

# ILC Report COVID-19 – The Netherlands



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## **Summary**

### **Introduction**

Older people seem to be more susceptible to adverse outcomes of COVID-19. Most measures taken to prevent the spread of the virus are therefore focussed on protecting older adults. However, most of these measures and the implications thereof have not been discussed with older adults themselves. Neither have seniors been involved in policies and public debate to any large extent. This research project aimed to gain insights in the perspectives of seniors themselves on the COVID-19 crisis. The main question guiding our research was: 'How do older adults view and cope with the COVID-19 crisis?' To answer the main research question two rounds of interviews were conducted. In the first round 59 older adults were interviewed over the phone between March - May 2020 during the first wave and lockdown in the Netherlands (see Methods Supplement, Appendix 1, Table 1). In the second round 15 participants were re-interviewed during October 2020 during the start of the second wave and second lockdown in the Netherlands. Following a grounded theory approach three themes emerged from the data. These themes include: the impact of the COVID-19 pandemic on the (social) life and wellbeing of seniors, coping strategies to mitigate the impact of the crisis and the portrayal of older adults and ageist stereotypes.

### **Impact of COVID-19 on older adults' (social) life and wellbeing**

As a result of the pandemic and the measures taken, older adults expressed several changes in their life that influenced their overall wellbeing to some extent. First seniors experienced a lack of (physical) freedom and self-determination because they, for example, were not able to move around freely nor could decide how they wanted to spend their day. Second, seniors expressed a lack of meaningful relationships as (social) contacts had to be kept to a minimum and everyone had to remain indoors as much as possible. As a result of these changes seniors expressed feelings of uncertainty, sadness and sometimes even loneliness. In addition, older adults described experiencing more and new kinds of worries and fears as they discussed worrying about contracting the virus and the consequences of infection. Seniors stated worrying about society as a whole and about what the impact of the pandemic would be on for example the economy. Such worries sometimes brought about feelings of anxiety, fear and helplessness. There were also positive effects of the COVID-19 pandemic on people's wellbeing, especially at the start of the pandemic. Seniors seemed to feel more connected to others as (online) connectivity grew. Older adults also experienced a growing sense of solidarity manifested through more attention from and concern for others mitigating some of the negative effects of the lockdown in March 2020.

### **Coping strategies**

Although it is clear that the COVID-19 pandemic has influenced the personal and social life of seniors negatively, we also discovered several strategies that emphasised older adults' resilience and coping during the first wave in March 2020. First, some seniors created ways to stay busy during the day by taking up old hobbies or watching television and distract themselves from the situation in the world. Others found more comfort and security in complying with the measures as it provided them with a sense of control and self-determination. Almost all seniors used self-enhancing comparisons, in which they compared their own situation to someone whose situation they perceived as worse than their own, to gain control over their lives and increase self-confidence and self-reliance. Lastly, comfort was found in the temporality of the pandemic as participants expressed

accepting the temporary discontinuation of meaningful activities as long as they had the prospect of resuming normal life within the expected time frame.

### **Position and portrayal of older adults in media and public debate**

Besides personal experiences, the COVID-19 pandemic has also brought forward an ever-growing attention to the position and situation of older adults by the public, government and in the media. This study showed that there is a discrepancy between the media portrayal of older adults and the way older adults themselves view their position and role in society during the COVID-19 pandemic. It seemed as if many older adults did not directly identify themselves with the general image of “vulnerable” older adults. Some seniors did not see themselves as the older adults as portrayed in the media and by the government since it equates vulnerability with being dependent or not fit. For numerous older interviewees, especially the tone of the public debate, both in regard to the issue of vulnerability and topics such as Intensive Care admission, was felt to be offensive.

### **Second wave; changes and reflections**

During the second round of interviews several changes were found in the aforementioned themes. The prolonged duration of the COVID-19 pandemic seemed to have had a twofold effect on the life and wellbeing of older adults. Whereas some have found a way to comply with the mitigation measures while also doing the things that matter most to them, others started to experience feelings of sadness and dreariness due to the longer duration of the crisis, the change of weather and the felt decrease in solidarity. This was especially true for those who were unable to resume meaningful activities, and for those who were concerned about the growing individualism in society. These older adults felt less like we all were in this crisis together and observed that others were not following the measures. This sometimes resulted in them feeling limited in doing the things they would like to do, such as doing their own groceries as this felt unsafe to them. Lastly, coping strategies employed during the first wave were not all sufficient in dealing with the second wave as the duration of the pandemic was longer than expected. To deal with the surpassed temporality seniors more often seemed to display a personal deliberation between safety and social engagement in which many took small risks to be able to find meaning and purpose in life again. Additionally, seniors had adjusted the expected timeframe of the pandemic and still held hope that sometime in 2021 the pandemic would be over and ‘normal life’ would start again.



## Introduction

In this report, we highlight the experiences of Dutch older adults during the COVID-19 pandemic in 2020. Over the last months, the COVID-19 virus has had a major impact on society as a whole. However, one group has been put in the foreground more than others, namely older adults. Older people are believed to have a higher risk of adverse health outcomes and mortality, and have been at the core of many (inter)national policies as a result. In the Netherlands, measures to limit the spread of the virus have similarly focused on protecting older adults. However, most of these measures and the implications thereof have not been discussed with older adults themselves. Neither have seniors been involved in policies and public debate to any large extent. Our research project intends to focus on the perspectives of seniors themselves, who have up to now been largely invisible in public as well as academic debate.

The main question guiding our research was: 'How do older adults view and cope with the COVID-19 crisis?'. In the interviews seniors were asked about; how they experience the impact of this crisis on their (daily) life, their social contacts, and feelings of well-being; What they think of the measures; how they cope with the crisis; how they view the current reporting in the media and their perspectives on the societal impact. The COVID-19 crisis offers us an unique chance to gain insight in the experiences and individual, perceived, impact of crisis situations and the role of structural inequalities during a crisis.

The findings in this report are based on two rounds of interviews. The first round included 59 telephone-based interviews with seniors between the age of 54 and 95 and took place during the first COVID-19 wave and first (intelligent) lockdown (March-May 2020) in the Netherlands. The second round of interviews (both face-to-face and telephone based, depending on the participants preferences) concerned interviews with a purposive selection of 15 participants from the first round (see table I of Methods Supplement). These interviews took place at the beginning of the second wave in the Netherlands (October 2020). Our selection for this second round of interviews was based on several demographic characteristics (such as socio-economic background and marital status) to account for diversity combined with considerations of variety in experiences we found after analysing the first round of interviews. A detailed look at the interview questions, participant recruitment, data gathering and other methodological information can be found in the Supplements (see page 23).

Following a grounded theory approach we found three themes that emerged from the first round of interview data (gathered during the first wave, March-May 2020). These themes include: the impact of the COVID-19 pandemic on the (social) life and wellbeing of seniors, coping strategies to mitigate the impact of the crisis and the portrayal of older adults and ageist stereotypes. These themes will be discussed in the following chapters. A fourth and final chapter will elaborate on the experiences and views of older adults during the second wave.

## **1. Impact of COVID-19 on older adults' (social) life and wellbeing**

March 2020 marked the beginning of the COVID-19 pandemic in the Netherlands. To stop the spread of this new virus strict measures were taken by the Dutch government. These measures were aimed at minimizing the number of (social) contacts between people. In practice this meant that places where people gather, such as workplaces, schools, restaurants and gyms, were closed and that people were mandated to remain indoors. Only essential activities outside the house such as doing groceries or going for a short walk were allowed. For older adults this also meant that activities, such as voluntary work or (social) activities had been discontinued and meeting places were closed. Usual activities, such as shopping or drinking a cup of coffee with friends or family were suddenly discouraged. In addition, long-term care facilities closed their doors completely for a period of three months (mid-March till mid-June 2020). This meant that even spouses and family members were no longer allowed inside the facilities.

As a result of the pandemic and the measures taken, older adults expressed several changes in their life that influenced their overall wellbeing to some extent. Namely, a lack of (physical) freedom, self-determination and meaningful relationships and experiencing more and new kinds of worries and fears. At the same time, the crisis also positively influenced people's wellbeing, especially at the start of the pandemic, by increasing feelings of connection and solidarity. These experiences will be discussed in the following sections.

### ***Freedom and self-determination***

Two of the most often described aspects of the COVID-19 crisis and measures taken, were the lack of personal freedom and self-determination. Due to the physical restrictions of the measures – social distancing and remaining at home, literally limited seniors from moving around freely, resulting in them feeling less free. Besides, many older adults expressed feeling a sense of isolation, both in physical terms as well as socially, as contact in person was limited during the first COVID-19 wave in the Netherlands.

Even seemingly simple activities such as doing groceries, visiting family or exercising in a group were prohibited. Older adults described how they were suddenly confronted with holding off ambitions and plans they had, which varied from celebrating a birthday or writing a book, to travelling. Older adults described these restrictions with words such as “oppressing” or “strange (*unheimisch*)”. This also becomes clear in the following quote from a 71-year-old male participant:

*Just that feeling that you have nowhere to go and that you are limited in your movement, that sometimes gives you such an oppressive feeling.*

The restrictions in movement caused by the national measures did not only cause a sense of isolation but also engendered a loss in meaningful activities. Some seniors explained that they missed being able to maintain their (daily) structure – “The sole fact that the housekeeper would come, did bring structure in my week” (female, 92, widowed), or felt restricted in their personal development and ambitions – “Just before COVID started I had recovered from an illness and I was trying to find the meaningful

things in life again, there is less opportunity for that now" (male, 72, married). Some older adults described this loss of purpose in life as "depressing" (female, 73, living alone) or that it made them "anxious" (female, 65, living alone).

Others expressed that they felt a loss in self-determination, as they simply could no longer decide for themselves what they would like to do. This led to a feeling of having to interrupt one's life for some time, as described by this 73-year-old-man:

*I would like some more relaxation, just being free to do the things that you are used to doing. That also gives me hope as I reason: I hope next month, maybe not this month, but definitely next month it will be better. That I can go out for dinner again.*

For older adults that provide informal care to someone close to them, the lack of freedom and self-determination seemed even more intense. They expressed feeling restricted in their physical and mental freedom as organized activities for seniors that need care, such as day and home care had been cancelled or downscaled. This meant that some provided 24/7 care for their loved ones and took on more responsibilities than before and had less time to unwind. This increased their feeling of limited freedom as one participant (81-year-old) whose wife would normally go to organized activities during the day describes:

*It is difficult, difficult. It is a rough time, because well, you are limited and you are not going anywhere, are you? It is of course also difficult for my partner, for my wife it is also not so nice of course, because she liked to go there [day care].*

### **Sense of connection**

Not only did older adults feel a lack of freedom and self-determination they also expressed a lack of close relationships with others during the lockdown in March 2020. What people especially missed was the physical (face-to-face) contact with family and friends. Some described the contact with words as sterile, cold or from a distance, meaning this both literally and figuratively. The loss of physical contact was experienced in how you are unable to place a hand on one's shoulder or the inability to look each other in the eye. In the following quote a 95-year-old participant describes the importance of these kinds of contact:

*A handshake or hug is also a sign of mutual dedication, a display of respect. Truly seeing each other and acknowledging each other. And now that has disappeared. The only thing you have is the phone. When saying goodbye, you can say: "Lots of love." And sometimes "I love you", but that's not the same intimate connection.*

In addition to the lack of physical relationships, several seniors explained that they could not share their emotions with those around them. They missed a connection to others due to the national measures and especially the mandatory isolation to their household. For some this led to feelings of sadness and a feeling of "being alone in the world". Especially older adults who lived alone expressed experiencing these feelings, as for them, the lack of (close) contact often resulted in missing someone to talk to about the

COVID-19 situation and to share their worries with. This also becomes clear in the following quote:

*Who sits with me at my table and has a cup of soup with me? No-one. That's a kind of loneliness, of being alone. It makes it more difficult to make choices [regarding hospitalization when she would contract COVID-19] for yourself, because no-one replies (female, 74 living alone).*

Furthermore, for those living alone or older adults who had a very socially active life outside of their own household (for example in neighbourhood centres), the closure of these centres and social distancing did not only disrupt their (daily) structure and social interactions but also led to feelings of loneliness:

*Before [COVID-19], I was never at home, I went to the neighbourhood centre. There was always something to do there, having a cup of coffee, having a chat. So a lot has changed ... now I do feel lonely sometimes" (female, 65, single).*

Besides experiencing a lack of close (physical) relationships, older adults detailed missing spontaneous, day-to-day encounters, such as when going to the supermarket or during a walk around the block. Most older interviewees described that these seemingly minor interactions would actually give them a sense of belonging and a feeling of being part of a community. Hence, not being able to experience these feelings often led to more intense feelings of isolation. This also becomes clear in the following quote:

*Just a chat and you've seen everyone again. You don't even have to speak to everyone [in church], but the idea that you are part of a community is, yes, I do experience that as very valuable (female, 76, married).*

### **Worries and fears**

A third topic impacting the well-being of older adults were the worries about personal circumstances and society seniors experienced as a result of the COVID-19 pandemic and the emotional effects these worries had. In relation to personal worries, seniors described how during the first wave the COVID-19 crisis brought along uncertainty and doubt due to its ungraspable nature. They felt uncertain what the virus actually entailed and what the impact of being infected would be. Which is also described in the following two quotes:

*You are also a bit helpless of course, we can do nothing about it [COVID-19]. Well, stay indoors (female, 80, married).*

*I'm afraid of becoming infected by COVID-19. They have no medicine or vaccination for it. And I have family in New York and I hear very bad stories there and that scares me a bit (female, 65, single).*

As a result of the elusiveness of the COVID-19 pandemic and not having equivocal or clear knowledge about the virus nor its implications, older adults often used the term "invisible enemy" when describing the virus. Some seniors saw the battle against COVID-19 in analogy to previous international wars. Both those who experienced war

and those who were born right after said that the COVID-19 crisis brought along similar feelings of uncertainty and helplessness.

*I heard on the radio today, there was someone who said... I did not experience the war, but it seems like war time without any combat. And there are certain comparisons, only this is of course very different. This is elusive and something as big as this has never happened I think (female, 76, married).*

For some, these feelings led to sleepless nights. For most however, uncertainty about the virus in combination with worries about what would happen when becoming infected themselves, resulted in them being extra careful when going out and upholding social distancing. We did see a difference in the extent of the worries and fears of contracting the virus between certain groups of older adults. For example, older adults with limited language skills sometimes experienced difficulty interpreting the measures. They seemed to have less clarity on how to deal with the measures and what could happen when they would go out or what was actually allowed or not. For them the challenge of fully comprehending and interpreting the measures in a language foreign to them, combined with the elusiveness of the virus, did result in feelings of anxiety or complete self-imposed isolation. On the other hand most older adults expressed knowing enough about the virus and the measures to decide what to do or not to do, for example grocery shopping.

In regard to societal worries, seniors seemed most worried about the future of others, of society in general and the economy more specifically. As is also clearly described in the quote below from a 68-year-old female:

*You think 'gosh, just suddenly everything changes'. What will the future bring? We [she and her partner] believe we have no financial worries. We live in a house that has been paid off. We both have a pension. We'll be fine... But I also know a lot of people where everything suddenly collapses. Then I think 'jeez'. That will take years. That is not fixed overnight. That's worrisome... but I can't help it. At most, I can alleviate the suffering of people by listening to them and sympathising, but that's all.*

Seniors described the situation as a global problem, affecting everyone. Concerns about the economic impact of the crisis on (small) entrepreneurs as well as younger generations and society as a whole were expressed. For example, a 95-year-old gentleman described: "The whole situation we are dealing with costs so much money. It consumes so much of our total income. How should that be if it [COVID-19] stays longer?" Another male participant of 67-years-old stated: "We live in such gigantic prosperity. Is that still possible after all of this?" A 72-year-old lady called this "the new vulnerability" of our society, in which "everything comes to a standstill and new forms of living together should be discovered."

### **Connection and solidarity**

Although seniors had less physical contact with others and more often had to deal with worries and fears, the pandemic did not solely have negative effects. One side-effect was that online contact with family and friends seemed to increase in the first few months of the COVID-19 pandemic (March-May) as well as the aptitude and willingness to use



digital communication means among seniors. In some cases, seniors described having more contact with others online or over the phone than before the pandemic. Furthermore, contact with family members in other parts of the country or abroad was intensified. Seniors wanted to check-in with family members or (good) friends. This increased connectivity seemed to mitigate some of the negative effects of the pandemic on feelings such as sadness and oppression: "When I feel lonely, I call someone" (female, 65, single).

Additionally, some older people felt that they received more attention than before the outbreak of COVID-19 and felt an increased sense of "being together". The following quotes highlight this:

*[The grandchildren] also have WhatsApp and they say, "Grandma I love you," and send me funny pictures. From my grandson, who is ten, I occasionally receive a digital sticker. A "thumbs up" or "grandma, you're doing well" sticker (female, 79, widowed).*

*I have a lot of contact over the phone. Every morning around 9 am I send a "good morning text" to all the contacts in my WhatsApp list, to the people from the Senior group and to my family in Canada and New York (female, 65, single).*

*A lot of good has come out of this crisis as well. We have never made as good use of all the communication means as we do now (female, 80, married).*

In addition, those older adults who were (semi) self-isolating described how family members or people from local community centres were taking care of their groceries, stopped by for short conversations and sent little gifts. All this attention made people feel "seen" and somewhat connected with society. As described in the following quote by a 92-year-old lady:

*At first I was nobody and now I am someone, because I receive phone calls, I get flowers, so I mean, suddenly I am someone (female, 92 widowed).*

Senior citizens in long-term care facilities, for whom visitors were not allowed during the first wave, also kept in touch with their relatives in creative ways. For example, acquaintances waved from outside or dropped off presents. The seniors we spoke with appreciated these moments very much and indicated that they felt happier, less alone and less dreary due to these small gestures. Attention of care staff beyond the regular duties was also appreciated, especially now. For example, one 70-year-old participant described:

*In general, it's like long-term care staff just do their job and you are kind of by chance the person being taken care of and when they're done, they have done their duty and close the door. But I find it extraordinary that in these times they manage to have attention for you. It makes you feel like you exist (male, 70, married, living in a long-term care facility).*

Seniors claimed to also show more attention towards others than before the COVID-19 pandemic. For example, by giving older adults who live alone a phone call, by sending

postcards to people living in nursing homes or by playing an online game with their grandchildren. In addition, older people also found creative solutions to still meet others physically while keeping distance: "Because we cannot receive people at home, we are forced to seek out nature as a living room" (male, 77 married).

Thus, concern for others in society created a strong sense of solidarity among seniors. As described earlier, this manifested itself in making more frequent calls to (assumed) "lonely", single or older friends and acquaintances, sending presents or ordering more often from local businesses. A few argued that older people could go one step further by staying completely at home to enable young people to continue their lives as they did before the lockdown and economic activity to start again. For example, a 72-year-old gentleman says: "Let the healthy people work. That is A: good for themselves, and B: it is good for the economy". An 80-year-old participant argues:

*The mental damage that is inflicted on young people due to them not being able to work. They become overwrought because of all their worries, it is terrible. This does not outweigh our [older people] troubles with staying indoors for some time. So they [the government] should say that older people should stay at home and limit their social contact as much as possible so that younger people can continue! Continue their lives!*

In summary, the impact of the COVID-19 pandemic on the emotional wellbeing of older adults seemed to be result of several factors. First, the lack of personal freedom, self-determination and close relationships had a profound negative effect on wellbeing as it seemed to lead to feelings of uncertainty, sadness and even loneliness for some older adults. Additionally, worries about society as a whole and the virus itself sometimes brought about feelings of anxiety, fear and helplessness. However, the pandemic also had positive effects as seniors also felt more connected to others and experienced a growing sense of solidarity during the lockdown in spring 2020.

## 2. Coping strategies

Although it is clear that the COVID-19 pandemic had influenced the personal and social life of seniors, we also discovered several strategies that emphasised older adults' resilience and coping during the first wave in March 2020. These strategies include; distraction, self-enhancing comparison, gaining control by following the measures, (temporary) acceptance of the situation and interpreting one's personal vulnerability.

### **Distraction**

*The hairdresser does not come by anymore as well. Just like the physiotherapist and the manicurist. Look, all of those visits break the day. I have to make appointments and keep a schedule, a weekly schedule, which gives structure. That is all gone now (female, 92, widowed).*

Before COVID-19, weekly or daily activities provided seniors with a certain structure in their life as is also described in the quote above. However, with the unfolding of the pandemic and start of the intelligent lockdown in March 2020 most seniors' schedules were wiped clean due to social and societal disengagement. As a result, many older adults started to look for (new) leisure activities to keep them busy and time moving. This resulted in the reengagement with old hobbies or time for things they would normally not do. Below are some examples:

*I am an enthusiastic hobbyist. I like to do things with my hands. I make all kinds of items, be it wood, metal, electric, well, in short, just a busy boss ... And now I have plenty of time for that. And I also have the opportunity, well, a house with an adjacent garage (male, 72, married).*

*I am doing some chores around the house and outside. And I still try to go outside. A little... and cycling. That you still move and if possible, but that does not happen every day even though I can't say I don't have time because I have plenty of time, but I participate in those [exercise] programs on TV (male, 67, married).*

Besides providing some structure to the day or week, the distractions were also a way to prevent older adults from worrying or feeling powerless during the pandemic and passing time, especially for those living alone. Here, we mainly saw an increase of seemingly ordinary activities, such as watching tv or playing games on the computer:

*And now, when I arrive home, if you don't take your phone, there is silence. Then it is me and the television and then I watch all these strange programs or I go watch repeats and I try to have sound around me. [...] Not that I am dissatisfied, after all I am healthy, but it does make me sad (female, 63, living alone).*

### **Self-enhancing comparison**

A second coping mechanism through which older adults seemed to relativize the impact of the COVID-19 crisis was by deploying a form of self-enhancing comparisons. Depending on their personal situation seniors pointed to those living alone, with little income, living in long-term care facilities, families with children or homeless persons as the ones who were hit hardest as those having a more challenging time than the seniors themselves. As becomes clear in the following quote:

*There are so many people in worse circumstances... Such as people living alone, homeless people, people in asylum, you name it. People in bigger cities, in small apartments, in long-term care facilities not being able to receive visitors (female, 82, married).*

These kinds of comparisons allowed seniors to maintain their self-esteem and self-confidence and to downplay the adversity of their own situation, as not so bad compared to others' situations. Many older adults seemed to use this strategy to maintain some kind of control over the seriousness of their own situation by putting their issues with the crisis and lockdown in perspective. This coping strategy was also used by seniors in seemingly adverse conditions, such as those with a small income or who were living in social housing or alone. Also, for these older adults, there were others "more vulnerable" and therefore in a worse situation than themselves:

*I live from an AOW [basic state pension]. So I actually belong to the group with a very small income. However, now [lockdown] I do not spend anything, so I am sitting pretty so to speak [being comfortable]. I do not worry about myself but about those who are self-employed, those people who have very little money when they may lose their jobs, they are way more vulnerable now (female, 72, single).*

### **Gaining control by following the measures**

As discussed in the previous chapter, the elusiveness and uncertainty of the COVID-19 virus were aspects that made people worry about their personal situation and society in general. We noticed that the measures taken by the government during the first wave and intelligent lockdown, relieved the older adults of some of these worries. Initially, most participants seemed to agree, for themselves, to a large extent with the measures taken by the government. At the time of the first interviews, the most important measures were; hand hygiene, staying home as much as possible and avoiding social, face-to-face contact. For those above the age of 70, the government strongly advised to avoid all indoor social contact with others.

Nevertheless, the way in which older adults interpreted and complied with these measures differed. Although many activities were discontinued and social contact was minimized by most seniors, only a few older adults stayed at home completely, as suggested by the national government. For most participants, the presence of COVID-19 meant being extra careful when going out, maintaining social distance in for example grocery stores or when visiting family or friends. In general, older adults seemed to implement the imposed measures according to their own interpretation of the impact of the COVID-19 crisis, their personal situation and risk of contracting the virus:

*I used to cycle once a week or so and now you do it a lot more. And yes, I really like cycling because you get further than walking and running and because you want to go outside of course. Even though they [government] say that you should stay indoors I go. I do not meet anybody (female, 73, widowed).*

For most older adults, following their own interpretations of the measures meant that they could decrease personal feelings of insecurity and regain some control over the

surreal situation, while also being able to do what matters most to them, such as going outside. Although the freedom to determine how to comply with the measures seems to be very important for seniors because it gives them a sense of control and self-determination, this was not as easy for everyone:

*I am also scared. I'm not just going out, I'm very careful when I'm outside. After I buy groceries I immediately wash my hands with soap. Then I leave the groceries for a bit in the hallway and then I clean everything with a wet cloth before I put it in the cupboards. (female, 65, living alone).*

As discussed earlier, older adults with language difficulties and those with less resources or social capital seemed to have more difficulties with making decisions about the measures. They had limited opportunity to share worries or discuss the measures with others and could therefore rely less on this specific coping mechanism. Other seniors indicated that they felt unsure about what is allowed and therefore even felt guilty if they did go outside, as described in the following quote:

*Rutte [Dutch prime minister] said to stay at home, and ever since I feel guilty when I go cycling myself. For example, I feel a bit of... Well, am I not breaking any rules or something? (man, 79, living together).*

### **(Temporary) acceptance**

A fourth coping mechanism that arose from the interviews was accepting the COVID-19 crisis. Many older adults described that they had to simply accept the changes in (leisure) activities and minimized social contact and "live with it" for the time being:

*This you also have to accept. You have to wait until everything is free again. Then you can enjoy double. If you have gone through this, in the beginning you will look at things differently. You will be happy that things happen, that you can go out, pay a visit. For now we have to just bear through it (female, 92, living alone).*

As described above and also in the quotes below, acceptance was mainly based on the expectation that the COVID-19 pandemic and corresponding measures were of a temporary nature: *I think I'll get through it. Even if it would take another month or two, I think I'll get through that as well (man, 72, married).* Although many older adults experienced a loss of meaningful activities, as described in chapter one, they also explained that they simply had to keep going before they could start living again. They were in a sense, waiting for 'real' life to start again. The idea of temporality gave many seniors a sense of control over the situation and something to look forward to:

*Yes, this cannot take years, I mean this may be a matter of months, I have no idea and no one has an idea of course, but we have to look towards the future (male, 75, married).*

In closing, older adults showed resilience in coping with the pandemic by using various different strategies. Some created new ways to stay busy during the day and distract themselves whereas others found more comfort and security in complying with the measures. Almost all seniors found comfort and determination by focusing on the



temporality of the pandemic and used self-enhancing comparisons to cope with the sudden changes in their daily life. This shows the resilience of older adults in times of an international crisis such as the COVID-19 pandemic.

### 3. Position and portrayal of older adults in media and public debate

*Normally, I think that older adults are rather lumped together. But now I do not think it matters if you are 65 or 95, older people are simply at risk. So, I get why the media speaks about vulnerable older people. Seniors should also realize that they are vulnerable and also those around them, such as their children or grandchildren (male, 72 married)*

Besides personal experiences, the COVID-19 pandemic has also brought forward an ever-growing attention for the position and situation of older adults by the public, government and in the media. This brings us to the third theme that emerged in this study: the position and portrayal of older adults in times of COVID-19. During the first wave and intelligent lockdown in March and May of 2020, media reports about older adults often spoke about the higher adverse health outcomes seniors had when infected with COVID-19 virus. News articles were discussing the plan from the government to create herd immunity to protect vulnerable older adults and other weak groups.

Initially most of our participants felt sufficiently informed by the media reports. Also, most seniors seemed to agree with and understand the "extra" attention given by the government and media to older people and the emphasis placed on older people as a "vulnerable [kwetsbare] group" having higher risks of adverse health outcomes. As this 72-year-old male participant stated:

*Well it makes sense to me to put it that way, because after all, our defence systems are ... they are of course as old as the rest of the body.*

Not all seniors, however, agreed with the heightened focus on the aspect of vulnerability:

*No, I don't agree [with the media reporting]. I was so indignant at first. So when you are older you are vulnerable? No, you have older people and vulnerable older people, I think there is a big difference ... because you are older you are vulnerable? No way. As a young person you can be vulnerable as well (female, 73 single)*

Older adults expressed irritation about the generalizing and, in their view, patronizing media reporting on older adults. Media reports about vulnerable older people were sometimes received with resentment by older participants. Some felt the reporting underlined ageist discourses about older adults as being weak, dependent and a burden to society. As a result, some participants commented that the strength of older adults should be emphasized more often and more attention should be paid to seniors' abilities and their possibilities instead of limitations. Others also mentioned that society must not forget what older generations have meant for the societal and economic prosperity of today.

#### **Public position of older adults**

*I listen to it [the media] in a more general way. I don't feel addressed so just listen to it. Who are those older adults they are talking about? Do they start with*

60, or 70 or 80 years old? Because older people are getting even older. So what's basically old? When do you start that? (man, 79 living together with girlfriend).

Regardless of how seniors experienced the reporting - correct, disrespectful or patronizing - the interviews showed that not everyone actually felt addressed by the media reports designating older adults as "vulnerable". How seniors experienced the reporting about older people in the media and how they evaluate the often-used phrasing of "vulnerable older adults" seemed to stem from one's own perception of vulnerability in relation to their biological age, level of (in)dependence and risk perception of the situation. When speaking about the portrayal of older adults, most of our participants did not refer to their own situation, but to that of the older adults in long-term care facilities or acquaintances with health issues. In other words, older adults who were at least 80+, (more) dependent and often had underlying health issues. For example, the following 70-year-old female participant initially agreed with the focus on older adults in the COVID-19 related media reports:

*I think that it is ok that the government focuses so much on vulnerable older adults and sees them as an at-risk group. I mean, older people are naturally more vulnerable, they have a weaker immune system and more diseases.*

When asked if this person herself felt addressed by this definition of older people or 'at risk' for the COVID-19 virus she answered: "No, I do not, not yet. I am still active and I am healthy, I do not think I am more at risk than others."

In line with these perceptions, some seniors were surprised when we mentioned the "COVID-19 risk age" to be 70 years, which made them realize that they too belonged to the older adults that were reported on and addressed frequently in the media. In particular, participants living independently who considered themselves vital, indicated that they did not see themselves as (vulnerable) older people. As this 73-year-old participant also points out: "I absolutely did not realize that it [all the media attention] was about vulnerable older adults, to which I belong in terms of age." For some, this focus on vulnerability and homogeneous image of older people felt somewhat patronizing:

*I think the reporting is somewhat patronizing. I realize that I also belong to the older people in terms of age, but I rarely feel addressed when they [government and media] talk about older people. So I often think: who do you [government and media] mean? Who do you actually want to reach with this information? Because the older people that I know, can easily help themselves, they are not dependent or anything (female, 72, widowed).*

On the other hand, there were also older adults who did feel addressed by the notion of vulnerability, for instance because of underlying health issues or their biological age. However, even among those who stated to feel some level of personal vulnerability, most did not feel fully represented in the image put forward by the media: a homogenous group that is only characterized by their vulnerability. Participants often wonder who "the older adults" actually were and which people really have a higher risk of adverse outcomes when infected by COVID-19 virus. Additionally, older adults expressed having doubts about where the age limit between younger older adults and

the “real old” lies. Uncertainty about the definition of older adults and who the risks actually apply to, meant that some did not comply with any of the additional measures set for older adults above the age of 70 [no social contact indoors], while others – often those who were also struggling to understand the measures due to language barriers – followed them very strictly in the first few weeks of the pandemic.

### ***Rationing of care***

In addition to the general portrayal of older adults in the COVID-19 related news media, some participants were shocked by the public debate and reporting on possible limits to Intensive Care admission for people above a certain age, as described below in the quote from a 73-year-old female:

*What I do think ... when I hear that in the media ... that older people, that they actually sometimes are placed second and that if they [doctors] have to choose, then they would go for someone else ... for someone younger or whatever ... that they give them priority. I think that is a very scary situation because then you start playing for God.*

Despite the fact that most older people agree that topics such as Intensive Care admissions, quality of life and (palliative) treatment options should be discussed in public debate and thus the media, the tone and the way in which this was discussed in the media was disappointing to many:

*If everyone says, including the children, “Mom you will not make it”. Okay, then I will think about not going to the intensive care unit. But the way it was briefly publicized, about that older people should not be admitted, I was shocked (female, 79, widowed).*

Especially the notion that older people have “lived their lives” (female, 63, single) and therefore should give their place to younger generations was deemed offensive: “Because you have had a life, you are not worth anything anymore?” (female, 92, widowed). Older adults underlined that the focus of the debate shifted too much towards sentiment rather than practical solutions or ethical decisions. Still, the reporting and the current situation made many older adults think about how they would like to see a possible treatment, as also described in the following quote from a 74-year-old participant:

*But the [reporting] has also made me really think about it: do I want this? Do I want to be put on a ventilator like this for three weeks? And well, I haven't said it out loud yet. But I don't think I want that. No.*

The possibility of an Intensive Care admission is looked at in different ways. There are for example older participants who said they would forego treatment in advance and prefer to give 'their place' to young people if there is a shortage of IC beds, but there are also older people who preferred an admission to the IC if needed. Regardless of their choice, participants feel that these types of personal topics should be approached with more nuance. Which is in line with the annoyance of several older adults towards the generalizing and often homogenous portrayal of older adults by the government and media.

In conclusion, the data shows that there is a discrepancy between the media portrayal of older adults and the way older adults themselves view their position and role in society during the COVID-19 pandemic. Although the crisis has caused older adults to reflect on their own health situation and personal choices related to medical treatment, it seemed as if many older adults did not directly identify themselves with the general image of “vulnerable” older adults that has emerged during the pandemic. Some seniors do not see themselves as the older adults as portrayed in the media and by the government since it equates vulnerable with being dependent or not fit. For numerous older interviewees, especially the tone of the public debate, concerning both the issue of vulnerability and topics such as Intensive Care admission, is felt to be offensive.



#### **4. Second wave; changes and reflections**

During the fall of 2020, we re-interviewed several of our initial participants. This second round of interviews was scheduled six months after the first round and took place, without a predetermined intention or plan to do so, during the start of the second COVID-19 wave in the Netherlands (October 2020). Based on the above-described themes – impact on social life and wellbeing, coping mechanisms, and the portrayal of older adults in public debate and the media – and personal characteristics (such as marital status and ethnicity), we selected 15 older adults for the second interviews. Below we describe the changes found in the older adults' experiences with the COVID-19 pandemic, their wellbeing and views on solidarity.

##### ***A new situation***

Before we dive deeper into the changed experiences of older adults, we need to give a short overview of the situation during the re-interviews in October 2020. Much had changed in the Netherlands since the intelligent lockdown in March 2020. Towards the end of May the number of infections drastically decreased, leaving room for more lenient measures and more social contact. This led to the reopening of restaurants, gyms, and group activity locations such as neighbourhood centres. Although social distancing was still the norm, people were allowed to meet with more than two people again, working in the office rather became more common and people went for holidays abroad. During the re-interviews in October, most of society had returned back to their 'normal' life as much as possible. Also, our participants described changes in their social and personal lives, as more (leisure) activities were possible. As a result, most seniors expressed feeling less restricted and restrained, for some this also meant being better equipped to deal with the COVID-19 crisis.

However, all of the older adults also underlined that their life was far from normal as they still thought the COVID-19 virus to be elusive and ungraspable. As a result, most seniors kept minimizing their social contact, focussing on a small selected group of family and friends. None went on holidays abroad nor did they simply go back to their activities/ voluntary work as usual. Furthermore, for some older adults the rise of infections over the summer period in combination with the lenient attitude of many people in the Netherlands had made them even more alert of the risks of going outside, to the store or even when going for a walk or a bike ride. For some this meant remaining inside more, while society started their life again – being even more restricted than before – for others this meant looking for alternative ways of protection, such as wearing mouth masks.

As infections were rising again from September 2020 onwards, the debates about new and stricter measures also started again. One of these measures was the use of wearing a mouth mask in public places such as grocery stores, train stations and town halls. The use however, was not mandatory but rather strongly recommended by the government, as regulations to impose the use were still lacking, which initially led to much confusion and debate about the actual usefulness and protection of the masks.

##### ***Effects of the prolonged impact***

The impact of the COVID-19 crisis on the life and wellbeing of seniors and how they coped with this impact had evidently changed over the summer of 2020. The, for most unexpected, prolonged duration of the crisis, led to both negative as well as some

positive changes amongst our participants. In relation to the more negative changes, some older adults explained that the novelty of the crisis had disappeared:

*It [lockdown] also brought some peace in the first wave. Because you had no volunteer work, no obligations, you had no pressure. But now there is still no pressure, none at all and you shouldn't have that either, it is too quiet (male, 67, married).*

Whereas people initially found peace in their new hobbies, online activities or even some “me time” during the intelligent lockdown in March, after several months people started to miss their old activities and the buzz of having things to do, especially meaningful activities. For some, this led to feelings of dejection and dreariness. These feelings were heightened by seasonal changes towards fall and winter, which had started around the same time as the second COVID-19 wave (October 2020). Rain and cold weather made it more difficult for seniors to meet and connect with people in the outdoor spaces that were so important during the first wave (springtime). Not having the option to go outside and meet people anymore made seniors even more aware of the quietness around them:

*It has become quieter around you ... And I think the difference with when you called in March and now is that then the weather was nice and you could sit outside. It has been raining for a while now and that is not about to change, so it will also become a bit quieter as you do not see your neighbours anymore in the yard and you meet fewer people on the street when you go shopping or something. So that's all different now (female, 82, widowed).*

Furthermore, for some seniors, the prolonged duration of the COVID-19 pandemic led to a stronger realisation of their personal vulnerability. One 73-year-old widowed female explained that as time passed she learned more about the virus and also became more aware of her own vulnerability due to her biological age. For her, this realisation even led to her living her life much more restrained than before the COVID-19 pandemic: “I am much more careful and less daring. I don't really recognize that in myself. That I'm afraid. But this is so elusive.” For others, learning more about the virus also made them more aware of their powerlessness as one cannot do anything about the virus, as a 67-year-old married man also stated: “You can't do anything. Well, keep your hands clean, but otherwise you can't do anything. You are powerless in this crisis.” Furthermore, as the situation prolonged, older adults also started to wonder about the impact on their life in the long run:

*Unfortunately, I am part of the group of older people. I do not know what this whole period and crisis will mean to us. Because it [COVID-19] all costs a lot of money, which must be taken back from all of us. There will be more cuts, in healthcare, in long-term care facilities for older people, you name it. And all that worries me. That doesn't get any better due to COVID-19 (female, 73, widowed).*

In relation to the more positive changes, after having lived through the COVID-19 pandemic for some time, several older adults explained that they were better equipped to “deal with the situation”. In contrast to the seniors who described experiencing feelings of dreariness and quietness around them due to prolonged situation, some

seniors actually felt better during the beginning of the second wave (October 2020) due to being less restricted and uncertain:

*The first three months I felt a bit inhibited. It was like: this is allowed and this now. It felt like being held captive. But now I am used to the situation. I adapted completely, thankfully. I don't feel so trapped anymore. It is probably just accepting the fact that we are living in this situation (man, 79, living with girlfriend).*

*I feel better now than before. I don't know what it is but I have less gloomy feelings and stuff now. At first I definitely had some feelings of loneliness sometimes, that is far less now. It [the situation] is all a bit clearer. That people make more use of a mouth mask and the like. Or I'm used to it [the situation], I don't know (female, 63, single).*

It seemed as if the older adults were able to accept the COVID-19 situation to some extent due to them having enough knowledge about the virus and measures (e.g., wearing mouth masks) to feel in control and move around more freely and do the things that matter to them. Especially those who were very socially active before the first wave and therefore experienced strong feelings of isolation and sometimes loneliness during the lockdown, described experiencing a positive change since the first round of interviews. For these seniors important places such as neighbourhood centres and sport clubs had reopened, increasing their sense of connectedness to others. Those, however, who had experienced a heightened sense of togetherness during the lockdown in March-May 2020 due to gestures from others, showed more signs of dreariness and even some irritation in October as the pandemic was taking much longer than expected and a sense of solidarity started to decrease simultaneously.

### ***Coping during the second COVID-19 wave***

The prolonged situation, the ability to continue or pick up important (leisure) activities and availability of knowledge about the virus and measures, also impacted the way older adults coped with the COVID-19 pandemic during the fall of 2020. Moreover, the strategies older adults used during the first wave were changed, and some now experienced that their coping strategy was not sufficient to deal with the, in contrast to their expectations, long duration of the pandemic. This is described in the paragraphs below.

### **Temporality surpassed**

*But if after all those months you are thrown back to square one, you look at it [the situation] differently. And now they [government] are even talking about not being able to celebrate carnival in February 2021, and I think "oh God, will it not be over by then?" Those are times that it [the situation] can really make you feel down. That feeling of infinity. It does something to me, for sure (female, 92, widowed).*

One of the coping strategies identified during the first wave showed that for some older adults the ability to cope (for instance through acceptance or distraction) was enabled by expectations of how long the pandemic would last. Several seniors had stated they did not mind putting off some of their activities or plans if this would mean that the situation

would go back to normal sooner. In other words, they were waiting for 'real' life to start again. However, as becomes clear in the previous quote, during the period when older adults were re-interviewed most had come to the realization that the pandemic would not be over within a few weeks or months. This new understanding led seniors to reflect on the consequences of the pandemic on their personal life and society:

*In the beginning you think, what you said, that it is actually temporary. We get through it. Now you just see: no, this has very far-reaching consequences. Yes, and that does affect me. Not that I am depressed, but that you still think: 'shit this is serious'. You know. I remember what I said in the beginning. That I thought about it quite lightly. And now I think to myself: oh, you thought very rationally then (man, 67, married).*

Most seniors seemed to keep hope that the pandemic would be over some time in 2021, and adjusted their expectations accordingly. For example, several seniors described that they were already, cautiously, making plans for next year, when the vaccine would hopefully be available. For these older adults, it was vital to keep looking forward and make plans for the future as this idea of being able to do what is meaningful to them again gave them something to live for:

*I hope it will slow down a bit in January. That we can pick up our normal life again. And in May, June we are planning to go to Spain. It may be that it will not be possible to go, but then we will simply adjust (man, 67, married).*

This sense of having something to live for seemed to have become even more important as the COVID-19 pandemic lasted longer and the notion of temporality became surpassed. This was also evidenced by the fact that many older adults seemed to have found a way to re-engage with activities that mattered most to them while also complying with the measures. In other words, as the pandemic continued, older adults looked for a compromise between living their life safely but also meaningfully.

### **Resuming meaningful activities and contacts**

Whereas most activities and social contact were completely discontinued during the first COVID-19 wave, during the second wave in October, this was not entirely the case. Rather, older adults seemed to make their own deliberations and adjustments to organize meaningful engagement and activities in a safe manner. For example, one participant had gotten back to volunteering. Not in the same way as before COVID-19, but it still gave him the sense of purpose and the feeling of being useful to society that he longed for during the first wave and lockdown:

*The volunteer work I did before is not allowed. You visit people throughout the hospital and you have contact with patients and that is not allowed. But they did come with the offer to guide people that come for an operation to the ward. I said yes, because then I can feel useful again. And two weeks back, when the numbers [infections] were going up again, they asked: 'are you still willing to come?' I said: 'yes, sure'. And I like that, to make myself useful to society (man, 67, married).*

Other participants also felt that completely discontinuing activities and having no social contact was impossible in the long run, as this had already led to depressing feelings towards the end of the lockdown in March-May 2020. One of our respondents described being quite afraid of contracting the COVID-19 virus during the first wave and now, she had slowly started to resume social activities, albeit with the use of a mouth mask. She did this because overtime not resuming activities and pursuing social contact with others had resulted in depressive feelings. In her situation getting rid of her depressive feelings outweighed her fears of contracting the virus. The following quote describes this:

*I think thanks to COVID-19 I fell into the hole where I just put so much effort in to not end up in. And then you start to think I can continue this way with that fear [of COVID-19] or I can go through that fear; put it aside a bit more and with the use of a mouth mask feel a bit more protected. So I chose that, but that has only happened just now (female, 73, widowed).*

### **Risk perception and measures**

Just like during the first wave and lockdown, most seniors expressed that they still followed the measures during the second wave in October 2020. However, several seniors said that the government could and should be clearer and stricter when it concerned some of the measures. Seniors stated they would have liked more clarity about what is possible and what is not. For example, one 67-year-old male participant stated: "This shop is open but that restaurant cannot open. Why? I think it is unclear to a lot of people. The confusion is not helpful. For no one." Especially the relatively lenient look of the government on the use of mouth masks irritated some older adults:

*Make decisions! They [the government] should make mouth masks mandatory for everyone so that it is clear. There is too much confusion now (female, 65, single).*

*To the government I would like to say: try to make do's and don'ts clearer. And leave as little room as possible for an interpretation other than that proposed by the government (male, 75, married).*

At the same time most seniors seemed to make the decisions on what they could or could not do mostly based on the earlier described personal risk perception (chapter 3) and the possibility of continuing activities in a safe manner. For example, a 65-year-old female participant described that she stayed mostly at home during the first wave (March-May 2020) as she was afraid of becoming infected, especially in crowded areas. During the second round of interviews she explained that she had started to visit group activities in the neighbourhood centre again. She felt that she could safely travel to the location if she used a mouth mask and that there was enough room in the centre to keep a safe distance from others:

*I now wear the mask when I go out. I feel good when I have it on, I feel much safer than before ... Now I am ok with going to the neighbourhood centre again. There are less people there and we keep our distance. It feels good to go there again.*

Thus, many older adults seemed to display a personal deliberation between safety and social engagement and meaningful activity in which many took small risks to be able to



find meaning and purpose in life again. This, however, was not possible for all older adults, as society as a whole had also changed over the summer.

### ***Changing times, changing solidarity***

*Before [during the first wave] it was like 'if all goes well, we can go back to the old soon', but now we have no clue anymore when this will end. I still hope that people pay attention to each other and follow the rules, but I also see that a lot of people do not do this. I think it's so stupid. Your mind says that if you do not obey the rules, it will get worse... but people seem indifferent about it... (female, 92, living alone).*

*Well in the beginning you saw that there was a sense of togetherness, solidarity. You saw that enormously. But now that has disappeared. You get a kind of conflict between people who follow the rules and those who do not (male, 67, married).*

One of the themes in which we saw the biggest change in views between the first and second round of interviews is that of solidarity. Both on an individual level as well as in society as a whole older adults did not feel the same sense of togetherness and connectedness anymore when we re-interviewed them in October 2020. Especially those who had expressed great appreciation for the gifts and attention they received during the first wave explained that all these gestures had been replaced by annoyance about the measures, public indifference and individualism. For example, a 92-year-old lady had spoken with great enthusiasm and joy about all the attention she received in the first period of the COVID-19 pandemic. This even made her feel "more of a person". During our second conversation (mid-October 2020), her mood had changed from happiness to disbelief about how indifferent society seemed about the COVID-19 virus and the growing number of infections. She spoke about the stores not cleaning the shopping carts anymore, people not adhering the 1.5-meter rule or not wearing facemasks when needed. These examples were common in all interviews during the second wave:

*I had that yesterday at the vegetable department in the grocery store. I had a cart, I always have it as a weapon to keep distance ... and I suddenly see that my cart is pushed away, because a man wanted to get something from the same shelf as I did. I said: "Sir, I keep a distance of 1.5 meters." Well, he looked at me angrily, took his cucumber and was gone again. Yes, one is easily irritated (female, 73, widowed).*

For some older adults, the lenient behaviour of society resulted in them staying more at home and avoiding busy places such as grocery stores. Thus, as society seemed to slowly return to their old ways, some older adults became more secluded. This resulted in clear signs of frustration and irritation. As one 79-year-old male participant who was caregiver of his girlfriend at the time of the interview, stated: "A lot of people do not follow the rules anymore. And that is the biggest problem, especially for the older people." He expressed feeling more isolated than during the first lockdown as he stopped doing his own groceries and even minimized his walks due to others not keeping the social distancing rules.

In addition, older adults living in long-term care facilities described that as time passed, attention and time from the nursing staff reduced and presents from the community became less frequent. Even though the period of isolation prolonged and contact was even more important than before, the sense of connectedness was felt less:

*They [nursing staff] probably haven't forgotten me, but at the moment it gets to me. Though you really need that [attention] now, you feel disconnected (male, 74, married, living in long-term care facility).*

When focussing on the decreased feeling of solidarity, it became clear that for most seniors this change was explained by a growing sense of individualism in society:

*In the Netherlands everyone interprets the rules to their own advantage. If you come into the store and the store is full, you leave. It should be that simple. But no, people still go into the store and then sue the store when they get sick (male, 75, married).*

Older adults described that over time, people had become more focussed on their own position and situation in the COVID-19 pandemic and paid less attention to others to their own benefit. In other words, older adults felt less like we all were in this, the crisis, together. As described earlier, for most seniors, the loss of solidarity is mainly an observation that resulted in some level of irritation towards the whole COVID-19 crisis but also towards others, mainly those who do not follow the measures. However, the change has also limited some older adults in doing things they would like to do, such as doing their own groceries. These seniors emphasize that they hope that people realize that they do not only risk their own health but also that of others:

*People think they will not get it [the virus], that's already stupid but ok. However, you can also give it to others, so we must pay attention to each other (female, 92, widowed).*

### ***The portrayal of vulnerability***

As described in chapter 3, older adults were not always as pleased by the media portrayal of older adults as vulnerable. This was also seen during the second round of interviews as seniors expressed that they would like a more nuanced picture of older adults in the COVID-19 reporting. Many seniors reasoned that there are other people and groups who are vulnerable – potentially even more so than older adults. Seniors mentioned people with health conditions and obesity. Besides, older adults expressed the need to highlight the consequences of the crisis as a whole for people with a smaller income, independent contractors or homeless people. Clarity about not only the measures itself but also about the risks of getting infected and who is at what risk, seemed to become more important for older adults during the second wave. This was further substantiated by the fact that age-determined measures – e.g., closing of long-term care facilities during the first lockdown – were not desired. Several seniors stated that if a stricter lockdown would occur, there should not be separate measures for different age groups, but rather a focus on society as a whole:

*I think that you should keep the measures the same for everyone, because the feelings that go with the pandemic are the same for everyone as well. We all long*

•

*for social contact and for our children and grandchildren. Whether you are 80 or 60 or 40, the feelings remain the same (male, 94, widower).*

Furthermore, the government should make sure that especially those who are vulnerable in the eyes of many of the interviewed seniors, older adults living in assisted living or care homes, would be able to maintain contact with their loved ones:

*The government should make sure that they [people in care homes] can at least feel like you are there. Like, I can't feel you but I see you, we can talk. We can see each other. We can, so to speak, reach out to each other. They [the government] did not make those arrangements at the time [the first wave] and I think they should now (male, 94, widower).*

Especially the situations of those living in long-term care facilities or older adults living alone without a big social network to fall back on, were mentioned as situations that the government should pay attention to, especially during a (then still uncertain) new lockdown. Seniors emphasized that a situation as during the first wave, during which people were put in total isolation, should definitely not happen again.

In conclusion, the prolonged duration of the COVID-19 pandemic has had a twofold effect on the life and wellbeing of older adults. Whereas some have found a way to comply with the measures while also doing the things that matter most to them, others started to experience feelings of sadness and dreariness due to the longevity, change of weather and a decrease in solidarity. A growing sense of individualism and led to some seniors being more careful and staying more indoors during the second wave. Especially these older adults, would have liked better and stricter measures given by the government. So that they as well could continue to do the things that matter most to them. Although the feeling of temporality, as experienced during the first wave, had changed, most seniors still seemed to keep hope for a better time in which they could restart their life.

## Supplements

### **Appendix 1.**

#### **Methods and research aim**

##### *Aim and research question*

This project aims to explore the meaning of the COVID-19 crisis among a diverse group of seniors (aged 60+) in The Netherlands, and how the crisis impacts their daily life. Sub goals include: 1) understanding the resilience of a diverse group of seniors; 2) gaining insight in the potential role of (structural) inequalities in the experiences of seniors; and 3) an in-depth understanding of the lifeworld of seniors in order to better attune measures to their needs and desires (like communication of measures, coping with measures etc).

##### *Study design*

A qualitative study using semi-structured interviews using a constructivist grounded theory approach (Charmaz & Belgrave, 2012).

##### *Study participants*

Dutch seniors aged 60+ were purposively recruited via our snowball sampling. To capture a broad range of perspectives, we included a variety of participants with regard to age, sex, income/educational level, ethnicity, marital status and rural/urban living. After a series of interviews we deliberately searched for people with lower incomes, living on their own, because they were underrepresented in the sample. All participants were initially contacted by telephone or e-mail by one of the research members to generally inform them about the study aims. If they were willing to participate, an interview appointment was scheduled.

##### *Data collection*

ninety-five semi-structured interviews were conducted between March 26 2020 and April 24 2020. Four research members were involved in data collection; one senior researcher (JL), and three junior researchers (MV, LT, LK). The interviews lasted between 37 and 80 minutes and were, after verbal or written consent, audio-recorded and transcribed verbatim. The interviews were conducted by telephone.

Participants were involved through convenience sampling and snowball sampling techniques. First, we approached seniors known to us (the institute or the individual researchers or others known to them). Second, we asked them for further referral. Third, we send out a call for participants on social media. Fourth, after conducting about 40 interviews and saturation was reached, we looked into which seniors we did not, or only limitedly reached and we started purposively asking around for seniors with specific backgrounds, these were: seniors that lived alone, seniors from lower socio-economic backgrounds and seniors with a migrant background. An overview of the participants can be found in table 1.

**Table 1. Participant characteristics**

Characteristics	N=59 <sup>a</sup>
Demographic	
Age (mean, range)	75.5 (54 – 95)
Female	34 (57.6%)
Married / widowed/ divorced/ living together/ single	31 (52.5%)/ 13 / 4/ 3 / 8
State pension only <sup>b</sup>	7 (12.1%)
Migrant background	17 (28.8%)
Living situation	
Living independent	55 (93.2%)
Living in long-term care facility	4 (6.9%)
Living alone/ with partner	26 (44.1%)/ 33
Living environment (city/ smaller city/ village)	14 (23.7%)/ 30 / 15

<sup>a</sup> Data of 4 interviewees were excluded, 2 living in a long-term care facility and 2 with a migrant background, because of language and comprehension difficulties we were unable to ensure informed consent.

<sup>b</sup> National Old Age Pensions Act (AOW) is the Dutch state pension covering basic pension for everyone over age 67, 70% of the current minimum wage when living alone, 50% when living together if one lived in the Netherlands between the ages 15 and 65.

The interviews were guided by an interview guide and topic list that was prepared in advance (see Appendix 2). Initially, available literature on structural inequalities and coping and resilience of seniors were explored. Subsequently, main topics and open-ended interview questions were generated and discussed among the team members. We then discussed the themes with two seniors for specific feedback on this topic list and asked them for further points of interests and/or other comments and remarks. The interviews comprised questions about the daily lives of people during the COVID-19 crisis, its overall consequences, perception of risk, its impact on social relations, meaning in life and vitality, coping and resilience, and perceived needs and possibilities to alleviate negative impact. The data collection far outreached saturation, that is repetition of findings, but because of the appreciation among seniors for this kind of interviews, we continued data collection with those still volunteering to participate. No incentives were given to the participants.

#### *Data analysis*

Data were subject to an inductive thematic analysis (Braun and Clarke, 2006). Analysis software (MAXQDA v 18.0 ) was used to organize codes and text fragments. All interviews were transcribed verbatim after which transcripts were read through and coded using open codes and in-vivo coding. This process comprised thorough reading of the interview transcripts and coding emergent themes (open coding). Throughout the research process, interview experiences and emerging themes were compared and

regularly discussed within the team. All team members shared a reflection document to detail their experiences, any methodological or researchers' experiences which may have influenced data collection. Main themes were related and (sub)categorized (axial coding).

### *Ethics*

This study was approved by the Medical Ethics Committee of Leiden, the Hague, Delft, The Netherlands. Data were anonymized for privacy and confidentiality reasons, and stored for a maximum of ten years.

### *Re-interviews*

A second round of interviews was conducted in October 2020 with 15 of the initial participants. The aim of these additional interviews was to explore potential changes in their view of the COVID-19 virus and crisis, (leisure) activities, social contacts and wellbeing over time. Our selection for this second round of interviews was based on several demographic characteristics (such as socio-economic background and marital status) to account for diversity combined with considerations of variety in experiences we found after analysing the first round of interviews. Two researchers were involved in the second round of interviews (LT and MV), which took place between September 28, 2020 and October 16, 2020. We asked the participants if they wanted to be interviewed in real life or via telephone. Three participants chose a face-to-face interview, the others agreed with a phone-based interview. All interviews were, after verbal consent, audio-recorded and transcribed verbatim. After the data collection, we followed the same procedure (see data analysis) as for the initial round of interviews in March-April 2020.

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## **Appendix 2.**

### **Interview guide and topic list**

The researcher asks a number of questions, qualitative research has an "open" character.

The researcher keeps an eye on the time, but is free to talk longer than the guideline indicates.

The goal is to answer the "why?" behind all individual questions. However, we prefer not to ask the why question literally, because this CAN cause rational and defensive answers.

#### *Introduction*

- Start informally and reassure before proceeding to the "formal" meeting.
- Explanation of the research:
  - Topics that will be discussed: your daily activities, relationships with others, keeping fit & healthy, and the news reporting about the virus and your personal view on the entire situation.
- Request permission (vocally on tape) - privacy and anonymity
- Collect background information: place of residence, age, living situation, partner.
  - Can you briefly introduce yourself?

#### *(social) activities*

I would like to start by talking with you about whether and how your daily life has changed since the COVID-19 measures/ restrictions were introduced.

- Can you describe your daily life and the activities / hobbies that you took part in before COVID-19?
  - What activities / things did you do? What activities did you participate in?
    - § Outdoors / indoors?
  - What do these activities mean to you? What is important about this?
  - With whom did you do these activities?
- Are there things [of the aforementioned activities / hobbies] that you are currently not able to do anymore due to the COVID-19 virus?
  - How do you feel about not being able to do this now?
  - Are there any activities that you are currently particularly missing? If so, can you tell us something about it. What do you miss?
    - § Outdoors / indoors?
  - What would you need to be able to do this activity indoors? [online, via someone else]
- Are there (new) activities / things that you have started to do since the COVID-19 measures were introduced?
  - Going deeper into the various activities; where / how / with whom does the activity take place?
  - What is the main motivation for you to do these activities / things?
  - Are there perhaps also activities or things that you are not doing yet but would like to do right now (in COVID-19 time)?
    - § How would you like to do this?

### *Social contacts and connectedness*

Much has changed because of the COVID-19 virus and measures. That is why I want to talk to you about the influence of the (new) measures on your (physical) contact with others.

- How would you describe your contact with others before the COVID-19 virus and measures?
  - How did you maintain this contact? [physical visit, online, telephone]
  - Who were the most important contacts in your daily life?
- How would you describe your contact with others now (since the COVID-19 measures)?
  - How do you feel about this? (what do you like about it? What do you like less about it?)
  - How do you maintain this contact? [physical visit, online, telephone]
  - Who are currently the most important people you have contact with in your (daily) life?
    - What topics do you currently have contact with others about? [stay connected, receive information, daily talk, etc.]
- If not discussed: what influence do the measures have on your face-to-face contacts with others?
- What significance does the contact that you have with others at this moment mean to you?
  - Who / what is important to you about the contact now?
  - Who / what do you find less important about the contact now
- What are your main wishes regarding the contact with others at the moment?
  - Would you like to change anything? If so, who / what would you need to change this? What solutions could you think of in this way?

### *Your well-being*

We are also curious about what concerns you as a person, what do you find important? What gives you pleasure in life?

- Can you first tell something about yourself; how would you describe yourself as a person?
  - What kind of person would you like to be?
  - How has this changed since COVID-19?
- Can you tell me what is important to you in your life?
  - Which things are important for you to have a happy / satisfied life? What make's or would make you a happy / satisfied person?
  - When looking at your own life, how happy / satisfied are you now?
  - Has this changed since COVID-19?

### *Vitality and health*

The COVID-19 measures can also affect your daily movement and physical health.

- Can you tell what you are currently doing (i.e., since the COVID-19 measures) to stay physically healthy / fit?
  - How did you get into these activities? [tv, internet, own idea, etc.]
    - § Where do you carry out these activities?
    - § What do you need to carry out the activities?
    - § How often do you do this on average per week?
  - What is the main motivation for you to stay fit?

- If no physical activities: go to next question.
- How do these [aforementioned daily physical activities] differ from your daily exercise / activities before the COVID-19 measures?
  - Does the amount of daily exercise match?
  - What would you need to get the same amount of daily exercise indoors?
- Have you noticed a change in your physical health since the COVID-19 measures have taken effect?
- What are your thoughts about your own health during the COVID-19 virus?
  - Positive or negative ideas / thoughts?

#### *COVID-19 news & reporting*

Finally, I would like to talk a little bit about the COVID-19 virus media / government reporting and news.

- What do you think of the local COVID-19 measures (briefly)?
  - How are you taking the measures yourself?
  - Risk to themselves or their loved ones?
- Can you tell me how you follow the reports about the COVID-19 virus?
  - Media, social media, TV, news, etc.?
- Can you tell me how you personally experience the news about the COVID-19 virus?
  - Continue on positive or negative terminology; examples? Certain media channels?
- If we zoom in on the news about COVID-19 and the older population, how do you experience the reports / news?
  - What words come to mind when you think of these reports?
  - How do you think seniors are seen / portrayed in these messages?
    - § Addressing the definition of older people as a "vulnerable target group"

#### *Final positive question:*

Finally, can you tell me the first thing that you will do once the COVID-19 measures/restrictions are lifted?

#### *Closing*

1. Do you have any questions or comments for me at the moment?
2. Repeating purpose, anonymity, etc.
3. Thank you very much for your participation and time.
4. Leave contact details if there is anything, additions

#### *Probs*

I don't quite understand that. Can you please explain that?

Can you please explain that? Explain further?

How does that work / how does that work exactly?

Can you talk more about it there / here?

Can you give an example?

Based on what experiences do you say that?

What do you mean exactly?

Can you describe what you mean?

With the probs it is important to consider the following:

- Expectations from family relationships are sometimes taken for granted and therefore not reported
- Social desirability; also because of shame culture, taboo, afraid of gossip
- Use of simple language

Silence: 5 seconds, take a moment to think about an answer

Repetition of the question.

If there really is no answer, why is this question so difficult? Can't answer?

Back to the question: thank you for sharing this, but I would still go back / to another aspect...

Thanks that is an interesting / useful addition. We have now discussed this aspect, I would like to...

