de mobilitat i una situació que sovint es caracteritza per la soledat i la manca d'una xarxa social sòlida. La investigació va explorar si les seves experiències de solitud i aïllament social eren un avantatge per adaptar-se a les condicions de la pandèmia o si les mesures de distanciament físic n'agreujaven la vulnerabilitat i tenien conseqüències físiques i emocionals. Els resultats mostren que la duresa de la situació viscuda es va traduir en una disminució de la salut i el benestar, tant físic com emocional, de les persones entrevistades. També es va constatar que les xarxes familiars i comunitàries, en cas de tenir-les, van tenir un paper essencial en el dia a dia de les persones grans.

Paraules clau: persones grans, COVID-19, salut, soledat, Barcelona

Resumen: «Quedarse en casa, con mascarilla, aburrida y molesta»: Experiencias y consecuencias físicas y emocionales de la pandemia de COVID-19 para los adultos mayores de Barcelona

Con la vuelta a un cierto grado de normalidad tras la pandemia, ahora tenemos suficiente perspectiva para empezar a reflexionar sobre cómo se vivió la situación y el impacto que ha tenido en determinados grupos sociales. Las personas mayores han sido las más afectadas por esta situación. Este grupo incluye un porcentaje importante de personas con una salud frágil, así como personas vulnerables económica y socialmente. A estos problemas de salud y, en ocasiones, a la soledad y el aislamiento, se sumaron el confinamiento y las medidas restrictivas durante la pandemia, que en España fueron de las más estrictas de Europa. Este artículo presenta un estudio cualitativo realizado con 38 participantes residentes en Barcelona. Estas personas son especialmente vulnerables debido a su avanzada edad (media de 85 años), graves problemas de salud física y de movilidad y una situación que a menudo se caracteriza por la soledad y la falta de una red social sólida. La investigación exploró si sus experiencias de soledad y aislamiento social constituían una ventaja para adaptarse a las condiciones de la pandemia o si las medidas de distanciamiento físico agravaban su vulnerabilidad y tenían consecuencias físicas y emocionales. Los resultados muestran que la dureza de la situación vivida se tradujo en una disminución de la salud y el bienestar, tanto físico como emocional, de las personas entrevistadas. También se constató que las redes familiares y comunitarias, en caso de tenerlas, desempeñaron un papel esencial en el día a día de las personas mayores.

Palabras clave: personas mayores, COVID-19, salud, soledad, Barcelona

1. Introduction

The World Health Organization ended the public health emergency of the COVID-19 pandemic on 5 May 2023 (WHO, 2023). We can now reflect on the medium- and long-term effects of this health crisis and the impact it has had on the wellbeing of certain social groups. Several studies conducted during the early phases of the pandemic highlighted that the confinement situation and social distancing measures had had a greater negative impact on the mental health and loneliness of the young population, while the older population appeared to be more resilient (Di Fazio *et al.*, 2022). However, the results concerning older adults were mixed and related to their sociodemographic characteristics. The deterioration in mental health and increased feelings of loneliness were greater among older people living alone and those of low socioeconomic status, and who had these conditions before the pandemic (Atzendorf and Gruber, 2022; Gustafsson *et al.*, 2022; Marshall *et al.*, 2023). In addition, this impact was greatest in countries where the COVID-19 mortality rate was among the highest and where strict lockdown periods were longest (Atzendorf and Gruber, 2022).

In this study we reflect on the situation experienced and the physical and emotional impact that this crisis has had on a particularly vulnerable population: adults of advanced age who were experiencing situations of emotional or social loneliness (Weis, 1975) prior to the pandemic. We interviewed 38 people between 73 and 95 years old, living in Barcelona. Most of them had accumulated inequalities during their lives, and, before the pandemic, were linked to the Friends of the Elderly Association, which provides companionship to older people who feel alone. The experiences of these particularly vulnerable people allowed us to analyse the impact of confinement measures on their physical and emotional status. We aimed to determine whether their previous conditions of loneliness and, in some cases, almost complete confinement in their homes due to mobility problems made them more resilient or more sensitive to the sudden confinement measures of the pandemic.

2. Pandemic, lockdown and the impact on the physical and emotional health

Spain had strict lockdown measures during the pandemic. The Spanish government decreed a state of emergency on 14 March 2020 and ordered the confinement of the entire population.[1] This meant that people could

1. The Spanish containment process was structured in three phases: total containment (March-May 2020), de-escalation with progressive reopening of spaces and activities (May-June 2020), and the establishment of a new normalcy involving economic and social reactivation under a reinforced health control system (from June 2020). The end of the state of alarm was decreed on 21 June 2020.

only leave their homes to buy food and medicine or to go to jobs considered essential. All social and cultural facilities and services were closed, including primary health care centres that only attended to emergencies, and the strictest lockdown conditions were advised for the older and those people with health conditions that increased the risk of complications. This confinement lasted until 21 June 2020, when the Spanish government began to gradually lift restrictions and allowed certain economic and social activities to resume. However, it was a partial relaxation of the public health measures, which were determined by the evolution of the pandemic in the different areas, with actions at the local level.

Spain was one of the countries with the highest incidence of cases and mortality caused by the virus and its complications (Crimmins, 2020, Henriquez et al, 2020), especially in 2020. That year the first cause of death in Spain was COVID-19 with 60,358 cases in which the virus was identified, and 14,841 cases in which the virus was not identified but was suspected of being the cause of death (INE, 2020). It remained the leading cause of death in 2021 albeit with a significant decrease. Despite the measures taken to protect the elderly, there was a large incidence of disease and death in this population group, especially in nursing homes (Barrera-Algarín *et al.* 2021, Torres-Mayara *et al.* 2022), as occurred in many other countries (Comas-Herrera *et al.*, 2020). In Barcelona, 5.5 thousand people died from COVID-19 during the pandemic and 60 % of them were over 65 years old. The mortality during the first wave of the COVID-19 pandemic in Barcelona, between March and July 2020, concentrated 40 % of the total deaths due to COVID-19 recorded in the city (Agència de Salut Pública de Barcelona, 2021).

Barcelona, like other European cities, has a high percentage of old people or older adults: in 2020, 21.1 % of the city's population was over 65 (352,299 people) according to data provided by the Barcelona City Council (Ajuntament de Barcelona, 2024). The proportion of the population over 80 years of age reached 7.2 % (120,594 people). A very high percentage were old women living alone, which exponentially increases the fragility of these people. This was a risk factor added to the incidence and mortality from COVID-19 (Feijóo Rodríguez et al, 2022), as well as the presence of pre-existing chronic conditions such as respiratory or heart diseases and diabetes, the prevalence of which is concentrated in these age groups (Crimmins, 2020).

One of the effects generated by the pandemic was fear and anxiety about a new, unforeseen situation that entailed a risk of serious illness and death. Some studies highlight that the possibility of contracting the disease caused more worry and anxiety than the fact of being infected, especially among the population that was perceived to be most at risk (Paccagnella and Poniglione, 2022; Di Gesso and Price, 2021; Makhashvili *et al.*, 2020). Likewise, the pandemic revealed the structural problems of the health system in Spain, as in other countries, resulting from some periods of underfunding due to budget

reduction policies and underfunding of the public health services and resource allocation systems.

Fear and uncertainty could have had a stronger impact among those people who were considered at the highest risk of severity in case of infection. A study, carried out by the British observatory *Age UK* in the months after the outbreak of the pandemic, observed that many older adults experienced an increase in anxiety levels, among other effects, due to constantly receiving information on the impacts of the disease, and, especially, information on its effect on the most vulnerable groups (Abrahams, 2020). In many cases these groups were represented in a negative way and with potentially pejorative terms (Bravo-Segal and Villar, 2020). Symptoms of anxiety and depression were most acute among older people with prior physical or mental health conditions (Derrer-Merk *et al.*, 2022; Paccagnella and Poniglione, 2022; Di Gessa and Price, 2021). Some older adults feared that the loss of social connection and distancing from their family would be permanent, and worried about being alone and without family support when they needed it most (Abrahams, 2020).

Feelings of loneliness and isolation, already present in a considerable percentage of older adults increased (Baeriswyl and Oris, 2021; Gardner, 2011; Lager *et al.*, 2015; Nocon and Pearson, 2000). Visits from family and friends, contact with neighbours, and participation in social or physical activities all disappeared, and were only resumed months later. Society's response was to replace in-person social, education and contact activities with similar activities on digital media. In this case, the digital age gap has not made it easy for older generations to access and use the new forms of digital communication. Although there are large differences according to gender, place of residence and levels of education, older adults use these new information technologies much less than younger generations (Martín Romero, 2020). The digital divide is not only marked by age, but also by gender. In this case, the study population also corresponds to older generations of women, who had a lower education engagement and attainment than their male peers. However, as noted in the study by Burholt *et al.* (2020), the use of technology (instant messaging, telephone, and video calls) to communicate with family members cannot replace the emotional contribution of being present in person.

Social inequality is also reflected in other aspects of everyday life, such as the habitability and comfort of the homes where they have been confined, and the availability of income and economic resources. The negative impact of the pandemic on the emotional and physical health was heterogeneous among older adults, reflecting the differences in wellbeing, quality of life and income of the population between the various social groups, as several studies have verified (Abrahams, 2020; Amengual et al, 2020).

During confinement, the family network became increasingly important as an emotional support mechanism and resource, since it is the most important network for older adults in their daily lives (Milton *et al.*, 2015). However, the

neighbourhood network of relationships cannot be ignored either. Mobility limitation, the loss of friendship networks and the lack of motivation have physically reduced older adults' world and have conditioned the space where their daily activities take place (Murray, 2015). The neighbourhood can be reduced to a limited and nearby set of streets where they find the services and equipment they require. Hence the importance of the neighbourhood, but also of the home and the community of neighbours in constructing their social wellbeing (Clarke *et al.*, 2009; Mackenzie *et al.* 2015; Wiles *et al.*, 2009). However, the context is one of loss, because people with whom they used to have a relationship and mutual support had died. This also occurs with force in some European cities impacted by intense tourism and gentrification processes, as is the case of Barcelona (Cocola-Gant and López-Gay, 2020). Mackenzie *et al.* (2015, p. 15) says that *«several people identified that the numbers of people known to them in their local community was diminishing, being replaced by the arrival of increased numbers of younger people: 'there's nobody here now who was here when we came, nobody at all'».*

The generalized physical deterioration of these people was another aspect that the pandemic impacted. It was especially evident in cases where there were already pre-existing health problems: dementia, Alzheimer's, mobility problems, and diabetes, among other ailments. The study carried out by *Age UK* (Abrahams, 2020) based on a wide survey of older adults and their relatives/companions, reflects the many impacts that the pandemic and lockdown had and continues to have on these people's physical health. These impacts include loss or deterioration of mobility due to confinement and lack of exercise and the possibility of going to rehabilitation and treatment services for problems such as osteoporosis; malnutrition problems and excessive weight gains due to the deterioration of diets and lack of daily activity; deterioration of a persistent chronic condition such as diabetes or hypertension not only due to the situation but also the suspension of periodic medical checks.

In this article we want to look at how the situation was experienced from the perspective of this particularly vulnerable population; an older population with precarious health conditions that, among other things, had numerous mobility problems and, therefore, a limited ability to leave their homes and make use of the city. These conditions were aggravated by the pandemic and the confinement situation. The strict lockdown measures were added to this previous situation of relative isolation and, in some cases, loneliness, further isolating this population. The basic tasks of subsistence (buying food and medicines) often had to be carried out with the help and solidarity of other people, including family, friends, neighbours and acquaintances, or institutionalized systems. But the pandemic not only meant the need to organize these strategies, but it was also a period of emotional wear and tear that impacted, and continues to impact, the emotional and physical health of many people. We aimed to: (i) establish differences in the experience of the pandemic and the help received based on

the existence of a family support nucleus compared to those who do not have a family network; (ii) identify the strategies that these people used during the pandemic to solve the practical issues of daily life, as well as the forms of social relationships that were maintained and their impact on individual wellbeing, particularly the use of new forms of virtual communication as an alternative to face-to-face contact; and (iii) identify the physical and psychological consequences that the pandemic had for the older and vulnerable population.

3. Methodology

Our data collection took place during the spring-summer of 2022 and the interviews were held in the participant's home. This allowed us to see their closest and most intimate environment, and the conditions in which they live. Despite some restrictions and certain mandatory measures were still maintained, such as wearing a mask on public transport, the situation was quite normalized. Furthermore, Spain and Catalonia had some of the highest vaccination rates in the world. Based on information from the Department of Health of the Generalitat de Catalunya (Autonomous Government of Catalonia) provided by the IDESCAT website (2024), as of 2022, 77 % of the total population had received two vaccine doses, and this proportion exceeds 95 % for those over 65.

Interviews were recorded and transcribed in their entirety, then coded and analysed with the Atlas.ti qualitative analysis software. The analysis included photographs, taken by the interviewer, that provide information about the home, the public space near the home, the neighbourhood, and their spaces of comfort. In some cases, the photographs were taken while accompanying the interviewee on a walk around the neighbourhood as part of the interview. We planned to interview the respondents in their homes and then take a short walk around their homes so that the respondents could tell us about their daily living space and the difficulties and problems they encountered. The walks taken by the interviewees were not fixed in duration and followed their chosen route. Only 10 participants were able to take part due to reasons such as fatigue from previous outings, mobility issues, or extreme weather conditions of heat and humidity during the field work period.

A code book was initially created to work on all the material, containing codes and definitions for the interview scripts. After coding the first interviews using the established code book, revisions were made to incorporate new items or modifications. The result was 44 codes that were used for coding the interviews and photographs and that were structured in six thematic axes: personal history and social relations network; home/housing; neighbourhood; use of time/daily activities; health and wellbeing; and finally pandemic/post-pandemic. A system of analytical memos was constructed, on which we based the analysis and writing of the results, conclusions, and proposals of the entire project.

The analysis was based on recorded interviews, which were transcribed in full except for one case. The walking interviews provided less information and could not be conducted in many cases. However, they did help to identify some of the main problems that the participants were experiencing in their spaces around their homes. We took photographs of the interiors of the homes - with the permission of the interviewees and without the possibility to identify the homes or the interviewees - and of the public space in which they were located. This material was also entered into Atlas. Ti for further analysis, which has not yet been completed at the time of presenting these results.

Contact with the interviewees was established through the Amics de la Gent Gran Association (AGG, in English: Friends of the Elderly), which participated in the research project, especially in the recruitment of this hard-to-reach population. This association, which was established in 1987, aims to offer emotional support and companionship to older people who need it. They do this by carrying out different activities (attendance at cultural events, excursions, urban outings) as well as providing help through the association's volunteers, who accompany these people regularly during the week. Based on the researchers' outline of the characteristics of the people to be interviewed (basically sex and neighbourhood of residence), volunteers from the association and participants were contacted to conduct the interview. All participants lived at home, either alone or with someone. The assistance and help of this organization in the field work was fundamental because it made it possible to establish bonds of trust and allowed access to the homes of the people interviewed. In all cases, an informed consent document was shared with the interviewees, explaining the project's objectives, the conditions of their participation, and giving the researchers' contact details. In most cases, these forms were signed, except for some people who preferred not to sign any type of document due to previous negative experiences in this regard or because they were afraid of being used or deceived; however, in all cases they gave their oral consent to do the interviews. Only the researchers of the project had access to the information, and the material presented was anonymized.

Moreover, we have always taken care to create a situation of comfort and confidence, and we have been especially sensitive to times of greater emotional intensity. The interviewees are older people, many of them in situation of loneliness, hard personal stories sometimes due to work, poverty, or mistreatment, among others, and it was common for certain feelings to surface during the interviews. It was therefore decided that the interviewer would be a person with extensive experience of interviewing and with an attitude of empathy and human warmth to reduce the possible emotional damage that certain memories might cause. Although many activities had resumed and people, including the older ones, were no longer confined to their homes, all health prevention measures and distances were respected to avoid possible transmission of the virus. Where possible, interviews were conducted on balconies or terraces to

minimize any risk. The interviewer always wore a mask, and only on some occasions when the interviews were held outside, did the interviewer take off the mask, according to the wishes of the interviewee. It was decided to proceed in this way in line with what Batista et al. (2022) consider an example of microethics (situated, relational, negotiated and embodied) in decision-making in the research process in the pandemic.

Table 1. Participants' socio-demographic characteristics at the time of the interview (n=38)

	Total	Women	Men
Age			
73-79	4	4	0
80-84	11	7	4
85-89	15	13	2
90+	8	6	2
Socioeconomic situation			
Low and Medium-low	12	11	1
Medium	16	11	5
Medium-high and high	8	6	2
Have children	26	20	6
Living alone	30	24	6
Living with others	8	6	2
Self-reported mobility impairment*	24	20	4
N	38	30	8

* They require assistance leaving their home and/or regularly use mobility aids such as canes, wheelchairs or walkers or/and should be accompanied.

The study included 30 women and 8 men aged between 73 and 95 years old (61 % over 85 years) (Table 1). The number of women interviewed is higher than that of men due to the feminisation of the population over 75 years of age, which is a consequence of their longer life expectancy. Furthermore, women are the primary users of the services provided by the AGG, which was the association that facilitated our contact with the individuals to be interviewed. They resided in different neighbourhoods of the city to ensure a wide geographical distribution. This was necessary due to income disparities, differences in service provision and facilities between the neighbourhoods, as well as the physical configuration of the city. Certain neighbourhoods are located on the plain, such as those closest to the sea, and those in the northwest, which have a more rugged terrain due to their location in the foothills of the Collserola mountain range. These neighbourhoods may present more

obstacles and difficulties for people with mobility issues due to their topography. The social distribution of the people interviewed shows a broad profile of economic situations: low and medium low socioeconomic group (32 %), medium socioeconomic group (42 %), and medium high and high (21 %). Additionally, 68 % of them had children, 79 % lived alone and 63 % reported mobility impairments.

4. Findings

Our findings capture the experiences and emotions of participants during and post confinement focusing on the role of their social networks, their coping strategies, and the physical and mental consequences of the pandemic.

4.1. Social Networks

Social relationships, particularly contacts and relationships with family members, especially sons and daughters, become a primary source of the wellbeing and quality of life for older people (Milton et al, 2015; Van Dijk et al, 2015). But what happens when social contact is suddenly completely cut off? In the adversity of the pandemic, social support of family and neighbours became a protective factor for wellbeing, together with technology and walkable neighbourhoods (Lee *et al*., 2022).

In our interviews we asked the participants to evaluate their experience and the resources they had to face this sudden situation: how they felt and what they did. Their responses regarding their feelings and activities varied according to their available social networks. Those participants who had children or close contact with others relied on them to meet their basic daily needs, especially buying food during the weeks of total lockdown.

> «My son would bring me the shopping, but I needed much more, I would call him on the phone a lot, I would call him and after a while I'd say, "why don't you call me?" I was a bit unhappy […]. I was in a moment of depression, I was also alone because my husband had died [a year ago]» (Lidia, 78 years old).

Miquel (91 years old) explains that «he didn't go out of his home» but that thanks to his son hearing on the radio that restaurants in Barcelona took food to people who needed it, so they could use the food they had bought before the lockdown, he received food for a few weeks, «they called me on the phone, they brought it up in the elevator, I picked it up and thanked them». When participants did not have children or other close relatives, they turned to institutional support systems or sought help from associations such as the AGG, which assist older people with health and loneliness issues to remain in their homes.

> «I came [from the hospital] and I had COVID. I was even more isolated. Very good people, friendly people brought me food and I got through it. An Argentinian friend did an amazing thing, he made a network of friends who bought me food for 14 days, they put it in the entrance. I took it and put in my cupboards, and I had everything» (Judith, 84 years old).

However, these protective factors, such as family and social networks and resources, were not always available in the specific conditions of the pandemic. For instance, Amparo had a daughter living outside the city and did not receive any help, so she had to leave her home to do the shopping.

> «Well, I got dressed, and I counted my biscuits. Once I went out because I didn't have anything anymore, I was going to die if I didn't go out. And I went food shopping. I bought potatoes and eggs. I did the shopping and then I went home as fast as I could, because there was the virus. I counted the biscuits, I bought two or three packets, some days I ate four biscuits» (Amparo, 83 years old).

The loss of the network of neighbours, observed in many neighbourhoods of Barcelona and specifically in this study, has had consequences in the lockdown period. The limited relationship between neighbours has meant that on some occasions neighbours did not act as a support to solve everyday issues and for mutual support. To the question «Did any of your neighbours in your apartment block help you during lockdown?», Marisa (84 years old), responded categorically «No». Gloria (86 years old) explains that her neighbours on her floor, a married couple in their 70s, never offered to take her rubbish bag down to the rubbish containers on the street, although they saw each other when they went to do it at the time. Fortunately, it was not always the case. Roger, who lived with his wife during lockdown in the apartment where they have lived for more than 50 years, highlighted the neighbourhood solidarity even with the newest residents.

4.2. Strategies

Strategies for coping with adversity were diverse. Walking up and down the hallway and going up onto the terrace on top of the apartment building were important for doing physical activity, going outside and meeting with other neighbours while maintaining the «social distance». These findings are consistent with previous studies in Vancouver (Ottoni *et al.*, 2022) and the US (Finlay *et al.*, 2022). However, due to the living environments and personal conditions of our sample, the possibility of enjoying walkable shared outdoor spaces, which were found to be protective against loneliness and isolation (Finlay *et al.*, 2022), was limited. The participants in our study lived in apartments in a densely populated urban area, and most reported mobility impairment and required assistance leaving their homes or used mobility aids, such as canes, wheelchairs, or walkers. Therefore, the three months of confinement were more challenging for them than for other populations or living in more open envi-

ronments or less densely populated. As Júlia (93 years old) shared: «Staying at home, wearing a mask, bored and annoyed».

Other studies conducted in Scotland and in the UK observed how home gardens (and above all spending time in them) were important design elements of the built environment because they had a positive effect on psychological and physical health during lockdown (Corley *et al.*, 2021; Xiao *et al.*, 2022). In Barcelona, during lockdown balconies, terraces, and rooftops became open spaces where people could sunbathe and communicate with neighbours at a distance, exercise or perform music. Marisa (84 years old), for example, comments that during the lockdown she did not move from her house, and she felt very down, but she spent many hours on the balcony looking at the street («I know the whole neighbourhood from watching them go by!») and this made her feel less lonely. As Bustamante *et al.* (2022) found, participants often attached feelings of gratitude to being able to access household elements that enabled outdoor contact, such as balconies. Figure 1 shows the balcony of Amparo, space that during the confinement allowed them to be distracted with the plants and observe the «calm» life of the city.

Figure 1. Balcony of Amparo

Source: Photograph taken during fieldwork.

The home became the centre of everyday life during lockdown and the opportunities or capabilities available to people within the home depended largely

on differences in housing (it makes a big difference if they have natural light in the home, cosy areas and a balcony or terrace). As Devine-Wright *et al.* (2020: 4) point out: «Home confinement makes visible the everyday politics of home, connecting the private sphere with social conflicts and socioeconomic structures». Participants were asked what spaces they spent the most time in and felt most comfortable in and what were the strategies they used to cope with this situation of forced confinement. To the first question they answered that the most comfortable spaces were the dining room and living room of their homes and this is where they spent the most time.

On some occasions, some participants commented that they felt accompanied thanks to the telephone conversations they had daily, as we will see below, and because they read or did manual activities (such as Alba, 87 years old, who enjoyed painting mandalas Figure 2). However, many of our participants responded that during the pandemic they had felt «bad» or «very bad»". The advanced age of the participants (the average age of the 38 people is 85.5 years old), the fact that they live alone and, above all, that a good part of them feel alone, could explain why the lockdown would intensify these feelings of discomfort and social disconnection.

Figure 2. Mandala painted by Alba

Source: Photograph taken during fieldwork.

In response to the restrictions, opportunities emerged for the participants to encounter positive emotions within familiar environments thorough digital

devices (Guzman *et al*., 2023). Although the participants had varying levels of digital knowledge and experience, they all expressed a desire to learn and use digital devices. Half of them used tablets, computers, or mobile devices to keep in touch with family and friends, using WhatsApp or other forms of instant messaging. In some cases, only the phone function was used. Phone calls were essential for all participants, including calls with family, friends, and AGG volunteers. However, according to Derrer-Merk *et al.* (2022), virtual relationships are insufficient substitutes for in-person contacts, as they do not provide the same sense of security, affection, and trust than in-person contacts.

According to the data provided by the *Survey on Equipment and Use of Information and Communication Technologies in Households* carried out by the INE (National Institute of Statistics) in 2022 in Spain, 50 % of people over 75 years of age had used the internet compared to 97 % among those aged 16 to 74, and differences in the frequency of use are even greater. When asked about daily use (whether they used the internet several times a day) only 22 % of people over the age of 75 gave a positive response compared to 88 % of the population between 16 and 74 years old. Older adults prioritize communication through instant messaging or video calls, accessing online media, entertainment pages and consulting health services. Their usage profile is similar to that of the rest of the population. In line with the study by Vickery *et al.* (2023), our participants commented that they used mobile phones and that they often called or were called by family members, friends and volunteers of the AGG, and talked on the phone or made video calls. Some participants also referred to the «medal», the teleassistance service of the City Council that consists of a device, in the form of a neck pendant like a medal that is connected through the telephone line to a reception centre. In an emergency the older person can press a button on the medal and they will be attended by professionals who talk with them and, if necessary, activate the emergency services. The «medal» is a resource that makes people who live alone feel safer and reduces the risks of isolation because it works 24 hours a day. During the pandemic, it was a highly valued device, as Irene comments:

> «The medal. In the days of the pandemic, it was the best, the best! On days that I was feeling low… because of course there were so many days, you get tired of watching TV and your phone, you get tired of reading, you get tired of… because there are so many hours, 70 days are lots of hours, eh! I don't like television very much, so I had the medal, and I could talk to someone. They said, "are you feeling low, Irene, what's wrong?" Because, of course, you could tell in my voice I wasn't OK. In the afternoon someone else would call me and say, "How're you feeling?" And then we'd talk for two hours» (Irene, 88 years old).

4.3. Physical and emotional consequences

The pandemic has had several physical and emotional consequences that have varied depending on how the disease has hit the person and their close

social network. In the worst cases, they got sick, as is the case of Luz (83 years old) («COVID is a shit, forgive my language. I couldn't sleep, I was drowning, I didn't have enough oxygen and I felt very bad»), or they lost close relatives and had to mourn alone, as is the case of Amelia (88 years old) («At the beginning of the pandemic my sister, my brother-in-law and two nephews died»). It is necessary to address mourning and loss in the broad sense of the term, not only the loss related to death, but also tangible and intangible losses (loss of agency and control, yearning for physical contact, loss of organized activities that activated them, among others) that cause pain and sadness (Statz et al., 2022). «We have gone through a grey period», shared by Encarna (94 years old)

Some of our participants had lived in a situation of almost total confinement in their homes before the pandemic due to health and mobility issues. Despite this, the lockdown situation in Spain lasted for over three months and resulted in a significant change in personal relationships and contact with family, friends, children, siblings, and grandchildren. During interviews, most individuals expressed feeling lonelier and more helpless not only during the hardest period of the pandemic but also after it had passed.

> «It really affected me. I've gone half insane. I'm completely paranoid. Physically, in terms of moving around, it hasn't affected me […]. But I've been in a permanent state of anxiety, I didn't know how it would turn out… I was very tense» (Pau, 91 years old).

> «I had a very bad time, I am convinced that the stroke I suffered was due to the nerves I went through. I did the worst thing I could do, which was to watch this [point to the television] all the time» (Ricard, 81 years old).

These participants refer to the emotional discomfort they suffered during and after confinement, as well as the physical and psychological consequences. Mental health issues often appear in the form of depression, anxiety and stress and have been exacerbated by the pandemic. People experienced persistent mental health problems due to the long lockdown periods and the inability of the health system to respond to the situation (Rosenberg *et al.*, 2020).

Our findings are consistent with what Shamur *et al.* (2023, 114) report on the emotional health of older people in a study carried out in the city of Tel-Aviv:

> «Among the older people, depression, sadness, and loneliness are more dominant and often associated with nostalgia. These emotions intensify in conjunction with health and mobility problems, and nostalgia often makes up for the contraction of their space».

Thus, the initial situation shows a population in which there is a large degree of emotional discomfort, especially when they have health problems and mobility limitations that cause a feeling of nostalgia and loss compared to their previous life in which they lived in full physical condition. In line with previous studies (Abrahams, 2020; Derrer-Merk *et al.*, 2022), confinement has led to a deterioration of mental problems and an increase in depressive symptoms in the population as a whole and especially in more vulnerable groups such as adolescents and the older people (Abrahams, 2020).

After the first impact of the pandemic, the interviews allowed us to get closer to the lived experience and to the possible repercussions and consequences that it had based on the experience of the participants. In some cases, the pandemic meant a permanent disruption of certain neighbourhood activities related to mobility and social relations, and this disruption meant a permanent deterioration in the physical conditions of mobility, leading to greater isolation from the social environment of proximity.

> «After the pandemic moving is becoming riskier every day. Because each day I go out less, each day is more difficult. It's harder to move (…). The doctor and the psychiatrist tell me [that I should go out more]. I had stress and anxiety, and I felt so bad that they had to give me pills to calm me down» (Mercedes, 89 years old).

As reflected in this case, the physical repercussions were added to emotional discomfort and feelings of fear in a situation that directly affected her environment of friendships. Some participants reported an increase in medication use, especially antidepressants and tranquilizers, which can be attributed to the emotional distress experienced during this period.

Irene (88 years old) points out that she went 70 days without leaving home because she did not want to get infected with COVID-19 and get sick «because I am always very afraid of giving discomfort to others, because everyone has to live their own life» and she didn't want to bother her children. She also commented that in the neighbourhood where she lives, older people she knew from her apartment block («older ladies like me»), from church and from the neighbourhood in general, had died.

The COVID-19 pandemic dramatically altered neighbourhood life. Lockdown measures have resulted in the suspension of social and cultural activities that were previously available in civic centres or nursing homes. Moreover, physical rehabilitation that they did in a hospital and that was not a priority due to the COVID health emergency was also suspended. Participants were unable to socialise, have fun, or engage in personally meaningful activities in third places such as restaurants, recreation facilities, or civic centres (Finlay *et al.*, 2024), and opportunities for walking and exercise were also reduced. The following participants talk about the physical deterioration experienced as a result of staying at home without going out:

> «I have now climbed back but I don't know what this fatigue is, I feel physically tired when I walk» (Marisa, 78 years old).

> «I gave a very big, very big, very big crash (...) It affected me a lot. Much, much (...) if I've put on kilos. I don't know, it has destroyed me in a way... I can't even put on shoes!» (Alba, 87 years old).

However, some studies show that confinement had positive aspects for older people (Brown *et al.*, 2021). Osborne and Meijering (2023) found that the time and stillness of this period activated new ways of thinking about oneself and how to pass the time. Their study concluded that the people they interviewed

were able to reflect more on their sense of self and their identity when they were confined to their homes, and they also took up new activities that were often not possible during their daily lives prior to lockdown, due to having more time for themselves. Similarly, Ottoni *et al.* (2022) observed that while during the pandemic the older individuals interviewed in their study experienced feelings of isolation and loneliness, they also demonstrated resourcefulness and adaptability, and contributed to their communities in general. They further noted that people with pre-existing social networks, socioeconomic stability, and residing in an urban environment that facilitated social interactions, may have experienced loneliness but were better protected against persistent loneliness. In our study, which was on older people with preconditions of unwanted loneliness and, in some cases, quasi-confinement at home due to mobility issues, few participants reported engaging in new activities. However, our participants were more sensitive to sudden confinement, as most of them experienced additional fear and anxiety, and continued to need people around them to take care of them, communicate with them and help them cope and give meaning to a confined daily life. Furthermore, in some cases the confinement and anxiety caused by the pandemic have resulted in limited mobility and permanent disruption of outdoor activities, leaving this already vulnerable population in an even more precarious situation.

5. Strengths and limitations of the current study

The strengths and limitations of this fieldwork are related to the type of population interviewed, a group of older persons experiencing social or emotional loneliness. This enabled a deeper understanding of the consequences on the physical and mental health for a population that was especially vulnerable to the impact of the pandemic and its social isolation measures. This is a hard-to-reach population and access was granted thanks to the AGG.

On the other hand, there were some limitations. First, it is a special group of older people, with 90 % of them being over 80 years old, who use the services of an association that helps them overcome problems of loneliness and isolation. As with all qualitative material, it is important to avoid making generalizations when interpreting it, especially in this case. To conduct a study on the health of older adults after the pandemic, it would be necessary to interview other groups of people: younger, in better health and/or with strong family and social networks. In addition, people of foreign origin have not been interviewed. These people may have a smaller social network of proximity and have accumulated inequalities, which makes them potentially more vulnerable to social loneliness. Foreign immigration is a more recent phenomenon in Catalonia and Spain compared to other Western European countries. Therefore, there are still few individuals of foreign origin over the age of 65 years of

age, apart from Northern European adults who retire to the Mediterranean coast. However, their presence in the city of Barcelona is limited. Moreover, the AGG association has very little contact with these groups and therefore it has not been possible to access them. Finally, it would be interesting to carry out follow-up interviews with the interviewees in a necessarily short period of time to finish determining the impact of the pandemic situation on their quality of life, wellbeing and health, in particular social isolation and the threat or fear generated by a disease that disproportionally affected the older population.

6. Conclusions

During the pandemic, the social connectivity of older adults was influenced by their place-based interpersonal social relationships. Informal networks, volunteering and neighbourhood organisations provided vital support to our participants, vulnerable older persons. Children, neighbours, and volunteers who provided them with material and emotional support with their physical presence were essential in keeping these persons socially connected. To this we must add the phone calls, video calls and WhatsApp messages that were also crucial in keeping these people connected, among them the calls of the City Council social services. This service, which was available long before the pandemic, was an important source of emotional support for many of our participants. The role played by the community, neighbourhood and available municipal resources can make a big difference in the aging process and protect against loneliness with a good care infrastructure both inside and outside the home. The nearby environment becomes extremely important as a space for social relations, especially for those older people with limited mobility or fewer resources to decide where and how to age (Nyqvist *et al.*, 2016). However, we have seen that participants did not always feel accompanied and that, in some cases, feelings of isolation and loneliness were intensified during confinement, especially for those with health problems, who lived alone or didn't have any family. It is therefore important to recognize the diversity of circumstances in an older person's life, e.g. health problems, lack of family or living alone, and consider both the individual characteristics of the person and their social environment and the place where they live. Support from the wider social network of neighbours and the community had a protective effect on the wellbeing of these very vulnerable older people, but not always. However, there are other protective strategies for psychological wellbeing, such as the Telecare telephone service and the role of volunteers accompanying these people. This is important for policy makers as it provides opportunities for intervention in the public sphere, social services, and voluntary associations, which are more accessible than the private and familial spheres of individuals.

These factors can inform the design of policies and programmes aimed at addressing the social and emotional needs of older people. To improve so-

cial participation and create meaningful connections, it is recommended to establish adequate community support systems, such as home care services, day centres and volunteer programmes. Strategies that strengthen social and community support services, active ageing programmes, volunteer groups and intergenerational support networks should also be promoted. We recommend measures aimed at improving the physical and mental health of these people by restoring social spaces and promoting face-to-face activities. Additionally, it is recommended to monitor and analyse other groups to evaluate the impact of the pandemic on the wellbeing of people in general, and particularly the most vulnerable populations, to identify other elements that may have acted as protection against the deterioration of physical and emotional health.

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