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ARTICLE

Older people's family relationships in disequilibrium during the COVID-19 pandemic. What really matters?

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Abstract

Inter- and intragenerational relationships are known to be important in maintaining the wellbeing of older people. A key aspect of these relationships is the exchange of both emotional and instrumental social support. However, relatively little is known about how this exchange of support changes in the context of widespread disruption. The COVID-19 pandemic provides an opportunity to examine how older people's family relationships are impacted by such social change. The present qualitative study explores how older people in the United Kingdom experienced changes in inter- and intragenerational support during the COVID-19 pandemic. Participants (N = 33) were recruited through a large-scale nationally representative survey (https://www.sheffield.ac.uk/psychology-consortium-covid19). We asked how life had been pre-pandemic, how they experienced the first national lockdown and what the future might hold in store. The data were analysed using constructivist grounded theory. This paper focuses on the importance of family relationships and how they changed as a consequence of the pandemic. We found that the family support system had been interrupted, that there were changes in the methods of support and that feelings of belonging were challenged. We argue that families were brought into disequilibrium through changes in the exchange of inter- and intragenerational support. The important role of grandchildren for older adults was striking and challenged by the pandemic. The significance of social connectedness and support within the family had not changed during the pandemic, but it could no longer be lived in the same way. The desire to be close to family members and to support them conflicted with the risk of pandemic infection. Our study found support for the COVID-19 Social Connectivity Paradox: the need for social connectedness whilst maintaining social distance. This challenged family equilibrium, wellbeing and quality of life in older people.

Keywords: family relationships; COVID-19; social relationships; social support; social connectedness; older adults

Introduction

In December 2019, a new severe acute respiratory coronavirus (SARS-CoV-2) was detected in Wuhan, China. This virus has come to be known as COVID-19. Since it was first identified, COVID-19 has spread across the world and disrupted the lives of the majority of the global population (Ministry of Housing, Communities & Local Government *et al.*, 2020; Singh *et al.*, 2020). Between March and June 2020, the United Kingdom (UK) government reported that 250,000 people had been identified with COVID-19. The Office for National Statistics (ONS, 2020) also registered approximately 40,000 COVID-19-related deaths. In the UK, along with many other countries, social distancing measures were introduced in an attempt to reduce the spread of the virus (Cabinet Office, 2020). A nationwide lockdown was implemented in England on 23 March 2020 and lasted 12 weeks (Johnson, 2020). Health-related decisions in the UK are devolved to the four nations of Wales, Scotland, England and Northern Ireland, with the lockdown imposed from each nation with only minor differences in each of their approaches. Collectively, across the UK, people were not permitted to leave their house except for once-daily exercise or essential trips, like grocery shopping or health-related activities (*e.g.* medical treatment or pharmacy). Sections of society who were categorised as 'at greater risk of developing serious complications if they get the virus' were contacted by their general practitioner (GP) to be 'advised not to leave the home' (called shielding) (Ministry of Housing, Communities & Local Government *et al.*, 2020). People who were advised to shield had been strongly advised to stay at home for 12 weeks and not meet anybody if this was not essential, ending at the end of June 2020.

The pandemic has particularly impacted the lives of older adults, since COVID-19 causes more severe morbidity and greater mortality than in other age groups (Crimmins, 2020; Dowd *et al.*, 2020). People at higher risk included those with pre-existing conditions, such as heart disease, severe respiratory conditions and diabetes: all of which have higher prevalence amongst older adults (Crimmins, 2020). Older people aged 70 and above were advised to avoid all unnecessary social contact (Cabinet Office, 2020). Thus, it was hypothesised that older people might experience a marked impact on their psychological and social wellbeing, in addition to the impact on their physical health (Department of Health and Social Care, 2020).

Settersten *et al.* (2020), in a thought piece, suggested that the pandemic had left people aware of how their lives were interlinked. They suggested using the lifecourse approach to understand the impact and dynamics of the pandemic of COVID-19, in individuals, family relationships and within the population. The impact on individuals and at the societal level could be demonstrated with the lifecourse approach. Carstensen *et al.* (2020), in an American study, found that age was a protective factor even under the prolonged stress of COVID-19. Other COVID-19-related research with older adults has focused on aspects including dementia (Giebel, 2021, 2021*a*, 2021*b*; Numbers and Brodaty, 2021) and loneliness (Banerjee and Rai, 2020; Bu *et al.*, 2020; Seifert and Hassler, 2020; Okechukwu, 2021; Hwang *et al.*, 2020). A further two online studies have looked at the impact on wellbeing in older adults (Parlapani *et al.*, 2020; De Pue *et al.*, 2021), discovering an increase

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in depressive symptoms, plus decreased sleep quality and activity. A qualitative study by Verhage *et al.* (2021) explored how these participants coped during the pandemic, with older adults using strategies like self-enhancement and acceptance. The importance and structure of social support has been discussed by House (1981) and involves emotional concern, instrumental aid, information or appraisal. Li *et al.* (2021: 11) found that 'high levels of social support can buffer against the negative effects of low levels of resilience on mental health' and suggested social distancing but enabling inclusion to enhance the perceived support. They stressed that family support is essential for all age groups. To exchange social support, social connections are essential. A systematic review by Lebrasseur *et al.* (2021) noted that for older adults more specific strategies were needed to ensure that social contacts and family ties were preserved. They highlighted the importance of the ability to maintain exchange support and suggested that future research should focus on the inclusion of older adults in different levels of society. Early research (House *et al.*, 1982; Orth-Gomer and Johnson, 1987) identified the crucial role of social connections for wellbeing (for a lifecourse perspective, *see also* Antonucci *et al.*, 2013). Santini *et al.* (2020) found that social disconnectedness predicted increased perceived isolation which in turn predicted higher symptoms of depression and anxiety and *vice versa*. Smith *et al.* (2020) described the COVID-19 social connectivity paradox: being close to loved ones enhances social connectivity and reduces the risk of social isolation but increases the risk of COVID-19 exposure and *vice versa*. This stresses the challenge for older adults who might need to find the balance at this continuum of risk. Being close to family members and loved ones implies also the desire to be physically close. Eckstein et al. (2020) suggest that the hormone oxytocin can mitigate stressful situations. Missing affectionate touch from loved ones, due to social and physical distancing, can cause touch deprivation or 'touch hunger'. This, in turn, may foster mental health problems (*see also* Soulsby, 2011; Soulsby and Bennett, 2015; Floyd, 2019; van Raalt and Floyd, 2021; Hesse *et al.*, 2021)). Finally, Burholt *et al.* (2020) compared technology use before and during the pandemic and found that the use of technology (text, phone or video call) to communicate with relatives could not replace the 'gold standard' and the emotional equivalence of embodied presence.

There is also evidence from the grey literature of the impact of the pandemic. A study conducted by Age UK observed many older people had experienced an increase in anxiety brought on by the knowledge that they were more at risk from COVID-19 than other groups (Abrahams, 2020*a*, 2020*b*). Participants reported increases in cognitive decline, anxiety and depression. This was most marked in those with pre-existing conditions such as people living with dementia, mental health conditions or chronic disease like osteoporosis. They were concerned about the loss of social connectivity, especially with families, and were concerned that these losses might be permanent. The study highlighted the concern of older people of being lonely and without family members when they might need them most.

The current study examines how relationships between older adults and their families changed as a consequence of the COVID-19 pandemic. To our knowledge, this study is the first to investigate the lived experience and impact of COVID-19 on older adults in the UK. We focus primarily, in this paper, on the exchanges of support, defined broadly, between family members both within and between generations.

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Methodology and methods

Participants

All the data and participants were recruited from the CPR19 study of the psychological, social and economic impact of the COVID-19 pandemic (https://www.sheffield.ac.uk/psychology-consortium-covid19). This longitudinal, internet panel survey assessed: (a) COVID-19-related knowledge, attitudes and behaviours; (b) the occurrence of common mental health disorders (*e.g.* anxiety, depression); (c) psychological factors (*e.g.* personality, locus of control, resilience); plus (d) social and political attitudes (*e.g.* authoritarianism, social dominance) in influencing the public's response to the pandemic. Quota sampling was used to recruit a nationally representative (in terms of age, sex and household income) sample of adults (N = 2,025) (McBride *et al.*, 2021). Ethical approval was granted by the University of Sheffield (reference 033759).

Sub-study recruitment

Participants in the main study were asked if they would be willing to be approached to participate in add-on studies (ethical approval: University of Sheffield, reference 033759). This qualitative study had been ethically approved by the University of Liverpool, and recruited from those who had consented to be approached (University of Liverpool Research Governance Approval: 7632-7628). Participants were contacted by email to ask if they would be willing to be interviewed, with three subsamples: older people aged 65 years old and over; adults aged between 18 and 64; and a sample of pregnant women and parents with children under the age of 1 year. The interview team approached potential participants in batches of five to ten and ceased recruitment once theme saturation had been reached. The construction of the sample can be seen in Figure 1. Interviews for this study were conducted between mid-April and mid-July 2020. For recruitment and participant details, *see* Figure 1 and Table 1.

The interviews

The interviews were semi-structured and undertaken remotely via telephone, or by remote conferencing platforms, and lasted between 45 and 90 minutes. Before beginning the interview, respondents were sent an information sheet to read, and also asked to sign a consent form; confidentiality and anonymity were thus assured. The interviews were not tightly structured; rather the aim was to learn what was important to the participants. The approach was 'we are the voices and you have the experience'. The studies were interested in two broad questions: 'how did you feel?' and 'what did you do?' The interviews led the participants chronologically through their experiences of the COVID-19 pandemic. They were asked about their lives before the pandemic, then on their lives during the pandemic, and finally about their thoughts on their future post-pandemic. We used questions like: How was your life like before the pandemic? What did you do with family and friends?; prompts followed such as: What was your mood like? They were also asked for their views about their

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Figure 1. Recruiting process: experience of COVID-19 of people age 65+. *Note*: UoL: University of Liverpool. 6 participants preferred not to say or answered "other"

communities, local and central government, plus social and traditional media, *e.g.* What could the local or central government do for you during the pandemic? Older participants were also asked about their experiences as older adults, and whether, for example, they had experienced discrimination both before and during the pandemic, and how those things might change post-pandemic, *e.g.* What do you think you will do in the future? Finally, they were asked what advice they would give to others in the same situation.

The analysis

The authors' ontological and epistemological standing is grounded in the belief that there are multiple truths and realities about phenomena, and that society and humans construct their reality, which needs to be acknowledged and valued. This is congruent with Charmaz (2014: 17): 'I assume that neither data nor theories are discovered either as given in the data or the analysis. Rather, we are part of the world we study, the data we collect and the analyses we produce'. This qualitative, inductive, and constructivist grounded theory approach is appropriate for exploring the experience of older adults during the COVID-19 pandemic since it accounts for both the participant's and the researcher's experiences and perspectives (Bennett and Vidal-Hall, 2000; Charmaz, 2014, 2020; Derrer-Merk *et al.*, forthcoming). The first author listened to an interview simultaneously whilst reading the transcript to make sure it had been transcribed correctly. In the next step, more

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Table 1. Demographic data – the overview from 33 participants between spring 2020

Participant	Age	Living situation	Marital status
F9	82	Living alone	Widowed
F2	78	Living alone	Never married
F14	76	Living alone	Separate but still married
F4	75	Living alone	Widowed
F11	73	Living alone	Divorced
F16	73	Living alone	Divorced
F15	73	Living alone	Divorced
F3	71	Not living alone	Married
F17	70	Living alone	Widowed
F13	68	Not living alone	Married
F12	68	Living alone	Divorced
F6	67	Living alone	Widowed
F8	66	Living alone	Separate but still married
F18	66	Not living alone	Married
F5	65	Not living alone	Divorced
F1	65	Not living alone	Married
F7	65	Not living alone	Married
F10	65	Living alone	Never married
M7	83	Living alone	Divorced
M14	77	Living alone	Widowed
M13	77	Not living alone	Registered same-sex/civil partnership
M5	75	Not living alone	Married
M10	75	Living alone	Divorced
M3	74	Living alone	Never married
M2	73	Not living alone	Married
M8	73	Living alone	Divorced
M15	72	Not living alone	Married
M4	71	Not living alone	Married
M6	71	Not living alone	Married
M11	70	Not living alone	Married
M1	67	Living alone	Widowed
M12	66	Not living alone	Married
M9	64	Not living alone	Married

Notes: M: male. F: female.

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specifically, the interviews were read line by line to give a holistic impression. Whilst analysing line by line, the first author wrote a codebook and memos, which helped to construct theoretical categories and to ensure reflexivity and analytical thinking (Charmaz, 2014; Derrer-Merk *et al.*, forthcoming). This analytical line-by-line coding was the primary method of the research process. This process was reflexive; as new topics emerged they were looked for in earlier parts of the interview. Following line-by-line coding, a more focused approach was employed to generate categories that emerged as particularly significant in the data. Once categories were extracted for each of the interviews, the transcripts were compared to identify broader themes and commonalities. Through a constant comparison and an iterative process of coding and analysis of the text, the central themes emerged from the interview data: inter- and intragenerational family exchange of support, change of desired and experienced support, plus family disconnectedness. The over-arching theme was of a move from family equilibrium to disequilibrium as a consequence of COVID-19.

Findings

This paper utilises the sample age 65+ (range 65–83; mean = 71, standard deviation = 5) as described above. We recruited 33 participants: 18 women and 15 men, 18 living alone and 15 not alone (we did not specify who they lived with, although this information is available from the larger dataset). Thirty-eight per cent of potential participants agreed to take part (38.4%). For more details, *see* Table 1.

The retrospective and chronological structure of the interviews enabled participants to reflect on their lives before the pandemic and their lives during the pandemic. One of the key findings, and the focus of this paper, was the importance of family relationships and the exchange of support within and between generations. Central to this was how the pandemic disrupted the equilibrium of those relationships and brought to the fore what mattered most to older people. We focus our findings first on those relationships before the pandemic, and second on how those relationships changed as a consequence of the pandemic.

Pre-pandemic to March 2020

Two themes were evident in the pre-pandemic narratives: social connectedness and types of social support.

Social connectedness

The importance of social connectedness with family members was highlighted by participants. This manifested itself in a number of ways. Participants described the importance of family visits, joint activities and emotional bonds. Familial ties were not only vertical (children and grandchildren), they were also horizontal (siblings), and for some participants diagonal (nieces and nephews).

Participants described how they maintained long-distance relationships through travel. For example, F17 explained that she used her holidays to see family and to maintain the close emotional ties she had with them:

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> My holidays were always visiting family, to India or Canada. And yes, my grandchildren will phone me, they speak to me, they Facetime. Plus, I had booked a ticket to go to Canada to visit my brother. (F17)

Similarly, M14 described his annual visit abroad to see his daughter:

> Otherwise I've got no family living close … I normally fly into Kenya to my daughter for all of December. (M14)

Closer to home F12 described the variety of activities prior to lockdown that she engaged in with her family:

> I have quite a big family, so I'm constantly … we are having family picnics and family gatherings and family meals, so most of my social contact is within my big family … Including my daughter, my nieces and my nephews, and they've all got children now as well, so when we get together there's big gatherings when we get together for meals and picnics and trips out, and sometimes we might go away for a weekend, rent some cottages and just go away for a weekend. (F12)

Not all participants had children or grandchildren, but nevertheless many had a close relationship with their nieces and family. For example, F11 said:

> I live on my own, but I do have three nieces and their families who live very close to me, and I am quite involved in their lives … I'm very lucky with a pretty close family. (F11)

For many of the participants the most important relationships were with grandchildren:

> I met my family very often, particularly my brother and my children who I have grandchildren with. That was a regular occurrence. Probably every week we would meet at least one of them, if not both. (M9)

Participant M4 discussed the importance of theatre joint activities with grandchildren as bringing meaning to his life:

> We've got four grandchildren; two elder ones are coming up to 17 and 15 and they're into musical theatre. They've got all the musical genes from their granny, and then we've even done shows together. So generationally we're mixing as well with our own grandchildren in the same show, which is wonderful. (M4)

The family relationships had been in balance pre-pandemic, participants felt valued and integrated into the closer and wider family structure. The joy of being part of a family with a wide range of inclusion gave them a meaningful life, a sense of wellbeing and belonging.

Methods of support

In addition to social connectedness, participants frequently described their grandparenting role as providing support for their families. For example, M1's day-to-day life was dominated by the substantial support he gave to his daughter for child care. It provided him with a sense of purpose through shared family activities and responsibilities:

> Every morning I would get up at 6:00 to go to one of my daughters' houses to sit with her two children before they went to school. Then I would go back there for 3:00 in the afternoon for the children going back out of school and sit with them till my daughter came home. (M1)

For F13, after her son split up with his partner, the time spent childminding increased for her. She enjoyed the increasing closeness with the son and grandchildren:

> I used to fetch my grandchildren three days a week from school and feed them, have them here. (F13)

She went on to say:

> Well, we never used to be [close], but when the marriage went pear-shaped, we became one [close family] through necessity. (F13)

On the other hand, others hint at the burden of grandparenting. For example, M15 described his busy life with grandparenting. His wish they might live further away implies that looking after grandchildren is not always a pleasure:

> Well, we would certainly socialise with the children. We commit to looking aft … Well, actually, having said that, three of them are at school, a couple of others go to a preschool, so we've only got actually a 16-month-old … For one day a week. So, it was busy, but we always tried to help the kids. Sometimes I wish they lived 50 miles away rather than 5 miles away. (M15)

The experience from the participants suggested a wide range of activities and different instrumental and affectionate support for the participants as well as for the individually related family members. This inter- and intragenerational exchange within the close relationships provided emotional wellbeing and a satisfactory relationship. However, it is notable that participants do not discuss whether they received instrumental, financial or affectionate support from their families pre-pandemic.

Pandemic March to July 2020

When the country went into lockdown in March 2020, family interactions and support arrangements changed dramatically. Although there were variations in details between regions of the UK, the advice to stay at home, not to meet anybody and to socially distance forced older adults to change the ways they communicated and

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how they supported each other. This often led to a support paradox, when older adults wanted to support family members, but stood apart to protect each other. Thus, older people needed to adapt to new ways of interacting with family members. The nature and manner of support between older people and their families also changed. The key themes which emerged from our data were: social disconnectedness, and change of perceived and desired support. We will discuss each in turn.

Social disconnectedness

As we have already seen, several of our participants had families living abroad. The lockdown, for F8, led to the reduction of contact and connectedness during the lockdown but has consequently driven a desire for her to be close to them.

> I've got four brothers distributed around this country and various parts of the world and lots of nephews and nieces and great nephews and nieces and, yes, I keep thinking how nice it would be to see them again. (F8)

Those with grandchildren living abroad found the lockdown especially difficult. For example, M11 had a new grandchild. Although his daughter sends daily videos of the newborn baby which are much appreciated, he and his wife missed the physical contact with the baby:

> My wife can have a 10–15-second clip of whatever her young three-week-old grandson is wearing that morning, drinking or not drinking, burping or not burping … but I have little doubt that there would be no substitute for my wife wanting to pick up her grandchild and there is no substitute whatsoever for personal contact, whether it is a three-week-old grandson or her elderly mother. (M11)

M11, at the same time, is also speaking of intergenerational reciprocity: his wife is providing support for her own mother.

Not only are babies important to grandparents, so too are older grandchildren. Participants describe how much they miss their grandchildren, but also how much joy and meaning their grandchildren continue to give them during the lockdown, despite the lack of face-to-face contact. M6 expresses this well:

> We miss them. They are 6 and 4. Well yes, my wife has just said, we do talk to them on the phone and we've had messages from them. But no, we do miss them because they are nice children and we enjoy taking them out when we've taken them out. (M6)

So, although the rule of social distancing and protecting the vulnerable people made it impossible to provide and receive physical comfort from family members of other households, the participants endured the tension of staying apart. For example, M9's family, especially the grandchildren, wanted him to hug him on his birthday:

> They [his grandchildren] came across for my birthday on [date] and stood on the driveway. [Name] came rushing up to me so I said, 'No!' She said, 'Granddad, I just wanted to give you a hug.' (M9)

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He went on to explain:

> That's the issue: not being able to cuddle my granddaughter. That is the only thing we are not doing. (M9)

However, for some participants, there was no compensation for the lack of physical affection, *e.g.* F14 said:

> The last couple of weeks I've started to get a bit fed up of it and want to be with people, want to be able to go and sit with people and have a laugh and hug my family and that sort of thing. (F14)

Another participant (M11) expressed his desire to have physical contact even if his family did not disappear, but not being able to perform closeness and belonging left him frustrated:

> Frustratingly, it is not as though they have disappeared and you can't contact them, it is just that you can't physically contact them. (M11)

Some participants lost loved ones during the pandemic and desired to attend funerals in person and provide physical comfort. This seemed difficult to endure, as F5 expressed:

> No. I'll stand outside [funeral of brother in law]. It's just to support my sister and to say, 'I'm here for you.' I'll go, but I'll stand outside … It's just sad that I can't go and give her a hug. (F5)

The absence of face-to-face contact between participants and their families has led to social disconnectedness and this is felt deeply by the participants.

Change of desired and perceived support

Not only has the pandemic led to social disconnectedness it has also led to changes in the exchange of support amongst families. For example, M9 described the support he was giving pre-pandemic to his granddaughter and how it had changed as a consequence of the pandemic:

> I was looking after my granddaughter twice or three times a month. That has stopped. (M9)

However, he then he went on to describe how he now is in receipt of support as a result of the restrictions imposed on him by the pandemic:

> My brother, luckily, lives locally so he was able to do the shopping for me amongst other people. My uncle is 84. He does shopping for him and people in his neighbourhood. (M9)

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Similarly, participant F4 talked also about the challenges of shopping. However, in addition, she also notes that her daughter-in-law provides both instrumental and affectionate support:

> My daughter-in-law is doing my shopping for me, and they're there if I need them, you know? (F4)

However, for some participants, the support they used to receive has disappeared and has not been replaced satisfactorily. Pre-pandemic, M8 enjoyed Sunday brunch and it was the highlight of his week. The lockdown, and his vulnerable status, has made this important event impossible:

> Before the lockdown, I used to go out with my daughter to a local restaurant for brunch on Sunday. So that stopped because everything shut, so Sundays is just it, done. (M8)

Although his daughter is still able to see him, they are both worried about what will happen to his wellbeing when she returns to work and is no longer able to see him:

> She's worried if she goes back to work whether she can still come and see me just in case … My daughter worries because some days I'm happy, some days I'm just moodily depressed. (M8)

For other participants, the complexities of lockdown upon relationship support have been problematic. Whilst F11's nieces have been shopping for her, her ability to go out for a walk was hindered by the complexities of car problems:

> I haven't been doing my own shopping. My family, my nieces or my neighbour has been doing it for me … In fact, I couldn't get the car started to get to the place we were going for the walk, so I had to get my niece to come and give me a jumpstart to get me to the woods. (F11)

Whilst the exchange of affectionate support continues for most participants, there is a sense of the fragility of such exchange. For example, when M15 discussed family Zoom quizzes, the use of the phrase 'never been totally removed' suggests that there had been the assurance of belonging but probably concerns for future family disconnectedness:

> Yes, my middle daughter has set up a couple of family quizzes on the Zoom that's taken over the world at the moment and we have done video calls either with Zoom or WhatsApp, but we've never been totally removed from the family. (M15)

The inability to provide physical comfort to children was also distressing to participants. When F13's daughter's wedding could not go ahead, she said:

> It's been trying to talk my daughter down off the edge a few times, and all I've wanted to do was just grab her and hug her. (F13)

The underlying health problems of family members also posed challenges for the exchange of emotional support, and to the drive to protect loved ones. In some instances, it concerned participants with families abroad, as with F16:

> My younger sister lives in Australia and in the last ten days I have heard that her husband, my brother-in-law, has got a brain tumour … But it's so frustrating not being able to comfort her more other than ringing her up every ten minutes and checking up on them and helping them. (F16)

But in other cases, it was closer to home, and indeed in the case of F1, within the home:

> All the days feel very much the same because my husband is vulnerable and has chosen the 12-week self-isolating. He is not going out of the house at all and I agreed that I would do the same with him to protect him. (F1)

M11 recognises the challenges his wife faces in protecting him. His choice of the word 'victim' is telling:

> Whatever advice he [GP] gives to me impacts on my wife as well who is a volunteer lockdown victim. (M11)

The data show the degree of disruption to well-established family interactions, emotional and practical support, as well as normal modes of communication. Intergenerational relationships changed, as did how support was given and received. There were similar changes for intragenerational relationships. It was notable amongst long-distance relationships that the need for closeness became more marked. The uncertainties and forced restrictions brought by COVID-19 led to family disequilibrium. Remarkable also was participants' emphasis on looking after and protecting others, sometimes at the expense of themselves.

Discussion

Our results demonstrate the range of experiences of our participants and their heterogeneity. However, there were common experiences of the impact of COVID-19 on family relationships, and our findings are summarised in the model below (*see* Figure 2). Before the pandemic, participants provided instrumental support to their children and grandchildren, and they both gave and received affectionate support. This included joint activities and spending time together. This gave them life with meaning and value and a sense of wellbeing. The balance of giving and receiving support resulted in a family in equilibrium. However, the pandemic led to changes in the methods of support. Most notably, for the majority of participants, support was given at a distance, rather than face to face, and this impacted most on the exchange of emotional support. Instrumental support also changed: grandparents

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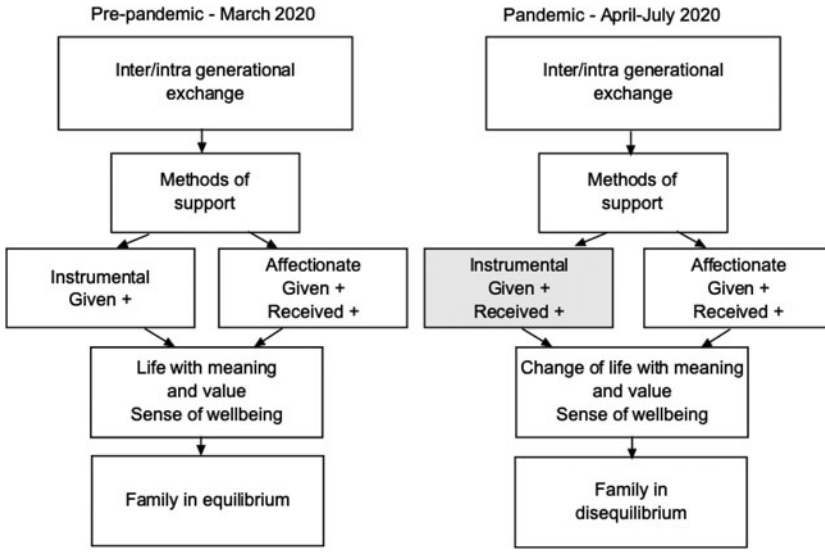

Figure 2. Family equilibrium pre-pandemic *versus* family disequilibrium during the pandemic.

were no longer providing support for grandchildren but children were now providing more support to parents. Thus, the inter–intragenerational exchange flipped from providing instrumental support (*e.g.* grandparenting) to receiving support (*e.g.* shopping). Participants reported that this change of desired and experienced support impacted their sense of meaning for their life and uncertainty about the future; then how this impacted their sense of wellbeing and quality of life. These changes led to families in disequilibrium.

Underlying the changes in experienced and desired affectionate support was the need to move to alternatives to face-to-face meetings. Although participants did not explicitly note the change from independence to dependence, it was implicit. Participants now had to communicate by phone or video conferencing, and socialise via drive-by or go-by meetings, and always keeping physical distance. Missing grandchildren was the most striking finding. Many participants wanted to hug family members but were unable to do so and this led to 'touch hunger', which in turn led to sadness and frustration. Those participants who followed the shielding advice or decided to self-isolate experienced the stress of not being physically close to loved ones. This decision impacted participants' sense of wellbeing and many felt isolated and lonely. Thus, our results supported the findings of the COVID-19 connectivity paradox (Smith *et al.*, 2020). Looking to the future, participants were optimistic for the long term. However, they discussed how in the medium term that they would be wary and careful. They expressed the desire to go 'back to normal'. Our study suggests that future policy should first address the self-care needs of older adults. Second, there should be community strategies to support older adults and their family during health crises. Third, we recommend that the media and communities should consider opportunities for older adults to stay connected and healthy.

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Limitations

One limitation of the study was that initial recruitment was via Qualtrics which is an online platform, therefore participants were already online (for a fuller discussion, *see* McBride *et al.*, 2021). Thus, our sample does not include digitally excluded participants. Participants also needed phone or online capabilities to engage in the interview itself, although we were able to provide participants with a Microsoft Word version of the interview schedule as necessary, and one participant engaged with the study in this way. However, one of the advantages of the recruitment was the opportunity to recruit in a more stratified way than would normally be the case with this type of work. For example, we were able to recruit more men living alone than would often be possible. We were also able to recruit more quickly than would normally be the case. The final advantage of this method is the opportunity to conduct mixed-methods analyses looking at both the qualitative and quantitative data for the same participants, and this will be reported in a future paper. One year after the start of the pandemic, we began follow-up interviews with our participants which examine how life has changed over the last year. At the time of writing these findings are currently being analysed.

There were potentially additional challenges of conducting interviews remotely. However, in practice this proved not to be problematic. Rapport was established and distress, on the rare occasions it occurred, was managed effectively with our distress protocol outlined in our ethical approval.

Conclusion

To conclude, the COVID-19 pandemic and the lockdown presented, as Smith *et al.* (2020) suggested, a COVID-19 connectivity paradox. Participants needed to be close to their loved ones during this difficult time, but needed to maintain physical distance. Our data demonstrate a support paradox. To protect families, and for families to protect them, they needed to stay apart at a time when there was a need to increase instrumental, but especially, emotional support. The pandemic also highlighted the basic human need for physical touch. Collectively the loss of equilibrium in exchanges of support, in turn, challenged the sense of meaning and wellbeing. The need for a return to normal was expressed strongly by participants. In particular, the need to re-establish face-to-face connections with grandchildren was important. Finally, the pandemic has brought family relationships and the exchange of support into disequilibrium.

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Author contributions. EDM conducted the interviews. EDM and KMB analysed the transcripts and wrote the manuscript. RB is the lead of the Psychological Research Consortium and supported writing. KMB designed the study. SF and AM contributed to the design and commented on the manuscript.

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