

The Aging Population and Masking Requirements: A Qualitative Phenomenological
Study

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Abstract

The purpose of this qualitative, phenomenological study is to understand the lived-experiences of individuals over 60 years old. This study was done to specifically understand psychological effects of adhering to protective measure put in place during the COVID-19 pandemic. A pandemic can be described as a global epidemic that has the ability to spread to other continents. The COVID-19 pandemic has impacted thousands of people worldwide. There have been multiple preventative measures put in place for individuals to follow to reduce the spread of the virus. The mandates vary depending on the country and state in which an individual lives in. Many individuals' mental health has been impacted due to the mandates and preventative measures put in place in their communities. Individuals all over the world experienced some sort of change which may have impacted their lived experiences. More research in this area is needed to help individuals understand more about how preventative measures have the potential to alter a person's lived experiences. This research can be used to help understand how protective mandates impact individual's lived experiences to help people manage during future pandemics.

Keywords: pandemic, lived experiences, preventative mandates, COVID-19, mental health

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Dedication

I would like to dedicate my dissertation to my parents, Robert and Lisa Mioduszewski, who have always supported me and encouraged me to become anything I want to be. They not only set a perfect example of what it means to work hard, they instilled values that have gotten me where I am today. Without them I would have never been able to accomplish my dreams. I would also like to dedicate my dissertation to my children, because without them I would not have pushed myself to become all I can be.

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Introduction

The recent COVID-19 pandemic has resulted in more than 184 million positive cases and around 3.9 million deaths (Saint & Moscovitch, 2021). The World Health Organization confirmed the COVID-19 virus has created a pandemic (World Health Organization, 2020). The pandemic created changes in individuals lives across the world consisting of stressors related to job loss, controlled activities, limited communication, and major changes to school and education structures (Hawes et al., 2021). These stressors may promote worry about a mental health crisis and negatively impact the lives of many individuals.

In an attempt to reduce the spread of COVID-19, the U.S. government put strict public health measures in place (Xu et al., 2022). In many countries, wearing a mask is required while in certain public areas (Javed et al., 2022). Several other protective measures have also been put in place depending on the area in which an individual lives. Some states had lockdowns, where businesses and public places closed early to encourage people to stay home. Other communities required wearing a mask in public areas. These protective measures encouraged isolation and reducing contact with others. Although these protective measures were put in place to reduce the spread of COVID-19, there is minimal understanding regarding how these restrictions impacted the mental health of the individuals affected.

Wearing masks that cover the cheeks, nose and mouth can prevent others from picking up on facial expression, inhibit ability to hear, and prevent others from being able to read lips. Approximately 50 million people in the U.S. have been diagnosed with dementia and an estimated 1 million people have been diagnosed with aphasia (World Health Organization, 2019). The mandates on mask use create an additional barrier for individuals with cognitive, communication, and hearing challenges and impairs the ability to understand speech (Knollman-

Porter & Burshnic, 2020). In the past, measuring for mask wearing has been difficult and there is limited information that has been gathered to determine how mask wearing impacts psychological effects. Research has shown that wearing masks can increase respiratory muscle use, initiate headaches, and increase exertion and perceived shortness of breath (Scheid et al., 2020). Studies have not been conducted to determine if wearing a mask had any psychological impact on an individual's mental health, specifically regarding depression and anxiety levels.

Many individuals' lives have been changed by the COVID-19 pandemic. People have been encouraged to stay home and reduce contact with others. Many people isolated themselves from their friends, family and co-workers. Businesses closed and shut down early, which impacted how often people were able to associate and communicate with others. Many people celebrated milestones via video chat or phone calls. Schools were shut down and forced to go virtual in some areas or for varying lengths. There was uncertainty about the new virus and how it was developed and spread from person to person.

Background

Due to the significant spread of the virus, the Centers for Disease Control and Prevention (CDC) implemented several preventative measures to reduce the spread of COVID-19. These preventative measures include social distancing, handwashing, and wearing a face mask (CDC, 2020). Mask wearing in the United States is currently a controversial and political issue (Haischer et al., 2020). Other countries, such as Taiwan, Hong Kong, and South Korea have been able to reduce the spread of COVID-19 significantly by requesting people to wear masks and making sure masks were affordable by banning manufactures from exporting masks at higher prices (Prather et al., 2020). The United States set national and state records for daily new cases of COVID-19 while studies have shown the prevalence rates of anxiety and depression have

increased considerably in the United States during the same period (Czeisler et al., 2020; United States, 2020). Other research found that during COVID anxiety and depression rates among adults in the U.S were three times higher than before the onset of the pandemic (Twenge & Joiner, 2020).

Due to the spread of COVID-19, different forms of lockdown and preventative measures have been put in place. These preventative measures have caused key changes in life domains, including home confinement and a reduction in face-to-face interaction (Hou et al., 2021). Previous research has found there are strong relationships between mental health and an individual's well-being while there is little research that describes how wearing a mask influences an individual's mental health, specifically for depression and anxiety related symptoms (Golińska et al., 2021). Li et al. (2021) also reported there is limited information regarding the impact wearing a mask has on one's symptoms of anxiety.

Masks have been used as a public health intervention to help reduce the spread of the COVID-19 virus. A recent study showed that only 41% of individuals were observed wearing a mask when entering a public store (Haischer et al., 2020). Observations showed that males, younger individuals, and individuals in rural communities were less likely to wear a mask in comparison to others (Haischer et al., 2020). However, when retail stores put restrictions on not wearing a mask, compliance levels rose to around 90% (Haischer et al., 2020). Another study has identified that not wearing a mask properly increases the likelihood for a person to experience anxiety-related symptoms if they are unsure how to properly wear a mask (Li et al., 2021).

Researchers have conducted experiments to determine if anxiety and depression play a role in wearing a mask. Another study has shown that clinical depression rates have increased in response to the pandemic (MacDonald et al., 2021). Studies have focused on sociodemographic

variables to determine what psychological factors have been affected by the pandemic (MacDonald et al., 2021). Researchers have found consistent evidence showing that adults younger than 44 showed higher levels of depression in comparison to older adults ages 65 and over (MacDonald et al., 2021). Tracy et al. (2022) suggested that some older individuals experienced an increase in sleep and a disruption in their routines which led to mental health issues. A lower tolerance for uncertainty and loneliness were associated with moderate to severe depression and anxiety (MacDonald et al., 2021).

Research has shown that individuals with a preexisting mental health disorder had worse outcomes across mental health and psychosocial indicators during the height of the COVID-19 pandemic (Hood et al., 2021). Individuals diagnosed with mental health disorders also showed more symptomology than those without a preexisting mental health disorder (Hood et al., 2021). Studies have also focused on medical conditions and how they impact psychological indicators. Hood et al. (2021) found that younger individual's and those with medical conditions experienced an increase in symptomology.

Obtaining mental health services has declined since the onset of the pandemic. After nationwide lockdowns, most private psychiatry practices were almost completely shut down (Singh Bhandari et al., 2020). Since the pandemic began, very few healthcare systems have identified the significance of mental health as a key role in disease management (Zhang et al., 2020). Currently, there is also a lack of well-trained psychiatrists in the mental health field which led to an increase in psychological distress (Zhang et al., 2020). Di Tella et al. (2020) found that health care professionals working during the COVID-19 pandemic reported higher levels of depression, frequent isolation, and other acute mental illnesses.

The psychological effects of COVID-19-induced mask wearing on depression and

anxiety have only recently drawn the attention of researchers. Individuals reporting higher levels of depression also reported higher levels of being significantly impacted by COVID-19 (Wierenga et al., 2021). In addition, individuals who believed they had more control over contracting the virus had fewer anxiety-related symptoms (Wierenga et al., 2021). Wierenga et al.'s (2021) research shows a small effect size, which suggests a need for understanding interconnectedness among somatic symptoms, perceptions, and psychological symptoms. Further research on the psychological effects of the COVID-19 mask mandates is needed to determine if there is a correlation with depression and anxiety levels.

Situation to Self

The philosophical assumptions for this study will focus on ontology assumptions and attempt to gain objective insight on the pandemic involving older adults. This study will aim to obtain more information regarding the impact of the COVID-19 pandemic and the elderly population. The paradigm will be examined with a positivism approach and will aim to explain elderly individuals experiences during the COVID-19 pandemic. The results of the study can be used to explain the reality for elderly individuals during the pandemic and will be used to reduce uncertainty during times of a pandemic.

Problem Statement

At this time, there is limited information reported on the psychological impact the COVID-19 pandemic has had on individuals. This is due to the fact that these are the early stages of the pandemic and some areas are still in a state of emergency that is characterized by significant uncertainty (Favieri et al., 2021). Many studies have focused on the effects of the COVID-19 quarantines, however, no studies have been conducted to determine how wearing a mask impacts one's mental health, specifically depression and anxiety levels. It still remains

unclear if depression and anxiety increased several months after the start of the COVID-19 pandemic (Hawes et al., 2021). Continued research on anxiety and depression during the pandemic will be beneficial.

One problem with the COVID-19 pandemic is the lack of research conducted on preventative measures and how they impact an individual's mental health. There has been research conducted on how some preventative measures impact COVID-19 prevalence rates, but minimal research on how one's mental health is impacted (Di Tella et al., 2020). Much of the research regarding COVID-19 and mental health has been conducted in countries other than America. How COVID-19 has impacted individuals living in the United States is largely unknown. There are limited studies examining the effects of the pandemic on individuals of all ages, in different living environments, and of varying socioeconomic status.

Current research on elderly individuals living during the COVID-19 pandemic is limited, and is especially limited in the United States, as much of the research conducted on the COVID-19 pandemic was conducted in other countries. The sample sizes used in prior research studies tend to be small and the literature would benefit from a larger sample size as well as identifying other populations to determine the impact the pandemic had on various groups of individuals (Dziedzic et al., 2021). Understanding more about how the elderly population was impacted by the COVID-19 pandemic can be helpful in treating these individuals as well as treating individuals during future pandemics.

Purpose Statement

The purpose of this qualitative phenomenological study is to understand the lived-experiences of the elderly, specifically regarding psychological effects of adhering to protective measures put in during the COVID-19 pandemic. At this stage of research, protective measures

will be generally defined as social isolation, mask mandates, and the closing of businesses and schools. The target population for this study is elderly adults age 60 and older. The older population have an increased likelihood of experiencing difficulty in maintaining their lives during a pandemic, which makes them a population of interest (Fauk et al., 2022). Further research on the elderly population can help save and improve the lives of older individuals during the current COVID-19 pandemic and future pandemics that may occur.

Significance of Study

The COVID-19 pandemic has impacted lives worldwide. There has been some research done to determine more specific concerns arising from the pandemic; however, there continues to be limited research defining specific mental health reactions among different populations worldwide. As the COVID-19 pandemic is a relatively new issue, continued research can identify preventative measures as well as how those measures impact the mental health of the individuals involved.

Conducting this study can help to improve the lives of others who have faced or will face the effects of a pandemic. The information gathered can be used to determine if preventative measures regarding a contagious virus can impact the mental health of various populations in all environments. More information can be gathered to help determine how to prepare individuals in regard to the potential lack of interpersonal relationships with others. This research can help to put supplemental measures in place if any deficits are found among the various types of preventative protective restrictions that may be used in the future.

Over 80% of individuals over the age of 65 experience death from COVID-19 and the elderly population in general is at the highest risk of experiencing a severe reaction from the virus (Webb & Chen, 2021). This study will examine older adults' responses to the preventative

measures associated with the COVID-19 pandemic. A study conducted in another country has found mental health issues to be prevalent among both individuals who are institutionalized and those who are able to live independently during the COVID-19 pandemic (Caycho-Rodríguez et al., 2021). As older adults are considered a vulnerable group with viruses and diseases, they can be expected to follow the restrictions put in place and adhere to restrictions for extended periods of time to reduce the chances of contracting the virus (Sibal, 2021). Research in this area can help to improve the lives of older adults during the current or future pandemics.

Research Question

RQ1: How do the elderly describe their lived-experiences with the psychological effects of adhering to protective measures in place during the COVID-19 pandemic?

Definitions

1. *Pandemic*- a disease outbreak spreading across several countries and continents that usually impacts many people (Kelly, 2011).
2. *Depression*- a prevalent mental disorder that can commonly cause disability and reduced life satisfaction (Skoog, 2011).
3. *Anxiety*- one of the most prevalent psychiatric symptoms in the general population consisting of a distressing subjective experience; also can also be considered as comorbid to other primary diagnoses (Roy-Byrne, 2015).
4. *Social/Physical Distancing*- keeping a distance of six feet from each other in crowded places or in groups to help reduce the spread of COVID-19 (World Health Organization, 2022).

Summary

As the COVID-19 pandemic continues to effect individuals worldwide, more research is needed on mental and social/emotional health during this time. The various protective measures put in place may be continuing to impact the mental health and people's ability to maintain interpersonal relationships with others among the elderly population. Continued research in this area will not only shed light on the effects of the protective measures but can also be used in future pandemics in a more useful way. Using a phenomenological approach will help the researcher to better perceive and understand the impact of COVID-19 had on elderly adults. The philosophical frameworks will follow an ontological approach to create a structure for the new data.

The research shows there is a need for further research to be conducted in order to fully understand this phenomenon. The current research shows that the COVID-19 restrictions have impacted the psychological effects of the elderly population, but to what extent is largely unknown. This study will allow for better understanding of how the psychological effects of adhering to COVID-19 related protective measures may have changed due to the current pandemic by understanding more on how mental health has been impacted during this time. Understanding these changes can help to protect the elderly population when future pandemics or protective measures are put in place to reduce the spread of a deadly virus.

CHAPTER TWO: LITERATURE REVIEW

Overview

The current research on COVID-19- related topics is growing, but there is still a lack of understanding regarding how the restrictions impacted elderly adults. The majority of the research to date was conducted in other countries, as those countries experienced the outbreak of the virus first (Fauk et al., 2022). This section focuses on studies that have been used to determine if restrictions of the COVID-19 pandemic impacted the lives of individuals. This section will also provide information that previous studies have found on the mental health of individuals of all ages and demographics impacted by the COVID-19 pandemic. Finally, this chapter will discuss various treatment styles and characteristics that have been found to be impacted by the COVID-19 pandemic.

Theoretical Framework

The Cognitive Behavioral theories of depression were designed to integrate mental events into behavioral frameworks (Marchetti et al., 2020). Beck's (1976) theory explained that depressive symptoms occur when an individual experiences cognitive errors, dysfunctional attitudes, and negative automatic thoughts (Marchetti et al., 2020). Beck described that dysfunctional attitudes as harsh and maladaptive assumptions that alter information processing when stressors are present (Marchetti et al., 2020). Some cognitive errors include catastrophizing, overgeneralization, and selective abstraction (Marchetti et al., 2020). These cognitive errors can lead one to have a negative view of themselves, their future, and the world around them (Marchetti et al., 2020). Negative automatic thoughts can come rapidly when a person is stressed or upset and can dominate their mental activity (Marchetti et al., 2020).

This study utilizes the cognitive behavioral theory because the experiences of the pandemic and protective measures can cause psychological effects such as depression among the elderly population. This theory can provide a framework for the current study to determine if protective measures cause catastrophizing, overgeneralization, and selective abstraction during a pandemic when protective measures are mandated. Using this approach can help to determine if self-deprecating thoughts and feelings of inadequacy and worthlessness play a role in how the elderly population responded to protective measures mandated during the COVID-19 pandemic (Shestyuk & Deldin, 2010).

There have been a small amount of longitudinal studies that were conducted to determine within-person changes in mental health symptoms during the COVID-19 pandemic (Hawes et al., 2021). Several of these studies have reported mixed results (Hawes et al., 2021). Planchuelo-Gómez et al. (2020) found that levels of anxiety, depression, and stress have increased significantly in adults living in Spain due to the confinement COVID-19 has caused. Other longitudinal studies have focused on individuals working in the health field who are responding to the individuals diagnosed with COVID-19 (Wang et al., 2020). A large portion of the research previously conducted on the current pandemic focuses on physicians, nurses, and other health care providers (Tiete et al., 2021).

Consistencies have been found in the research regarding cross-cultural research (Church et al., 2008). Previous research has found that racial and ethnic minority groups have been subject to disparities in mental health, psychosocial stress, and substance misuse (McKnight-Eily et al., 2021). Czeisler et al. (2020) found Hispanic participants reported significantly higher prevalence rates of intrusive thoughts about suicide since the onset of the pandemic. McKnight-Eily et al. (2021) found that current levels of depression were reported 59% more often by

Hispanic adults in comparison to non-Hispanic adults. They also found that over 36% of Hispanic participants reported increased or newly initiated substance abuse (McKnight-Eily et al., 2021).

Research has also been conducted on White adults regarding how the pandemic has impacted their mental health status (Church et al., 2008). White adults were more likely than other cultures to report stress over worrying about a loved one's health (McKnight-Eily et al., 2021). Adult respondents that were multiracial and non-Hispanic adults reported an increase in stress due to worrying about the stigma or discrimination that may be associated with being blamed for the spread of COVID-19 (McKnight-Eily et al., 2021).

Other studies have estimated that job loss is one of the most significant factors causing negative effects on individuals' mental health (McKnight-Eily et al., 2021). McKnight-Eily et al. (2021) found that around 27% of participants worried about losing their jobs and over 14% worry about not having enough food. Hispanic adults reported the highest stress levels centered around not having enough food and maintaining stable housing (McKnight-Eily et al., 2021). Future research should be conducted to determine how situational factors presented from COVID-19 impact daily living.

Related Literature

There were an estimated 703 million people age 65 or older in the world in the year 2019, and the population in some areas of the world are aging rapidly (World Health Organization, 2019). Since COVID-19 emerged, there have been more than 58 million individuals who have been burdened by the outbreak (Mistry et al., 2021). The elderly population has been largely impacted as they are more vulnerable to severe illness and mortality (Mistry et al., 2021). In Bangladesh, mental health issues have not gained much attention during the implementation of

policies to prevent the spread of the virus (Mistry et al., 2021). Studies in Bangladesh have found that older individuals experienced an increase in depressive symptoms during the COVID-19 pandemic (Mistry et al., 2021).

Older adults have become more vulnerable during the COVID-19 pandemic due to a more compromised physical state, chronic health conditions, decline in cognitive functioning and other disabilities (Parlapani et al., 2020). In Europe, around 95% of COVID-19 related deaths were in individuals ages 60-65 (Parlapani et al., 2020). In the United States, about 80% of fatal cases were involved in individuals between the ages of 60 and 65 (Parlapani et al., 2020). There was also a large number of individuals who experienced COVID-19 related deaths that had been living in long-term care facilities (Parlapani et al., 2020).

Review of Literature

There have been few direct-observational studies done to determine if demographic traits impact the odds of wearing a mask (Haischer et al., 2020). COVID-related research would benefit from additional observational studies in order to gain national validity after mask mandates end (Haischer et al., 2020). Some research has been conducted during the COVID-19 pandemic to determine if there were any significant differences among various demographics in regard to mental health symptoms (Haischer et al., 2020). Haischer et al., (2020) used multiple regression analysis to determine if mental health symptoms had any correlations among gender, age and location (Haischer et al., 2020). The same regression analyses showed that age, gender, and location all play significant roles in determining whether or not an individual wears a mask (Haischer et al., 2020). Webb and Chen (2021) found that Hispanic adults reported the highest levels of pandemic related anxiety and depression (33%) in comparison to Black adults (26%), White adults (23%), and Asian adults (17%). More research is needed in this area to determine

how various demographics can be impacted by viruses to determine effective mental health strategies in the future. Findings are conflicting results regarding the demographics of the participants in studies relating to the pandemic and related mental health issues. One study found individuals in the ages range of 18-24 have experienced significantly higher suicidal ideations after the onset of the pandemic (Czeisler et al., 2020). Another study found that 62% of individuals with a mean age of 72 tested positive for depression after the onset of the pandemic (Alhalaseh et al., 2022). Another study found that posttraumatic stress disorder was found in 85.5% of Chinese children aged 16 and younger during the height of COVID-19 (Oliveira et al., 2022).

Socioeconomic Status

Socioeconomic status has been researched to determine if there were any significant findings regarding its relation to psychosocial effects and socioeconomic status. A previous study has shown participants experience significant increases in depression and anxiety when living situations are potentially being threatened (Webb & Chen, 2021). Additionally, Webb and Chen (2021) found that older adults who had recently lost their job or had a family member lose their job during the pandemic reported increased rates of anxiety/depression (34%) in comparison to the 21% whose jobs were not affected.

Another study has found an increased likelihood of experiencing fair health, poor health, and serious depression among individuals with less than a high school education, individuals with low income, and individuals who were currently renting their homes (Lee & Singh, 2021). When compared to individuals with higher socioeconomic status, individuals with lower education and lower income experienced statistically significant rates of depression (Lee & Singh, 2021).

Gender

Research has found that females tend to mask more often than males (Haischer et al., 2020). One study has shown that females experienced an increased rate of coronavirus-related anxiety (Haischer et al., 2020). Parlapani et al. (2020) found that women over 65 tend to experienced more severe depression, more worry related to the COVID-19 virus, and reported more sleep difficulties than men. Parlapani et al.'s research yielded no significant findings in predicting gender-related differences when measuring for loneliness.

Other research has shown that gender plays a significant role in the development of depression and anxiety during the pandemic. A study conducted in August of 2020 found that 28% of women 65-74 years old self-reported higher levels of depression and anxiety mid-pandemic compared to older men (approximately 20%) (Webb & Chen, 2021). Approximately 20% of older men who self-reported depression and anxiety (Webb & Chen, 2021). The researchers expected these results, as the findings were similar in research conducted before the pandemic (Webb & Chen, 2021). The study also found a link between fair/poor health and chronic depression among several racial and ethnic groups (Webb & Chen, 2021). Webb and Chen's (2021) research revealed the only ethnic group to not experience significant mental health changed during the height of the pandemic was non-Hispanic Asians.

Children

There were many limitations put in place for school age children during the years of the COVID-19 pandemic. In school, children were required to follow social distancing rules and wear masks. They were introduced to online schooling and sporting events and other extracurricular field trips were cancelled (Ladhani, 2021). Children did not have as many opportunities to talk and engage with their peers as they had in the past. Children may have also

experienced psychological distress due to the fear of contracting the virus or infecting a loved one with the virus. The restrictions put in place to reduce the spread of the virus may have some lasting impact on children as well as adults.

One of the major effects the pandemic had on children was the subsequent isolation and reduction in physical activity. More than 70% of children and adolescents did not meet an adequate level of physical activity during the pandemic (Denerel et al., 2021). Other research has found similar results in regard to physical activity levels among children. Xiang et al. (2020) found there was a significant decrease in physical activity and increase in screen time among children during the pandemic. There are concerns that the decrease in physical activity may negatively impact children's physical and mental health, which in turn may enhance negative health conditions (Xiang et al., 2020).

Cost et al. (2021) found a significant deterioration across multiple mental health domains in children and adolescents living in Canada during the COVID-19 pandemic. Their study revealed that over two thirds of Canadian children and adolescents experienced a decline in their mental health during that time (Cost et al., 2021). One of the most prominent domains that was found to be significant was stress related to social isolation (Cost et al., 2021). In this particular study, age was not a determining factor in the deterioration of mental health and children and adolescents were the largest demographic to experience a decline (Cost et al., 2021). Children ages 10-12 were found to have the highest deterioration rates in depression, while deterioration in anxiety and irritability was highest in children ages six to nine (Cost et al., 2021).

Young Adults

There have been few studies conducted to determine what effects, if any, were experienced by the younger population during the COVID-19 pandemic. Some studies have

shown that younger adults responded well to restrictions and policies put in place due to family and peer support, while others have demonstrated that the younger adult population was negatively impacted by the restrictions and experienced increases in mental health symptoms (Liu et al., 2020; Sharma et al., 2020). One study showed that the quality of life and life satisfaction during the height of the COVID-19 pandemic were lower in younger people compared to older adults (Bidzan-Bluma et al., 2020). Huynh et al. (2022) did not find any correlations between fear of COVID-19 in older Vietnamese adults and well-being.

Elderly

There are many challenges the elderly population will face when exposed to a pandemic situation. Anxiety increases due to concerns about personal safety and not knowing what the pandemic may bring (Flett & Heisel, 2020). Individuals over the age of 65 were declared to be a high-risk group during the COVID-19 pandemic and were encouraged to take precautions (Yıldırım, 2021). The impact of the COVID-19 pandemic and the subsequent lock down restrictions can lead to emerging mental health issues in the elderly population (Yıldırım, 2021). One study found that older individuals perceived growing old was like “committing a crime” and experienced enhanced feelings of helplessness, being fragile, and not contributing to society (Yıldırım, 2021, p. 901).

Some research has shown that the elderly population are at the greatest risk of becoming ill and dying from the COVID-19 disease (Jecker, 2020). Older adults are encouraged to get vaccinated, wear a mask, maintain social distancing, and exercise proper handwashing to prevent the spread of the disease (Centers for Disease Control and Prevention, 2021). The elderly may experience increased isolation and loneliness during quarantine and even experience more isolation than what is recommended (Jecker, 2020). Another study has shown that the

emergency procedures put in place were directly related to older individuals starting to lead unhealthy lifestyles, a majority of which continued after areas started reopening (Gabriella Di Santo et al., 2021).

The government in Singapore implemented a form of a lock down and called it the “circuit breaker” (Yu et al., 2022, p. 1). During the time this study was conducted, there were major concerns that the elderly population would not be able to maintain their mental health and properly adjust to the strict restrictions, isolation, and social distancing measures required (Yu et al., 2022). After conducting this study, researchers found that “age advantages in emotional experienced were maintained in community-dwelling older adults” (Yu et al., 2022 p. 6). Yu and colleagues (2022) continued to find significant information that found evidence to support the idea that older adults reported fewer depressive, anxiety, and stress- related symptoms than expected (Yu et al., 2022). These results were consistent among the older adults even if they were limited in obtaining essential items/ activities and with an emphasis placed on digital resources (Yu et al., 2022). This research also found that older adults were less likely to be able to conduct essential activities and stay up to date on current regulations and restrictions put in place in their area (Yu et al., 2022).

Another study has shown that the elderly population has handled the effects of the pandemic better than younger groups (Czeisler et al., 2020). A study conducted in August 2020 found that individuals over the age of 65 reported lower depression, anxiety, and suicidal ideations more than younger adults (Czeisler et al., 2020). Although the elderly reported fewer depressive symptoms, depression can be more detrimental to the elderly population and depression can be more likely to increase functional impairments (Webb & Chen, 2021).

Research has continued to show that many people of all ages have been affected by the COVID-19 pandemic. One study found that physical isolation was associated with depression, anxiety, and loneliness during the first six months of the pandemic (Joseph et al., 2022). The same study revealed that the levels of depression- and anxiety- related symptoms did not significantly increase at the six-month follow-up among individuals 55 and older (Joseph et al., 2022). Joseph et al. (2022) found the association between depression and individuals who were socially isolated before the pandemic took place had the strongest correlation.

Another concerning factor is the onset and development of dementia in older adults. Currently, there is minimal research regarding the COVID-19 pandemic and dementia and how it impacts the older population. Hosker and Ward (2017) found that individuals experiencing hypoactive delirium were likely to be missed by medical admissions and were not able to receive adequate attention for the issue due to similar symptoms constituting the onset of COVID-19. Not receiving proper care for the onset of delirium could have been contributed to the spread of the virus and cases may have gone unrecognized (Wang, 2020). Another result not getting the appropriate care is a higher risk of mortality (Wang, 2020).

To determine and understand the elderly population's experience during the COVID-19 pandemic, focus groups have been conducted to obtain first-hand information on the effects of the pandemic on this demographic. This study interviewed 17 participants ranging from ages 62 to 101, and all of whom were living in different types of housing consisting of houses, condominiums, and continuing care residences during the time the COVID-19 pandemic occurred. Several participants reported negative experiences from being socially isolated from others (Fordyce & Smith, 2022).

Environment

A prior study has shown that rates of wearing a mask are similar among suburban and urban areas (Haischer et al., 2020). They also found that rates of wearing a mask were much lower in rural stores in comparison to stores in urban and suburban areas (Haischer et al., 2020). People living in urban and suburban areas were four times more likely to wear a mask than individuals in rural areas (Haischer et al., 2020). Researchers believed these results may reflect individuals' beliefs they were at a lower risk of contracting the virus (Haischer et al., 2020).

Residents living in long-term facilities are at higher risk of experiencing a COVID-19-related mortality (Lee et al., 2021). These long-term health care residents were targeted as a priority to be given access to the COVID-19 vaccine. Lee et al. (2021) found that the promotion of vaccine outreach programs focused on marginalized and socially vulnerable groups. Future research is encouraged in this area to help address any inequalities.

Beliefs on COVID-19

Several studies have been conducted on the various beliefs individuals have regarding the COVID-19 pandemic. A study using poll questions indicated that most people wear masks in public as well as following social distancing guidelines, however individuals have experienced an increase in worry and negative impact during the pandemic (Hood et al., 2021). The same study also found that as COVID-19 related deaths progressed, the participants experienced more worry and became stressed about how the pandemic would affect their families (Hood et al., 2021).

The Health Belief Model (HBM) was used to identify any relationships that may exist between mental health symptoms and an individual's beliefs regarding COVID-19 (Bressington et al., 2020). The HBM was adopted to learn more about why people do not adhere to disease

prevention strategies (Jones et al., 2014). The HBM consists of six constructs designed to predict behavior. The six constructs include risk susceptibility, risk severity, benefits to action, barriers to action, and cures to action (Jones et al., 2014). The HBM is ideal when conducting communication research and is able to fit diverse cultural contexts (Jones et al., 2014).

Mental Health

Another study has shown that depression and anxiety increased during the pandemic. One study found that nearly 46% of adults 65 and older reported an increase in depressive and anxiety- related symptoms (Webb & Chen, 2021). As these studies were conducted during the pandemic, the common theme was that the individuals reported their mental health was negatively impacted by the pandemic and depressive rates increased significantly (Webb & Chen, 2021). Studies have also shown that individuals who remained in quarantine for extended periods of time led to unhealthy lifestyles where most of the lifestyles that have continued post-quarantine (Wang, 2020). There have been several other virus outbreaks in which the psychosocial well-being of individuals is largely overlooked (Zhang et al., 2020).

The pandemic has caused severe social and psychological ramifications for Chinese people who were quarantined and experienced a reduction in face-to- face interactions (Zhang et al., 2020). Studies have shown that social support for those who were isolated was mostly provided by family members, social workers, and psychiatrists (Zhang et al., 2020). Mental health statues need to be monitored more closely over time to ensure support for isolated and effected individuals over time (Zhang et al., 2020).

Other current research has focused on analyzing the relationships between mental well-being and experienced stress during the COVID-19 pandemic (Golińska et al., 2021). Prior research has shown that depressive- and anxiety- related disorders are potential risk factors for

experiencing difficulty coping with stressful situations (Renner et al., 2012). Han et al. (2021) found that perceived severity of the pandemic was directly predictive of depression, anxiety, and stress, which supports other finding's conclusions (Wang et al., 2021). Golińska et al. (2021) found that using minimally effective coping skills can intensify symptoms when an individual is faced with a threatening situation. After the study was conducted, Golińska et al. (2021) further discovered that the most severe PTSD symptoms were experienced most frequent by individuals with anxiety disorders. The individuals who were diagnosed with depression prior to the pandemic reported the least intense PTSD symptoms (Golińska et al., 2021).

COVID-19 has been shown to have a greater impact on the psychological health of individuals who work in the medical field or those who directly participate in COVID-19- related work (Kim & Kim, 2021). Another study has determined nurses, medical staff, and health care workers are at higher risk for depression, anxiety, and sleep disturbances due to th stress of the pandemic on their lives (Kim & Kim, 2021). Studies have also focused on the mental health of individuals in the general public (Kim & Kim, 2021).

There is conflicting research in relation to mental health and the elderly population. Some research has shown that older adults are more resilient and are less negatively affected by mental health symptoms (Mendoza-Ruvalcaba et al., 2022). There has also been research conducted to suggest that social distancing and quarantine are associated with negative effects in the older population (Mendoza-Ruvalcaba et al., 2022). Mendoza-Ruvalcaba et al. (2022) found an association with frequency of falls, ability to maintain activities of daily living (ADL's) and deficits in memory, language, and orientation (Mendoza-Ruvalcaba et al., 2022).

Depression

Limited research has been conducted on the prevalence of depressive symptoms in the older population (60 and older) of individuals living in Bangladesh (Mistry et al., 2021). One study was conducted in this area due to the elderly population being the most at risk during the pandemic. Researchers found a high prevalence rate among older adults in Bangladesh during the COVID-19 pandemic (Mistry et al., 2021). Mistry et al. (2021) determined there was a need for urgent attention from stakeholders to help reduce the depression levels leading to cognitive impairments for this demographic. They also encouraged individuals with pre-existing conditions to seek medical attention to avoid a reduction in health conditions (Mistry et al., 2021).

Previous research has found that the effects from the pandemic has impacted individuals' anxiety and depressive symptoms. One study was conducted to determine the prevalence rates of anxiety and depression in correlation with participants' daily routines during the pandemic (Hou et al., 2021). Hou et al. (2021) found that anxiety was significantly correlated with medium/high disruptions to participants' daily routines (Hou et al., 2021). They also found a significant positive correlation between high/medium disruptions with healthy eating, sleep, and socializing when compared to low disruptions in an individual's daily routine (Hou et al., 2021). The disruptions caused from the pandemic were significantly correlated with an increase in anxiety and depression (Hou et al., 2021). The researchers determined there was an urgent need to collect data to understand the mental health toll from the COVID-19 pandemic (Hou et al., 2021).

Research has shown that depression and anxiety prevalence rates have increased since the onset of the pandemic (Vahratian et al., 2021). However, there is limited research on how suicidal ideation and substance use and whether or not they were exacerbated by the COVID-19

pandemic. One study found that over 40% of participants reported at least one adverse mental health diagnosis or condition (Czeisler et al., 2020). Additionally, Vahratian et al. (2021) noted an increase in individuals who reported needing mental health counseling services between August 2020 until December 2020. The same study found that there was an increase in anxiety and depressive symptoms reported by respondents within the same timeframe (Vahratian et al., 2021).

There are limited longitudinal studies that have shown significant results between psychosocial burden, depression, and severity of illness during the COVID-19 pandemic (Seethaler et al., 2021). Seethaler et al. (2021) found that individuals with higher depression scores indicated more intense psychosocial impact from the pandemic and the severity of their illness indicated more negative effects from the pandemic. They indicated the results may be explained by the fact that depression in the elderly population is shown to be linked with lower resiliency (Seethaler et al., 2021). The study continued to find results indicating that self-rated depression results among the older population may be biased due to a negative self-evaluation regarding the pandemic (Seethaler et al., 2021). Lastly, the study found that the psychosocial impact on the elderly population needs to be addressed particularly in individuals with pre-existing psychiatric conditions due to the compounded negative effects especially on those individuals (Seethaler et al., 2021).

There has also been research conducted to determine if there were any associations between drug use and depression during the COVID-19 pandemic (Somé et al., 2022). Researchers found that individuals who reported higher levels of depression and anxiety tended to use alcohol and cannabis more often than those whose depression and anxiety rates were lower (Somé et al., 2022). Been et al. (2021) reported difficulty explaining illicit drug use during

the current COVID-19 pandemic in European cities. In this study, illicit drug use was referred to as using amphetamines, methamphetamines, MDMA, and cannabis (Been et al., 2021).

Researchers were not able to find a decrease in using illicit drugs during the pandemic but did find that physical distancing and movement restrictions had significant consequences on illicit drug use and supply (Been et al., 2021).

Anxiety

The Depression Anxiety Stress Scale can be used to help researchers obtain information to determine an individual's levels of depression, anxiety and stress (Han et al., 2021). This scale consists of 21-items and is divided into three dimensions consisting of depression, anxiety, and stress (Han et al., 2021). Higher scores represent higher levels of depression, anxiety and stress (Han et al., 2021). Zanon et al. (2020) found that the Depression Anxiety Stress Scale-21 (DASS-21) can be used effectively cross-culturally. Other studies in this area have used the Household Pulse Survey (HPS) to obtain information on anxiety and depressive symptoms on people in the United States (Zanon et al., 2020). The HPS is an online survey that was developed by the U.S. Census Bureau (Vahratian et al., 2021).

The Patient Health Questionnaire (PHQ-4) was used to help determine the prevalence and intensity of depressive- and anxiety- related symptoms (Vahratian et al., 2021). This questionnaire reflects the respondent's previous last seven days and inquires about feeling nervous, an inability to stop worrying, experiencing depressive symptoms, and experiencing little interest or pleasure (Vahratian et al., 2021). The PHQ-4 records an individual's prescription medication use, counseling interventions, and unmet counseling needs over a four-week period (Vahratian et al., 2021).

The COVID-10 Pandemic Mental Health Questionnaire (CoPaQ) is a self-report questionnaire that has been used in a wide variety of populations to evaluate the COVID-19 pandemic-related psychosocial continuum (Rek et al., 2021). The Coronavirus Anxiety Scale was implemented to assess individuals who are experiencing dysfunctional anxiety associated with the pandemic (Supriya & Kulkarni, 2022). The scale consists of five scaling questions that healthcare workers and researchers can use to determine individuals who might be struggling with increased anxiety due to the pandemic (Supriya & Kulkarni, 2022).

Further research has been conducted on how the current COVID-19 pandemic has played impacted symptoms of anxiety. Supriya and Kulkarni (2022) found the overall anxiety rate among individuals aged 60-80 was 22.5% when using the Coronavirus Anxiety Scale (CAS). Individuals aged 70-79 showed the highest scores of anxiety rates due to the effects of the pandemic in comparison to other age groups (Supriya & Kulkarni, 2022). Individuals aged 60-69 showed moderate anxiety levels and individuals aged 80 and up showed the least amount of anxiety (Supriya & Kulkarni, 2022). Other literature shows that hand washing, wearing a face mask, avoiding going into the community, and social distancing has increased anxiety related symptoms (Schneider & Leonard, 2021).

Trauma/PTSD

During the COVID-19 pandemic, loneliness has been a significant predictor of experiencing posttraumatic stress disorder (González-Sanguino et al., 2020). Studies were conducted to test the mediating effects of existential anxiety to determine how COVID-19 impacts life satisfaction and posttraumatic stress disorder symptoms (Tomaszek & Muchacka-Cymerman, 2020). Tomaszek & Muchacka-Cymerman (2020) were able to confirm previous research that there is an association between PTSD and posttraumatic growth. Tomaszek &

Muchacka-Cymerman (2020) identified that the COVID-19 pandemic has created unique situations in analyzing these relationships because each participant has experienced a real-life threat to their health and life (Tomaszek & Muchacka-Cymerman, 2020). Older adults may have been exposed to additional stress in relation to the pandemic due to job loss, unavailability of food, and unavailability of household supplies (Webb & Chen, 2021).

The diagnosis of PTSD has undergone significant debate and has been altered several times since it was first introduced (Hafstad et al., 2014). PTSD has been characterized by three symptom clusters including reexperiencing, avoidance/emotional constriction, and arousal (Hafstad et al., 2014). PTSD is caused by a terrifying or horrific experience that presents as a traumatic event. There are endless types of traumatic events that directly or indirectly impact the individuals. To be diagnosed with PTSD, an individual must be directly involved in, witness, or learn about a traumatic event happening to a friend or family member.

Loneliness

During the COVID-19 pandemic, loneliness has been a significant predictor of developing depression related symptoms (González-Sanguino et al., 2020). The term loneliness can be defined as “a subjective perception of a negative emotional state related with the divergence between desired and existing relations with others” (Ong et al., 2015, p. 444). One study estimated the use of the various restrictions and distancing orders put in place were able to prevent an estimated 3.1 million deaths without taking into consideration how loneliness may impact the people made to follow these restrictions (Webb & Chen, 2021, as cited in Flaxman et al., 2020).

One of the main protective orders put in place was social and physical distancing. Although social and physical distancing was not intended to cause loneliness, unintended

loneliness can occur especially within the older adult population (Webb & Chen, 2021).

Loneliness is associated with anxiety, anger, hypertension, stress levels, and the activation of the sympathetic nervous system (Webb & Chen, 2021). Social isolation is associated with decreased quality of life, and an increase in premature death, strokes, and dementia among the older adult population (Webb & Chen, 2021).

Keeping in contact with friends and family members has been increasingly popular with various sources of communication, including Facebook, video calls, e-mail, and other online social networking sites (Hajek & König, 2021). Minimal studies have examined the connection between contact with friends/family via the internet and depressive symptoms and life satisfaction (Hajek & König, 2021). Hajek and König (2021) found results similar to previous research, confirming that daily contact with friends and associates via the internet can be beneficial to mental health and life satisfaction. They also asserted that future research should focus on internet contact when there are major government restrictions are put in place (Hajek & König, 2021).

Further research conducted by Dziedzic et al. (2021) showed that single individuals, individuals living alone, and unemployed people experienced on average a moderate level of loneliness during the COVID-19 pandemic. They also found that individuals over the age of 60 who reported higher levels of loneliness also experienced higher levels of anxiety, depression, and irritability (Dziedzic et al., 2021). Lastly, Dziedzic et al. (2021) expressed a concern for the elderly population, as they are at higher risk of physical and mental impact during the COVID-19 pandemic. Another study has further concurred that older adults that identified as needing care and being sick, as well as experienced feeling weak, lonely, hopeless, reluctant, and struggling with experienced mental health issues during the COVID-19 pandemic (Ayalon et al., 2020).

Treatment

Researchers were particularly interested in how to treat mental health symptoms in older adults during the COVID-19 pandemic. These researchers used telephone-delivered behavioral activation and mental imagery to treat older individuals for depression (Pellas et al., 2021). They found the use of mental imagery can be helpful in facilitating behavioral activation treatment when treating depressive symptoms (Pellas et al., 2021). Pellas et al.(2021) further found that behavioral activation was helpful in reducing depressive symptoms specifically in elderly adults and that it can be delivered remotely via telephone (Pellas et al., 2021). Older individuals may have difficulty accessing online therapy; therefore, the telephone is a helpful and more accessible option for this population (Pellas et al., 2021).

A study conducted between March and May of 2021 measured the mental health of Palestinian medical students and found that mental health status was significantly related to physical activity level, duration of sleep, and entertainment time (Hanani et al., 2022). In addition, Hanani et al. (2022) found evidence that cognitive-behavioral therapy was effective in treating these medical students for depression. The findings indicated a decrease in depression, anxiety, and social dysfunction when treated with cognitive behavioral therapy (Hanani et al., 2022).

Resilience

Resilience has been identified as a protective factor against psychological stress but not many studies have been conducted to determine if any changes regarding resilience took place during the COVID-19 pandemic (To et al., 2022). To et al.'s (2022) longitudinal study found that resilience scores did not significantly fluctuate during the pandemic (To et al., 2022). This study

found similar results with other studies in that resiliency levels predominately remained the same during the pandemic among Australian individuals 18 and older (To et al., 2022).

Other studies have been conducted to learn more resiliency during the COVID-19 pandemic. Many people utilized coping skills that shared a collective or social focus, including volunteering and feeling as if they belong (Halliday et al., 2021). Some of the mental health responses found during the COVID-19 pandemic were similar to the responses provided following natural disasters and during the Ebola outbreak (Halliday et al., 2021).

Physical Activity

Due to the mandates put in place during the COVID-19 pandemic, many forms of physical activity were cancelled, postponed, or were deemed unsafe during at the time. In contrast, resilience was positively associated with activity level during the pandemic (To et al., 2022). To et al. (2022) described how physical activity can help improve mood, while cognition can be used as a buffer for stress and other related stress disorders. To et al. (2022) found that physical activity was related to resilience, anxiety, and stress. Healthy actions including regular exercise can provide a buffer for adverse psychological effects from the COVID-19 pandemic (To et al., 2022).

As age increases, losses in vision, hearing, mobility, and cognitive functioning reduce among older people, especially those exposed to environmental barriers (Rantanen et al., 2012). Portegijs et al. (2021) found that prior to COVID-19, older adults reported enjoying a variety of activity destinations. Portegijs et al. (2021) specified these activity destinations to include indoor sports, outdoor sports, grocery stores, food services, health services, and social visits. During the COVID-19 pandemic, the activity destinations were mainly used for physical exercise and were significantly reduced (Portegijs et al., 2021). Of the participants in Portegijs et al.'s study, most

reported physical exercise coming from daily chores (Portegijs et al., 2021). Elderly individuals were found to be most physically active inside their homes or close to their neighborhood during the height of the COVID-19 pandemic (Portegijs et al., 2021).

Social/Physical Distancing

Social distancing and quarantine were used primarily to help reduce the spread of the coronavirus. One study had shown that social distancing and quarantine are related to psychological distress, depression, anxiety, and social detachment (Chatterjee & Chauhan, 2020). Physical distancing was associated with fewer home visits and disruption in services associated with care, as well as put a focus on basic needs (Parlapani et al., 2020). The disruption in care raises questions concerning the elderly's ability to maintain a well-balanced diet, maintain personal hygiene, and obtain the required amount of physical activity needed or a healthy lifestyle.

Restrictive measures along with isolation contributed to older people feeling as if they were not contributing to their families; many reported a sense of losing societal roles and connectedness during the coronavirus outbreak (Parlapani et al., 2020). In an attempt to keep the older population safe, various restrictions were put into place. These restrictions were placed on nursing homes, rehabilitation centers, assisted living communities, hospitals, and the like. Further research in this area would be beneficial to determine what interventions can be put in place to help the individuals who have experienced mental health issues and to assist with future virus outbreaks to prevent long term effects for the older and elderly population.

Next Steps

As the COVID-19 pandemic continues to impact individuals worldwide, more research on the effect of the pandemic on the mental health of those who endured it is needed. Current

research has shown that preventative measures largely negatively impact mental health (Hou et al., 2021). In particular, several measures designed to mitigate the effects of COVID-19 have negatively impacted the mental health of individuals in the United States (Vahratian et al., 2021). Additional research would provide an increased understanding of how preventative measures impact the mental health of the affected population.

If more research had been available, adults would have had more information to determine how to best maintain their health during the COVID-19 pandemic. Adults with pre-existing mental health disorders deserve to know how the recommended preventative measures may impact their pre-existing illness. Research has shown that a significant amount of people are worried about spreading the disease to a family member or colleague (Hennein & Lowe, 2020). Having additional research on how preventive measures impact an individual's mental health can provide insight on how to assist during any future pandemics. Conducting additional research can also help to provide individuals with the support they need to maintain a healthy mental health outlook during times of distress.

Children are required to wear masks in some schools. Because of this, more research is needed to determine the efficacy of mask wearing and social distancing on a population with very low risk factor juxtaposed to the risk posed to the children's mental health, as well as their social and academic learning. Such information would help parents and educational institutions make informed decisions about the mitigation used to determine what policies are in the best interests of the children.

Determining if wearing a mask has a negative impact on depressive- and anxiety- related symptoms can help to determine if preventative measures need to be altered. Individuals who are impacted by the current COVID-19 pandemic need to be aware of the potential negative impact

they may experience when following the preventative measures put in place. Individuals also will benefit from understanding how their prior mental health diagnosis may be impacted if they continue to follow the preventative measures that are put in place.

Gaps in the Literature

There are several gaps in the literature that have been identified and are important to discuss in order to help individuals who are experiencing mental health issues due to the current COVID-19 pandemic. Bressington et al. (2020) found that in Hong Kong, there are gaps in understanding the importance of putting mental health services and promoting mental health within the community. Islam et al. (2020) identified gaps in how mental health is impacted by the disruption of education, teaching, and learning. The academic delays the COVID-19 pandemic has created are still widely unknown.

There are many gaps in the literature due to COVID-19 being fairly new to the world. Much of the current research focuses on countries other than the United States. As researchers become more involved in issues surrounding COVID-19 due to restrictions, social distancing, and isolation, more valuable information will be gathered and understood. There are also significant gaps in differences in age, as the virus tends to attack older individuals more than younger individuals. These gaps will be able to be filled once more is known about the disease and how it impacts individuals.

Future Research

Many current studies have been able to identify areas that need future research. Saint and Moscovitch (2021) identified that future research should focus on how wearing a mask is related to broader social norms. They also identified that future research should be conducted on the

purpose for wearing a mask to determine if it is used for self-concealment or to follow health guidelines (Saint & Moscovitch, 2021).

Other studies identified women as being more impacted by the COVID-19 pandemic and encouraged researchers to focus on the relationship between the risk of experiencing anxiety in females (Li et al., 2021). There is not much research that focuses on minority groups and how they are experiencing the pandemic. Hennein and Lowe (2020) encouraged researchers to attempt to obtain more diverse samples and gather participants from regions all over the US. Bressington et al. (2020) encouraged researchers to conduct future investigations on the pandemic once it resolves and to use the Face Mask Scale as well as the Patient Health Questionnaire in their studies.

Future research should also focus on the proper ways to wear a mask. Li et al. (2021) found that over 15% percent of individuals in their study did not know how to properly wear a mask or the proper type of mask to wear. Teachers who did not know how to properly wear a mask were more likely to not enforce the proper wearing of a mask (Li et al., 2021). The same study also found that male teachers were less likely to report anxiety- related symptoms (Li et al., 2021).

Summary

The COVID-19 pandemic continues to impact the lives of individuals worldwide. There is minimal research that helps people describe and understand more about how the protective measures that have been put in place impact overall mental health. Wearing masks and utilizing other protective equipment can negatively impact individuals with pre-existing mental health illness. There have been various questionnaires that inquire about how protective equipment impacts mental health that can be used to help researchers obtain more information on this topic.

Chapter Three: Methods

Overview

This section will describe how this study will be carried out and define what specific questions this study aimed to further understand. This study will look at the relationship between the COVID-19 pandemic restrictions and the mental health and ability to have interpersonal relationships among individuals over the age of 60. The inability to maintain interpersonal relationships with others has been shown to have negative effects on older individuals, but to what extent these restrictions play on mental health is still largely unknown.

Design

This study was conducted to provide understanding as to how the COVID-19 pandemic impacted adults over the age of 60. Due to the limited research on COVID-19, a qualitative study will be conducted in order to determine how the elderly population responded to the restrictions of the pandemic. The purpose of this design is to better understand how the restrictions put in place to reduce the spread of COVID-19 influenced the mental health of this population and their interpersonal relationships with others.

The design of this study is cohesive with a descriptive phenomenological study. This study will be used to represent various responses from lived experiences of participants during the COVID-19 pandemic and will be the starting point for knowledge on this topic (Edmonds & Kennedy, 2017). A main concern of a phenomenological study is the lived experiences of participants and how they are described by the individual experiencing the phenomenon (Giorgi et al., 2017). First person analyses will be conducted to determine each participant's experiences with restrictions put in place during the COVID-19 pandemic. This research will be able to be

used by other researchers to further investigate of individuals' experiences during the COVID-19 pandemic.

Descriptive phenomenology relates to human experience as it reflects on individuals' values, purposes, ideals, emotions, and relationships (Thorpe & Holt, 2008). The current study will follow an existential design and focus on understanding each individual's whole meaning of their experiences with preventative measures during the COVID-19 pandemic (Edmonds & Kennedy, 2017). Interview questions will focus on providing a description of participants actual experiences (Edmonds & Kennedy, 2017). The actions of the participant will be described, and the inner experiences will be interpreted to determine the meaning of each participants' experiences (Thorpe & Holt, 2008).

There will be two areas of interest for the current study. The first area of interest involves the mental health status of individuals who had experienced COVID-19 restrictions while over the age of 60. The purpose of this study is to further understand how mental health symptoms impacted older individuals during the coronavirus outbreak. The second area will focus on how interpersonal relationships were affected by the COVID-19 pandemic restrictions. There is conflicting research in this area, and additional research can help to obtain a more concrete view of the issue moving forward. Further understanding of how pandemic restrictions impacted older individuals will help to improve conditions for this population during future pandemics. Conducting this study can help to determine how restrictions impact interpersonal relationships between older individuals. Conducting a qualitative study will allow each participant to discuss their own feelings and experiences regarding the pandemic restrictions.

Research Question

RQ1: How do the elderly describe their lived-experiences regarding the psychological effects of adhering to protective measures in place during the COVID-19 pandemic?

Setting

Participants will be interviewed in secure interview rooms in the state of Virginia. Individuals over the age of 60 were chosen due to the possibility of a decline in the ability to interact with others. The researcher will use emails or phone calls to screen for potential participants. Elderly individuals were also chosen to participate in this study due to increased chances of contacting the COVID-19 virus. The researcher will use a secure laptop to record the interview and securely store the information. Once a participant has agreed to conduct the interview, the researcher obtain permission to set up a table in a private location and conduct the interview.

Participants

The participants used in this study were drawn from a convenience sample of adults over the age of 60 currently residing in Virginia. Each eligible participant will have an equal chance of being used in the study. There will be a total of eight participants that will be interviewed regarding the direct impact of COVID-19 on their lives. Sampling of the population will follow exploratory research and will seek to better understand the population of individuals living in Virginia and their perceived mental health during the coronavirus outbreak. The target population will consist of individuals over age 60, living in Virginia. The study will consist of 00 males, and 00 females, and 00 ethnic backgrounds.

Procedures

The procedure for this study will be clearly defined and will be easy to follow. Before conducting any research, the Institutional Review Board (IRB) will grant permission for this study to be conducted. Obtaining permission will be crucial to assuring the participants that their rights are protected. A recruitment letter will be used to obtain permission from each participant. Participants will not be eligible for any type of incentive for participating in this study.

Data will be gathered through interviews and will be voice recorded. Only a voice recorder will be used to help maintain confidentiality of the participants. The same device will be used for all recordings to prevent any loss of data. The researcher will go into each identified secure room and interview each participant individually. The data collected will be stored anonymously and the consent form will be the only record linking the participant to the research.

The Researcher's Role

The researcher will have no prior contact with any participant and will interview individuals over the age of 60. The researcher will ask each participant the same interview questions and allow them to elaborate on the responses. The researcher does have some biases, including the belief that social distancing is detrimental to mental health. To reduce these biases, each participant will be interviewed and encouraged to share their experiences with the COVID-19 pandemic. Each interview will be recorded to refrain from adding the researchers bias into the responses. The data will be coded to help identify any key themes found in the information provided by each participant. Once the data is gathered, the researcher will code the responses to determine what restrictions had the greatest impact on the individuals.

Data Collection

This study will use semi-structured interviews as the primary source of gaining information. Each eligible participant will be given a brief period of time to discuss and describe their demographic information. This will be the only record that would link the participant to the research. Once the demographic information has been provided, each participant will then be asked the formal interview questions. The formal interview questions will be recorded, and each recording will be saved under a pseudonym instead of the participants name. The researcher will read each question to the participant and allow them to fully answer and respond to each question.

Interview Questions

1. Tell me about your experiences with living with new procedures designed to keep you safe during the COVID-19 pandemic.
2. Tell me about your experiences during COVID-19 that changed your life and describe how you feel about those changes.
3. During the pandemic, what did your normal mood look like from the time you woke up until the time you went to bed?
4. Tell me about your experiences with living with COVID and how your daily routine changed during this time.
5. During COVID-19, most facilities required masks. Tell me about how wearing a mask affected you before and after the pandemic?
6. Share with me how the pandemic requirement of social distancing affected you during the pandemic and after the pandemic?

7. If you had COVID-19 can you describe your experiences from the time you tested positive until the time you tested negative?
8. Tell me about your ability to have visitors before, during, and after the pandemic.
9. Share with me your experiences with interacting with the staff before, after and during the pandemic.
10. Tell me about your experiences living with new procedures designed to keep you isolated from others during the COVID-19 pandemic.

Prior to recording each participant, a demographic survey will be conducted to determine age range, gender, marital status, and race. This portion will not be recorded to protect the identity of the participants. The questions have been worded simply to allow elderly individuals to fully understand what is being asked. Question 1 is a starting point and builds a path for the following interview questions (Alvesson & Sandberg, 2013). Questions 2 through 5 were designed to find out how the participants acted and behaved in order to understand human cognition and emotion (Alvesson & Sandberg, 2013).

Questions 6 through 9 are comparative questions that are aiming to gain more knowledge regarding the impact of the pandemic on the elderly population (Alvesson & Sandberg, 2013). The questions are an attempt to learn more about the individual's thoughts prior to, during, and after the COVID-19 pandemic to determine any key differences. The last question is a miracle question that can allow the researcher to gauge the level of contact the participant had in regard to interacting with others. These questions will be asked to each participant to better understand their views and perspectives on the COVID-19 pandemic while they were living during the COVID-19 pandemic.

Data Analysis

The data analysis will consist of obtaining data by interviewing each participant, verifying the data for accuracy, and making corrections to the data as specified by each participant (Taylor & Francis, 2013). The researcher will pay close attention to the story each participant tells and the way each participant shares their story. Once each description is placed into a thematic analysis category, the findings will be pooled and further studied and coded.

Selective coding will be used to identify interesting events, features, phases, or behaviors and distinguish them with a label (Given, 2008). The codes will then be re-worked to determine categories, relationships and patterns to help explain the phenomenon (Given, 2008). The researcher will use a coding frame that will help to lay out key concepts. The themes will be built from the codes and will be the output of the analytic process (Thematic Analysis, 2021). The coding frame is subject to change and will be refined as the data is collected (Given, 2008). The researcher will use in vivo codes that will be obtained directly from the participants to further understand the responses from each participant (Given, 2008).

The researcher will follow the Braun and Clark (2006) analysis to obtain a clear and concise data analysis. The researcher will read and re-read the transcripts and become familiar with all of the data provided (Maguire & Delahunt, 2017). Next, the researcher will start or organize the data by using an open coding approach (Maguire & Delahunt, 2017). The data will continue to be developed and changed as the researcher works through the process of coding (Maguire & Delahunt, 2017). The researcher will look for significant themes among the data and a table will be generated to organize the themes.

Once the significant themes are identified and the table is developed, the researcher will review the themes to ensure they make sense and each point is relevant to the theme (Maguire &

Delahunt, 2017). Once each theme is reviewed the researcher will start to identify what the core of each theme is about (Maguire & Delahunt, 2017). Once the essence of each theme is developed the researcher will write up the data (Maguire & Delahunt, 2017).

Trustworthiness

Credibility

Glaser has expressed the importance of memoing and encouraged researchers to pause and record the idea (Glasser, 2008). Memoing will be used to assist the researcher in recalling concepts and relationships and will provide additional credibility to the study (Given, 2008). Each memo will be dated and referenced and will evolve as the research continues (Given, 2008). The researcher will also take notes while conducting interviews and each interview will be set up to allow the researcher to take notes while conducting the interview (Given, 2008).

Dependability and Confirmability

To enhance dependability, the researcher will visit each facility prior to conducting any interviews. The researcher will also inquire about the rules and regulations of each facility prior to conducting research. The researcher will keep track of any alterations to the research design and will change the content as needed (Given, 2008). The researcher will also pay close attention to confirmability. The researcher will be aware of any biases and will conduct an audit trail to allow an independent reviewer to verify the research (Given, 2008).

Transferability

To increase transferability, researchers should pay attention to how closely each participant is linked to the context being studied (Given, 2008). Previous research has shown that the elderly population is most susceptible to contracting the COVID-19 virus, therefore linking them to the COVID-19 pandemic. A thick description will be used to increase the transferability

of this study. The researcher will also discuss any contextual boundaries within the findings of this study (Given, 2008).

Ethical Considerations

The elderly population may be at an increased risk for ethical considerations due to age, possible illness, and susceptibility of contracting an illness or virus. The researcher will be sure to wear a mask and follow any guidelines of the assisted living facility. The interview questions will ensure there will be no psychological harm done while conducting each interview.

University guidelines will also be followed to ensure there is no harm done to each participant. A detailed application will be reviewed by the IRB prior to any research being conducted.

Summary

This chapter focused on the methodology of this study. The research design will be a phenomenological study to help describe the lived-experiences of the elderly population during the COVID-19 pandemic. The purpose of this study is to understand the individuals experiences with the safety restrictions put in place to prevent the spread of COVID-19. Each interview will take place in a secure interview room with eight individuals over the age of 60. Data obtained from the interviews will be coded to determine any common themes or ideas presented from the gathered research. The researcher will take ethical considerations into account and ensure all research is approved by the proper institutions before research is conducted.

Chapter Four: Findings

Overview

The purpose of this study was to gain an increased understanding of how the elderly population was impacted by the protective measures put in place during the COVID-19 pandemic, as well as to review and describe the various themes found within the data. This chapter will review and describe the study's participants based on their semi-structured interviews. Each participant was given a pseudonym to protect their identity.

Braun and Clark's analysis (2006) was used to find common themes among the data sets. To obtain the data, the researcher video recorded and transcribed each interview. Two pages of manuscript were produced for each question to help manage the data. Each interview question was assessed individually and themes began to develop. As the key points surfaced, they were color coded to keep track of the possible themes. After all the data was coded, three themes emerged. The first theme was the most straight forward theme and had one main idea. Theme two was broken down into a main theme and a sub theme. The last theme was also broken down, but consists of one main theme and three sub themes. As the three themes emerged, the color coding helped to identify the information provided in each interview that was used as evidenced to support each theme and sub theme.

Participants

The overall sample size was eight participants between the age of 60 and 67. In addition, six of eight participants were Caucasian, while two were Black; no other ethnicities were included. The participants were located in a very conservative part of the country. Each participant completed a brief demographic interview and an in-person, audio- recorded interview. Participants were assigned a pseudonym to protect their identity. The following

pseudonyms were assigned to each participant and for the purposes of this study: Roger, Fred, Ethan, Liz, Kevin, Karen, Lauren, and Joan. Each participant participated in a 30-45-minute audio-recorded interview and was asked the same interview questions.

Roger

At the time of the interview, Roger was 61 years old. Roger is a Caucasian male who resides in Virginia. Roger is married and currently works as a manufacturing engineer. Roger's highest level of education is high school. Roger's interview suggested that he did not enjoy the COVID-19 mandates and had difficulty applying the mandates in the work place and other environments. He did not express any concern or fear of catching COVID-19.

Fred

At the time of the interview, Fred was 63 years old. Fred is a Caucasian male currently residing in Virginia. Fred is married and is currently employed in a sales position. Fred's highest level of education is a bachelor's degree. Fred also reported difficulty finding the motivation to comply with the COVID-19 mandates. He maintained a nonchalant attitude about catching the COVID-19 virus and did not share any mental health concerns related to the COVID-19 pandemic.

Ethan

Ethan is a 64-year-old Caucasian male. He is currently working as a manager at a manufacturing company. Ethan is married and his highest level of education is a bachelor's degree. Ethan's interview suggested that he followed the COVID-19 mandates to prevent others from potentially catching the virus as he did not want to spread the virus to others.

Liz

Liz is a 67-year-old African American female currently residing in Virginia. She is currently retired, but worked in a construction business during the COVID-19 pandemic. Liz is married and her highest level of education is a high school diploma. Liz's interview suggested that she did have a fear of catching and spreading the COVID-19 virus and identified her age as a concern regarding her fear of the virus.

Kevin

Kevin is a 61-year-old African American male currently residing in Virginia. He is currently works in the trucking business and is married. Kevin's highest level of education is a high school diploma. During Kevin's interview, he shared that he complied with the COVID-19 mandates and intentionally made sure he followed the mandates and felt that they were helpful in preventing the spread of COVID-19 virus.

Karen

Karen is a 62-year-old Caucasian female currently residing in Virginia. She is not working due to being laid off recently. During the COVID-19 pandemic, Karen did not work at all and could not share any information relating to how the COVID-19 impacted any of her employment. Karen is divorced and her highest level of education is a high school diploma. Karen expressed a fear of contracting the COVID-19 virus but was also pleased when the mandates were over as she did not feel like they were successfully managing the spread of the COVID-19 virus.

Lauren

Lauren is a 61-year-old Caucasian female currently residing in Virginia. She is married and currently employed at a bank. Her highest level of education is a high school diploma.

Lauren's interview suggested that she was not concerned with following the COVID-19 mandates and provided data to suggest that the mandates did not impact her mental health or ability to function at work or in other types of environments. Lauren also expressed that trying to wear protective masks was not a concern when she was at work or in any other types of environments.

Joan

Joan is a 63-year-old Caucasian female currently residing in Virginia. She is married and works for a cleaning service. Joan's highest level of education is a high school diploma. Joan also expressed that she was not concerned with the mask mandates and did not think they were successful at managing the spread of the COVID-19 virus.

Results

The data were collected by using video- recorded interviews with each participant, and as the data were obtained, they were re-played to determine potential themes. After the researcher became familiar with the data, a two-page manuscript was developed for each individual and question.

The first step was becoming familiar with the data by listening to each interview. Second, the researcher identified repetitions and patterns. Color coding was used to help manage the data and keep track of how the themes developed. The third step was to generate initial themes and shift them into macro connections that could develop into broader patterns of meaning. The last step of the data analysis was to refine and combine themes. Once this process took place three times, the themes developed and evidence for each theme was present.

The researcher started the theme-building process by clustering labels to capture interesting data. The coding was done systematically and each data item was given equal

attention. Once the codes were organized and clustered appropriately, the researcher began to review the codes to identify potential themes. The researcher found semantic codes that captured the surface meaning of the data. Once the three themes were identified, the researcher began to study the relationship between the themes.

Table 1

Themes Found and How They Relate to Mental Health and Interpersonal Relationships

Mental Health	Interpersonal Relationships
Theme 1	Theme 2
Theme 3	

There were three themes that emerged from the data given by the participants. The first theme that was identified was that there was a return to normalcy. Participants demonstrated that once the COVID-19 pandemic restrictions were lifted, moods, attitudes, and behaviors started to return to pre-pandemic levels. This theme was developed from participants reporting that once the restrictions were lifted, life started to go back to “normal.” The second theme identified was the idea that there was a status quo at home. This theme developed due to participants experiencing minimal changes in routines at home, but significant changes in routines when at work. The last theme identified was that participants described a sense of safety at home. Participants seemed to enjoy their time more when they were at home in comparison to being at work or in other social spaces that were operating and open at that time.

There was no evidence to suggest that participants incorporated religious faith to shape their attitudes toward COVID-19. Participants did not express using their religious faith during

the COVID-19 pandemic. There was also no data to support the idea that political viewpoints affected their attitudes toward COVID-19 and COVID-19 policy.

A Return to Normalcy

The first theme emerged with the central organizing concept being the idea that moods and attitudes started to shift back to pre-pandemic levels once restrictions were lifted. There was meaningful data collected to suggest that participants' moods and behaviors changed during the COVID-19 pandemic restrictions, but started to shift back after restrictions were no longer mandated. Six of the participants discussed that they were not "worried" or "scared" at the onset of the COVID-19 pandemic. However, two participants reported that they were "afraid" of catching the virus and as a result their moods changed to a more worried state. The same six participants also reported that once restrictions were lifted, they started to revert back to their original ways of life which enhanced their moods as they were "happy" to go back to living their lives with no restrictions related to the COVID-19 pandemic. All participants reported that they were able to manage moods that reflected how they felt prior to the COVID-19 pandemic.

Roger shared the following: "After the restrictions were lifted I was happy! I was tired of wearing a mask and following the other mandates. I tried to get back to normal as soon as I could, and that's exactly what I did." This data suggests that Roger's mood was improved as a result of the lifted restrictions. He also went on to say, "When I had to follow restrictions I felt irritated and angry. I was relieved when it was over." This data also supports the idea that Roger's mood improved after the COVID-19 restrictions were lifted. Roger shared that after the pandemic mandates were lifted, he was able to go back to activities he participated in prior to the pandemic, such as going back to the gym with his workout partners.

Parts of Fred's transcripts suggest that his moods were improved once the mandates were lifted. Fred shared that he felt "bored and isolated" from others during the COVID-19 pandemic mandates. He shared:

most of my socialization happened when I was at work; during COVID, my communication with my co-workers decreased. It was not until after the mandates were lifted that I started to feel happier at home and at work because I was able to connect with others.

Fred's interview suggested that his moods and ability to socialize with others increased after the COVID-19 pandemic restrictions were lifted. Fred and Roger both presented data that suggested that they started to shift back to pre-pandemic behaviors and moods once restrictions were lifted. Other participants agreed that their lives changed during COVID-19, but after the restrictions were lifted they were able to go back to their original behaviors and moods before the pandemic restrictions were put in place. Ethan described his life as going back to "normal" once the restrictions were lifted and people were free to travel and do activities they were unable to do in the height of the pandemic. Ethan's interview described that most of the changes he experienced happened in environments other than at home. A quote from Ethan supports the idea that behaviors and moods returned to pre-pandemic functioning.

Before the constraints I felt good and happy most of the time and did what I needed to do. During COVID-19, I was constrained and I felt added stress. After the pandemic, things started to open up and I have been able to feel better and feel relieved that I can do things I enjoyed before the pandemic.

Data gathered from Ethan's interview suggests that his mood changed after the restrictions were lifted and started to go back to pre-pandemic norms.

Some data collected that suggested that a few participants were worried about catching the virus when the mandates were in place. Liz described that “when the mandates were set for us to all follow, that made me scared and I started to worry that things could get really bad.” Her transcripts continued to suggest that her mood improved once the mandates were no longer in place. Liz stated:

When the mandates were lifted I was so happy! I was sick of following them and by the time they decided to lift them I was just happy that I did not have to follow them anymore and I didn’t think about getting sick.

Although Liz was one of the two participants who described feeling scared, the data she provided still suggested that her mood changed and then started to return to pre-pandemic levels once restrictions were lifted.

A majority of the participants talked about their mental health being relatively good during the onset of the COVID-19 pandemic restrictions. There was no mention of being diagnosed with any type of mental health disorder or reports of any symptoms related to common mental health disorders, although the interview questions did not specifically ask if participants had any mental health diagnosis prior to the COVID- 19 pandemic. A quote from Fred helps to demonstrate that participants were able to maintain their mental health functioning during the COVID-19 pandemic restrictions. “I was able to stay in good spirits by just rolling with it and not getting stressed out. Life is too short; I will either die from it or I will be ok.” Liz and Karen were the only two participants that mentioned feeling scared of the COVID-19 virus.

During Lauren’s interview, she expressed that she was more concerned with “when” the mandates would be lifted instead of “worrying about if they would be lifted.” Lauren shared that she knew things would go back to normal, it was just a matter of time. She also expressed that

she felt more concerned with how the mandates would impact others, especially children, rather than feeling concerned with when the mandates would be lifted. Lauren expressed that seeing children out of school and daycare was “upsetting” and “not normal for children”. During the research phase, Joan also expressed similar concerns regarding returning to normalcy. Joan shared that she was “angry” at the idea that “children were out of school, jobs shut down, and businesses closed.” She expressed a concern for the “good of the entire country”. Both Joan and Lauren expressed a concern for the entire country due to businesses shutting down and people not being able to work and support themselves and their families.

Participants expressed their concerns about the importance of returning to previous attitudes and behaviors. Some participants even verbalized a desire to return back to pre-pandemic lifestyles as a response of concern for the entire country. Data suggested that participants followed guidelines and restrictions but hoped there would be an end to the restrictions at some point in time. Participants expressed that they did not enjoy following the guidelines, but complied with them during the COVID-19 pandemic. Once guidelines and restrictions were lifted, participants shared that they had minimal difficulty going back to previous behaviors and attitudes.

Status Quo at Home

The second theme identified after coding and clustering participants was the idea that most changes in routines were found in the workplace. A large part of each interview discussed how the changes in the workplace impacted participants’ ability to work and their attitudes toward going to work. Each participant discussed how their work routine changed, with the exception of Karen who did not work during the COVID-19 pandemic. This theme can be

broken into two different categories—the changes that took place at home and the changes that took place at work.

Participants expressed that they enjoyed their time at home more than they had prior to the pandemic due to being able to feel free and not having any guidelines to follow. About half of the participants shared that they continued to have visitors come to their home. This half of the participants expressed that there were more conversations among visitors questioning if people were feeling well or if they had been showing any symptoms that were related to the COVID-19 virus. Once the potential visitors denied any symptoms, they would get together as they had in the past. The other half of the participants expressed that they did not have company over to their homes much in the past, and that did not change during the COVID-19 pandemic. The same participants expressed that most of their family was not local and they typically communicated through other ways such as phone calls and FaceTime.

Data gathered from interview question number four assisted in developing the status quo at home theme. This question inquired about how each participant's daily routine changed during the COVID-19 pandemic. Most of the participants reported that there was no change to their daily routine while they were at home, but there were significant changes in their places of employment. The central organizing concept for this theme is that changes at home were minimal, but changes at work were significant. A large majority of the participants reported that work changed completely and there were specific mandates put in place specific to each job role. Each participant had different policies to follow while at work due to variety in jobs and responsibilities.

Roger, Fred, Ethan, Liz, and Lauren all described the changes in the workplace as the most significant. Roger stated that his job was “disrupted” and due to the limitations set in the

workplace, it was hard to “keep business going.” He also shared that he did not feel like the mandates put in place at work were efficient at reducing the spread of the COVID-19 virus. He continued to share thoughts that align with the idea that keeping up with the mandates at work and in other environments was enough to make him want to spend most of his time in his own home.

Fred shared that his job included traveling to maintain sales and that during the COVID-19 pandemic, he was not able to travel. Fred shared that there were strict mandates put in place at his job that also made the parts of his job he was able to do even harder to manage and maintain. He shared that throughout the COVID-19 pandemic he was able to maintain his job, but saw how other people he knew were unable to work at all. Fred expressed being “thankful” that he was able to still have a position at his company and that he “tried to make the best out of the experience.” Fred shared an optimistic approach to the COVID-19 pandemic and made it clear that he did not let the mandates and the threat of catching the COVID-19 virus take over his ability to be happy.

Ethan reported that “work changed completely” and there were several restrictions put in place that kept the company employees “disconnected” from each other. Ethan’s attitude toward the COVID-19 pandemic was similar to Fred’s. They both seemed to adapt to the changes and although they did not feel like the strict mandates were needed, they were able to follow the mandates and put their best efforts forward to continue their jobs. Ethan expressed that he felt more comfortable while he was at home. He expressed that he did not have many visitors come to his home before the pandemic, so during the COVID-19 pandemic things did not change that much inside of his home. Ethan shared that it was primarily himself and his wife who were in the home and there were some visitors that would stop by on holidays and for special occasions.

When Ethan wanted to have company over for special occasions, he would ask if anyone had felt sick and would let people know if anyone in his household was experiencing any cold-like symptoms to do his part in preventing the spread.

Participants found themselves experiencing additional stressors at work due to the significant mandates put in place by their current employers such as social distancing and being required to wear a mask. Liz talked about how she became fearful of contracting the virus at work due to minimal protective factors implemented by her workplace. Roger described that mandates he was required to follow at work produced anger. The anger was due to not being able to efficiently manage his job duties due to having to follow the mandates required by his employer.

Liz shared that most of the changes she experienced happened at work or at the grocery store. During Liz's interview, she discussed how her stress levels increased while at work due to fear of catching the disease and the precautions her company put in place to help reduce the spread. Liz said:

I was scared of catching COVID at work at first and the precautions my company put in place just did not seem like they were helpful. They put up plastic dividers to help limit face- to- face talking, but it never worked because we had to go around the dividers to hear what others were saying.

Liz stated that the policies put in place at work started to:

increase my stress because I had additional rules to follow, but none of them made sense. I tried to just stay to myself while at work and I tried to prevent catching COVID by just staying to myself at work.

Roger had similar feelings about the COVID-19 mandates put in place at his current employer. Roger shared that his company's policies changed to limit physical distance as much as possible. Roger explained:

I was not able to do my job as efficiently as I was in the past. Meetings were not held and if they were held only four people could be in the meeting room at a time. This slowed down my ability to meet with my team of workers and discuss or fix any problems or issues.

Data gathered from Kevin's interview suggested that his routine was changed due to COVID-19 pandemic restrictions, but in a different way than the other participants. Kevin worked as a truck driver during the COVID-19 pandemic. He shared that "I had to work more than I've had to in a long time. I usually work part-time, but during the pandemic I was working overtime each week." He continued to share that "my work load doubled and, in some cases, tripled." As a result of his work increasing, his face- to- face interactions with his family decreased, as he was often not at home. Kevin shared that his behaviors went from being "moderately busy to extremely busy while working." Kevin also discussed his home life as being "quiet like it always is. I don't have many visitors, but that has nothing to do with the pandemic or anything like that."

Responses from Joan also help to displayed how the second theme was constructed. Joan shared that she experienced a few changes in her job when working during the COVID-19 pandemic. Joan described her job changes:

I had to wear a mask even though I was the only person in a house at a time. I thought it was ridiculous to have to wear a mask when I was the only one in the home, but that was

the company policy. Sometimes I didn't even wear the mask, but I did if others were around.

Joan also described her home as being "the place I went to feel comfortable and normal. I could do what I wanted at home and nobody was able to tell me otherwise." Joan's interview provided data to suggest that she experienced more changes while at work than she did in her home.

Safety at Home

The data suggested that participants enjoyed their time at home more than they did when they were out in the community. This theme was broken down into three categories: enjoying time at home more due to not feeling like one would catch the virus, enjoying their time more due to not having to follow restrictions and guidelines, and the idea that the workplace was a less desirable place to be.

The last theme was identified in interview question number six. This question inquired about how social distancing impacted each participant. The central organizing concept for this theme was the idea that participants enjoyed their time more when they were at home in comparison to work or other social spaces. Participants discussed the reasons behind feeling more at ease when they were at home. Question five was geared towards finding out how participants felt about wearing a mask in the workplace. Most participants described that wearing a mask did not impact them in the workplace. Liz was the only participant to describe how wearing a mask "made it difficult to breathe." Five of the participants admitted to not wearing the mask properly on purpose in order to talk and breathe efficiently while at work. This data suggests that the individuals were impacted by wearing a mask while at work. Participants followed up with sharing that wearing a mask made it more uncomfortable to be in the workplace.

Participants also described that they did not wear masks while they were at home and they were able to “enjoy” their time at home due to not having to wear a mask. This theme was also related to question number eight which asked about how having visitors at home was affected by the COVID-19 pandemic. Fred described that he was the happiest when at home due to “not having to follow any rules or guidelines set by others.” Liz also reported to be the happiest while at home and shared that she was “scared to go to work and the grocery store” due to fear of catching the virus.

Fred’s interview also suggested that following the mandates at his job became a stressor to him and his co-workers and supervisees. Fred described his job as being a supervisor role. He went into detail about how having to enforce the mandates caused tension at work. He also shared that some of his supervisees wanted the mandates to be enforced while others viewed the mandates as a stressor and not being effective at preventing the spread of the COVID-19 virus.

During Liz’s interview, it was clear that she was fearful of catching the COVID-19 virus when she was at work and when she was at the grocery store. Liz expressed that she became irritable at the individuals who did not take the mask mandate seriously. One reason why she was particularly worried about catching the COVID-19 virus was her age. During her interview, Liz shared that her co-workers were much younger than her and identified her age as a concern because she felt like she was more susceptible to catching the virus.

Lauren’s data suggested that wearing a mask correctly was not a concern and that following the mask mandates did not impact her mental or emotional state. Lauren shared that she “did not care about wearing the mask the right way. Sometimes I would tuck it under my chin or would take one ear out of the holder and let the mask fall down alongside my face.” She also went on to share:

wearing the mask did not make me feel any safer from catching the virus. I wore the mask when I had to when I was at work and that was the only place I wore it, except for a few other places that required a mask.

Lauren's interview provided data to suggest that wearing a mask did not impact her functioning.

Joan's interview also suggests that wearing the mask correctly was not a concern and that it did not impact her emotional or mental state. Joan shared that she wore the mask when she felt others were able to see, but did not wear it as her company advised her to do. Joan shared that her company mandated that a mask be worn while in the home that she was cleaning at all times. Joan described the experience as follows: "My company wanted us to wear a mask when nobody else was around. I was considerate when others were around, but if I was in a home by myself I took the mask off." Joan also described how wearing a mask made it uncomfortable to work and how being at home was a more comfortable place to be: "Having to wear a mask was annoying and so were the other policies they had designated us to follow. After working all day, I was ready to come home and be able to do what I wanted to do."

Karen shared that since she did not work, she was not impacted by any mandates in the workplace, but there was evidence to suggest that she found home the most comfortable place to be during the COVID-19 pandemic. Karen stated:

Well, I did not work during the pandemic, but my time at home did not change much. I liked being in my house better than going out into the community because I did not have to follow the pandemic rules and I knew I couldn't catch COVID at home alone.

Karen also reported that she contracted COVID-19, but she was not sure how she got the virus because most of her days were spent at home Karen mentioned using delivery services to reduce contact with others to help prevent her from contracting COVID-19.

Research Question

The research question for this study asked: *How do the elderly describe their lived-experiences with the psychological effects of adhering to protective measures in place during the COVID-19 pandemic?* The data suggests that participants were able to experience the same moods as they had prior to the COVID-19 pandemic once mandates and restrictions were lifted. Furthermore, the most significant changes in behaviors took place in the workplace. The first theme gathered from the data addresses the mental health aspect of the study, while themes two and three deal with the interpersonal relationships the participants were able to maintain during the COVID-19 pandemic.

Summary

Once interviews were complete and pseudonyms were assigned to participants, the researcher used the Braun and Clark's (2006) thematic analysis to develop themes and sub themes. The researcher documented two pages of manuscript for each participant's response to each interview question. The data was reviewed and was color-coded to help manage and include all significant data. Data were sorted and eventually three themes were formed. The first theme consisted of just once concept, while the second theme consisted of one theme with two sub-themes. The last theme consisted of one theme and three sub-themes.

The first theme identified was that after the COVID-19 restrictions were lifted participants were able to go back to the same routines and ways of life they had prior to the COVID-19 pandemic. Data from the participants were coded and the theme emerged due to most participants providing evidence that moods and behaviors started to go back to the way they were prior to the outbreak of the virus and the implementation of the mandates. The central

organizing theme was that moods and attitudes started to revert back to pre-pandemic functioning once mandates were lifted.

The second theme identified was that most of the changes in routines occurred in the workplace and not at home. Participants reported feeling more relaxed and safer at home than they did at work or in the community. This idea can be further researched to determine if others felt safer in the home and felt less safe while at work or out in the community.

The last theme was that participants felt more at ease while they were in their own homes and routines at home did not change due to the COVID-19 pandemic restrictions. The central organizing concept of this theme was the idea that participants felt more comfortable at home due to not having to wear a mask or follow other mandates. After all the data was coded, the central organizing concepts were formed and became the foundational pieces to determine the three themes that emerged from the data of this study.

Chapter Five: Conclusion

Overview

The focus of this study was to determine if the data suggests a relationship between lived experiences and psychological effects from the protective measures mandated during the COVID-19 pandemic among individuals aged 60 and older. This study was designed to gain insight regarding psychological responses of following the mandates put in place during the COVID-19 pandemic. This study followed a phenomenological approach to gain insight on how participants described their lived experiences during the COVID-19 pandemic. The Braun and Clark's (2006) analysis was used to help the researcher analyze the data. A manuscript from each question was generated to accurately code the data to form themes. The researcher found three themes consisting of a return to normalcy, status quo at home, and safety at home.

This section will provide a description of how the data supports and does not support the findings from previous studies on how COVID-19 mandates impacted the lives of others. A summary of the findings of this study will be presented in this chapter. An explanation of the findings of this study will also be presented, along with how the findings relate to research previously conducted. The implications and recommendations will also be discussed to help navigate and inspire future research. The last part of this chapter will consist of recommendations and thoughts on future research in this area.

Summary of Findings

This study was designed to gain more insight on how the mandates impacted lived experiences and identify common themes among the data. The main three themes were described as a return to normalcy, status quo at home, and safety at home. The data suggests that serious mental health conditions did not arise for participants during the implementation of the mandates

and restrictions. This could possibly be due to the small sample size and the population of individuals studied. The participants in this study were able to manage their mental health by focusing on getting through the pandemic. Many of the participants expressed an attitude of “when things get better” instead of “will things get better.” Participants also expressed that they were not particularly scared of catching COVID-19 and reported that if they caught the virus they would deal with it and get over it like they had done previously when they contracted a cold or other virus throughout their lives.

Participants were able to manage their mental health symptoms and there was no data to suggest that mental health declined or improved during the COVID-19 pandemic. Participants expressed a common worry of spreading the COVID-19 virus to others, but seemed less concerned with catching the COVID-19 virus themselves. A large number of the participants shared that they were typically around older individuals and they were concerned about spreading the virus to their older relatives or friends.

The data also suggested that interpersonal functioning was impacted mostly in the workplace. During the interviews, most participants shared that the most significant changes in their routines occurred during work hours. Different mandates were put in place depending on job roles. None of the participants reported that their job was shut down or stopped for a period of time when the COVID-19 virus started to peak where the participants were located.

The first theme of a return to normalcy was developed off of the central organizing concept of the data that suggested that moods and attitudes started to shift back to pre-pandemic levels once the restrictions were removed. The interview questions were worded in a way that participants were able to share their lived experiences before, during, and after the COVID-19 pandemic. After the data was collected and coded, the researcher was able to conclude that most

participants described a return to normalcy after mandates were lifted. Participants described that they felt restricted during the COVID-19 pandemic mandates. Some participants did not attend certain environments due to the mandates, such as the mask mandate. Some of the participants had issues with the mask mandates including difficulty breathing, a lack of knowledge on how to wear a mask correctly, and confusion on what rule or law to follow when carrying a weapon, as was mentioned by Roger. Participants described that they felt a sense of relief when the mandates were lifted. After the mandates were lifted, participants shared that they felt more at ease going into the community and felt less restricted due to their ability to choose if they wanted to follow a mandate or not.

The second theme was developed with the central organizing concept that most changes took place outside of the home and in the workplace. Participants described that the ways they carried out their jobs changed during the COVID-19 pandemic. During interviews, participants expressed that once the COVID-19 virus hit their area their workplace adopted several mandates for them to follow. The mandates included wearing a mask, social distancing, talking behind barriers, reduction in traveling, and only allowing a certain number of people allowed in a room at a time.

Participants shared that there was a wide variety of mandates that had to be followed by the entire company or agency. Several participants had jobs that required travel and face-to-face contact. One particular participant described his job as having as much as 75% travel. This participant shared that he was not able to do a large part of his job, which often left him wondering if his job position would maintained during the COVID-19 pandemic. He reported that he did not do a lot of worrying about it as he was near the age of retirement and did not have to worry about financial stability.

As other participants described how these changes impacted them at work, they shared a common theme of feeling more at ease at home and enjoyment feeling less restricted. Participants shared that keeping up with the mandates at their workplaces made it harder to complete their job and communicate with others. Participants discussed that wearing a mask became a barrier to communication and was also uncomfortable to have to wear all day while they were at work. One participant verbalized that she was required to wear a mask for her entire shift while she was alone in a home as she completed her work there. Many participants discussed that they believed the mandates were not helpful during the COVID-19 pandemic, but they tried to follow them in order to keep their jobs.

The last theme that was identified was the idea that there was a sense of safety while in one's own home. The central organizing concept was the idea that participants felt less restricted and more at ease while in the privacy of their own homes due to not having to follow mandates, feeling more at ease about not spreading the virus, and the decreased likelihood of contracting the disease.

Participants described the idea of feeling free from mandates and noted that having to follow certain mandates in different places created a sense of serenity while at home. Participants shared that wearing a mask became a barrier and as time passed, they became increasingly annoyed with having to constantly wear a mask. Some participants admitted to purposely wearing the mask wrong to help improve communication, breathing, and feeling displeased over the idea of wearing a mask.

During the COVID-19 pandemic, participants reported that while they were at home, they felt as if they were not going to potentially spread the COVID-19 virus. A large amount of data collected by the participants suggested that the study participants were concerned with stopping

the spread of the virus. Many of the participants expressed a concern for others that may be older or in a poorer state of health and how they would respond to contracting the COVID-19 virus.

Participants shared that they tended to stay home more to help prevent the spread of COVID-19.

Participants also shared the idea that they felt less likely to contract the COVID-19 virus while they were in their homes, and many did not have many visitors during the COVID-19 pandemic (which was not out of the ordinary as they reported they did not have many visitors come to their homes prior to the COVID-19 outbreak). Some of the participants discussed how they thought the only real preventative measure to prevent the spread of the COVID-19 virus was to stay at home. Participants shared that staying at home was not difficult for them, but there were times when they wanted to go out and do things but were not able to. Several of the male participants discussed wanting to go to the gym. These participants also shared that they tried their best to recreate the gym at home to prevent muscle loss and weight gain.

The research question relating to the lived-experiences and psychological effects, was designed to find out more about how people over the age of 60 described their experiences with the protective measures put in place during the COVID-19 pandemic. The results of the study suggested that significant changes in mood and routine took place in the workplace. The data also suggested that being at home was the most comfortable place for participants and moods seemed to be happier when participants were in their own homes. The majority of the participants did not report a significant fear or any mental health issues during the COVID-19 pandemic and after. Future research could be conducted to determine if other populations experienced any increased mental health issues or onset of any mental health issues during this time.

There are limited studies that have been conducted on older individuals and the impact of the COVID-19 mandates on their psychological wellbeing. Previous research affirmed that people over the age of 65 were considered high-risk during the COVID-19 pandemic (Yıldırım, 2021). The current study did not determine any intense fears about being in a high-risk category during the COVID-19 pandemic. This is not surprising since many of the participants were under the age of 65 and therefore did not meet the age risk criteria. A few participants in the study discussed a fear of catching the virus and going out in the community during the onset of the pandemic. As more was learned about the virus, participants began to worry less and developed a more positive outlook on contracting the disease and being able to manage the symptoms.

Discussion

Previous research suggested that the elderly population is at an increased risk of feeling lonely or isolated during times of quarantine, as well as having an increased risk of contracting COVID-19 (Jecker, 2020). The current study suggests that participants were able to manage and maintain their mental health symptoms and did not report an increase in isolation or loneliness during this time. The participants of this study demonstrated a positive attitude and outlook on living with the threat of catching a potentially deadly virus. The findings of this study match the findings from Yu et al. (2022), who found that older adults reported less anxiety, stress, and depressive symptoms during the COVID-19 pandemic in comparison to younger adults aged 21-59.

One study found that the elderly population experienced increased loneliness during the pandemic as a result of not having as much physical contact as they had in the past (Yıldırım, 2021). The data from this study showed otherwise and concluded that older individuals seemed to have used their resources and attempted to manage their loneliness through other avenues. The

participants in this study reported that they did not have much face-to-face contact at home from individuals other than their significant others before the COVID-19 pandemic started. Future research could focus on if the findings could be due to the difference in population age, as many of the subject in this study were employed and therefore had some contact with co-workers as well as customers.

Dziedzic et al. (2021) found that individuals who were unemployed and those who were living alone tended to experience increased anxiety and depressive symptoms during the COVID-19 pandemic and restrictions. The participants in the current study were married and not living alone during the COVID-19 pandemic. All were all working with the exception of one participant, and they remained employed for most of the pandemic. This could be a topic for future studies to help determine what living factors played a significant role in the mental health of older individual's during the COVID-19 pandemic.

Other data has suggested that the elderly population is at the greatest risk of dying from the COVID-19 virus (Jecker, 2020). Although the current study did not assess for risk of death, the data suggests that some of the participants were not concerned with catching the virus, but were more concerned with spreading the virus to others. Participants did not describe any thoughts of death during interviews or express any death-related concerns; however, there were no interview questions based on individuals' feelings regarding dying from the COVID-19 virus in the current study.

Fordyce and Smith (2022) found that isolation and not having visitors was the hardest aspect of the COVID-19 pandemic for participants to manage. The current study did not suggest that the frequency of having visitors was reduced due to the COVID-19 pandemic restrictions. The study did find that some participants had visitors continue to come to their homes regardless

of the recommendations to remain socially distant. The current study shows that participants either never stopped having visitors or did not have any regular visitors come to their homes prior to the pandemic.

Previous studies have found that during the COVID-19 pandemic, older adults were found to have a higher quality of life, more life satisfaction, and more overall well-being in comparison to younger adults (Huynh et al., 2022). This study did not compare quality of life among different age groups, but there were some correlations from the Huynh et al.'s (2022) study. This study did not find any reason to suggest there was a decline in life satisfaction during the COVID-19 pandemic among older adults. The participants in this study discussed some fears of spreading the virus, but overall were able to manage their moods and attitudes during the COVID-19 pandemic

The findings from this study can add to the current literature by demonstrating that mandates during the COVID-19 pandemic had minimal significant impacts on psychological functioning of individuals over the age of 60. The current study findings are comparable to the work done by MacDonald et al. (2021) who found that depression rates were lower among individuals aged 65 and older in comparison to individuals aged 44 or younger. Much of the current research has been conducted on children to middle-aged adults. The current study helps to gain insight on how the COVID-19 pandemic restrictions impacted the elderly population/individuals over age 60.

This study can also add to the theoretical framework for cognitive behavioral theories. The current study demonstrated how thoughts can impact moods and behaviors. The participants reported being able to accept both the pandemic and its consequences. Participants tended to

have a positive outlook on their ability to live through the pandemic, which may have helped them maintain healthy mental functioning.

Implications

Using the topic of this study can help to extend the theoretical framework for policymakers and counselors. Understanding how individuals over age 60 respond to mandates and social distancing can help to shape and define future mandates in times of crisis. Due to the increased risk of contracting a virus, this population of people need to understand the physical and mental implications that may arise during a future pandemic. Knowing and understanding this data can help policymakers take mental health and loneliness into consideration when implementing future mandates. Counselors can also benefit from continued research on how mandates impact mental health so they can become more abreast on how individuals are impacted by pandemics and pandemic mandates.

Learning more about how mandates impact individuals' mental, physical, and psychological functioning can also help individuals make more informed choices during any future pandemics. This information can also assist teachers and parents in making informed choices regarding themselves and their children and how to balance the different aspects of life that may be impacted during a future pandemic. This could also help doctors and nurses directly address mental health via treatment plans.

A Christian worldview can be applied to help learn more about the effects of pandemic restrictions and religion. Ministers and preachers can help educate the population if they have more knowledge on how mental health is impacted by limitations and mandates designed to maintain isolation. Churches and organizations can adopt and implement services that can help

reach their audience without face-to-face contact. Having policies and procedures in place can be helpful in times of an emergency if they are clearly defined and ready to be implemented.

Limitations

Limitations of the study are found in the sample size and the type of data analysis that was used. The sample size of eight participants is not a large enough sample to generalize the data. The participants were all also limited to living in the state of Virginia, which could sway the results of the data. Other states mandated different techniques to reduce the spread of the COVID-19 virus, which were not assessed or accounted for in this study.

Other limitations include the method in which the data was obtained and interpreted. Data was collected through face-to face interviews and were voice recorded. Therefore, body language and emotions were not able to be assessed and added into the data collection. The researcher used thematic analysis to form themes among the data. Thematic analysis is growing more widely accepted, but the approach may not be strong enough to make or interpret generalizations. The research gathered did not look at the relationships between the themes or the implications from the data.

A delimitation of this study is the population of people used to obtain the data. Individuals over the age of 60 were surveyed due to their increased risk of contracting the COVID-19 virus during the pandemic. Other limitations are present and should be acknowledged. The participants all reported no prior history of any mental health conditions which may not be representative of the larger population of individuals aged 60 and over. Lastly, the structured interview could have limited additional information that may have been significant to the results of the study.

Another limitation of this study was the timeframe in which data was collected. Much of the literature used to compare results were completed at the beginning of the COVID-19 pandemic, during the pandemic, and during the second wave of the pandemic. The current study was conducted after the COVID-19 pandemic and therefore may have impacted the results of this study. Interviews also carry the risk of being misunderstood and allow the researcher to make biased conclusions on how a participant felt or about the ideas they were expressing.

Another possible limitation of this study is the direct access to healthcare. The participants of this study all had access to healthcare or were in a position to be able to afford health care. The inability to receive healthcare was not considered during this study.

Recommendations

The current study provides a glimpse into the elderly and their responses to the COVID-19 pandemic mandates. Future research is important and can be helpful during future pandemics or world events that may put limitations or restrictions on daily activities. Additional research can help to determine how to put mandates in place that take mental health and social isolation into consideration. New mandates may reflect the idea of preventing the spread of any disease and implementing ways to manage mental health. Future research could also focus on how to prevent additional stressors that come along with mandates in the workplace, as well as examining different age groups to determine if wearing a mask over their face impacted mental health. Other recommendations include conducting research in different areas to find out more about how certain mandates impacted the lived experiences and ultimately psychological states of individuals living there.

Future research can be conducted on populations that have been previously diagnosed with mental health or psychiatric disorders to determine if that population is at a higher risk of

being negatively impacted by isolation and other mandates that may be used during the time of a pandemic. This research could also focus on the utilization of social supports to determine if they decrease or remain the same for the elderly population when restrictions of quarantine are put into place.

Longitudinal studies may be helpful to obtain more accurate data in regards to how the elderly population responded to the COVID-19 pandemic overall. There have not been many longitudinal studies conducted to determine how the elderly population was impacted by the COVID-19 pandemic. The current study was not a longitudinal study; therefore, the results may have been significantly different if the interviews were conducted during the time of the COVID-19 pandemic.

Summary

The purpose of this study was to obtain more information on the lived experiences of individual's over the age of 60 and their psychological effects associated with adhering to protective measures mandated during the COVID-19 pandemic. This study paid particular attention to mental health and interpersonal relationships during the COVID-19 pandemic. The data was gathered using semi-structured interviews and manuscripts created from each participant's response to the research questions asked. The data was collected and then coded by following Braun and Clark's (2006) analysis.

From the data, three themes emerged: moods and attitudes returning to previous levels of functioning, identifying that the most significant changes in participants' lives took place at work, and the idea that participants felt there was a sense of normalcy once mandates were lifted. The limitations of this study include sample size and location of the participants being centered in the state of Virginia. Another possible limitation could be the age of the participants, as they

were all over the age of 60. There were other limitations that may have impacted the data, such as ability or inability to obtain healthcare. The particular population used in this study did not live alone and were employed, with the exception of one participant, during the COVID-19 pandemic.

The data collected from this study contradicted previous research in the area of having visitors in the home. Other studies have found that not being able to have visitors was one of the most difficult parts of the COVID-19 pandemic mandates and social supports played a protective role (Guloglu, 2022). This study suggested that there was not much change in regards to having visitors, as there were minimal visitors coming to the participants' homes prior to the COVID-19 pandemic. This study did, however, find similar results when being compared to the research done by MacDonald et al.'s (2021) research, who found that depression and other mental health illness were much lower among individuals over the age of 65 than individuals between ages 45 and 65.

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