

“The Pandemic has Taken its Toll on Us”: The Mental Health of Older People Living Alone in Times of COVID-19

«La pandemia nos ha pasado factura»: la salud mental de las personas mayores viviendo solas en tiempos de la COVID-19

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Key words

Anxiety

- COVID-19
- Depression
- Qualitative Research
- Older People
- Mental Health
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Palabras clave

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- Metodología cualitativa
- Personas mayores
- Salud mental
- Soledad

Abstract

This work addresses the effects generated by the COVID-19 pandemic on the mental health of older people living alone. It presents the results of a qualitative study that was developed using semi-structured interviews, in accordance with the methodological guidelines of the grounded theory for both information collection (theoretical sampling of 102 interviews), and coding and analysis (constant comparative method). The results provide insight into how deeply these individuals were affected by depressive and anxiety symptoms during the pandemic, the incidence of which is linked to their loneliness and lack of social contact. Loneliness and mental health appear to have exerted a synergistic effect. The work also displays the vulnerability of this population during times of crisis and the consequences of emotional needs going unmet during old age.

Resumen

Este trabajo aborda los efectos que la pandemia de COVID-19 ha generado sobre la salud mental de las personas mayores que la han experimentado viviendo solas. Presenta resultados de un estudio cualitativo, desarrollado mediante entrevistas semiestructuradas, bajo las directrices metodológicas de la Teoría Fundamentada tanto en el proceso de recogida de la información (*muestreo teórico* de 102 entrevistas), como en su codificación y análisis (*método comparativo constante*). Los resultados permiten comprender lo mucho que se vieron afectadas por síntomas depresivos o de ansiedad durante la pandemia, cuya incidencia vinculan con su estado de soledad y escaso contacto social. Soledad y salud mental parecen haber ejercido un efecto sinérgico. También revelan su vulnerabilidad en tiempos de crisis y las consecuencias de que las necesidades emocionales queden sin cubrir en la vejez.

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INTRODUCTION

In December 2019, the Chinese city of Wuhan began reporting cases of pneumonia caused by a new coronavirus, SARS-CoV-2, which would surprise the world with its enormous contagious capacity. This virus was the origin of, COVID-19, a disease that would soon spread across the globe, causing high hospitalization and mortality rates among infected individuals. In March 2020, the World Health Organization declared a pandemic, prompting many countries to adopt severe measures to prevent its transmission. These measures included home confinement orders and physical distancing between people who did not live together. Governments prioritized the safeguarding of public health, which was considered to be at serious risk. Containing the disease mainly involved limiting direct contact between people who did not share the same household.

Studies conducted shortly after the implementation of these measures warned of a potentially serious consequence: the deterioration of the population's mental health. In Germany, a particularly high increase in new anxiety diagnoses was recorded, up 40 % in March 2020 (Jacob *et al.*, 2021). In Portugal, high levels of anxiety were reported in individuals who, in April, had followed the confinement orders (Ferreira *et al.*, 2021). In the US, another survey revealed depressive symptoms in 31.7 % of respondents. This percentage was significantly higher than the pre-pandemic rate (Rosenberg *et al.*, 2021). The decline in mental health has also been reflected in research conducted in places as diverse as Australia (Newby *et al.*, 2020), China (Gao *et al.*, 2020) and the United Kingdom (Daly, Sutin and Robinson, 2022), as well as in systematic reviews of studies (Torales *et al.*, 2020), and meta-analyses (Wu *et al.*, 2021). In Spain,

this has been shown by authors such as Rodríguez, Garrido and Collado (2020), Losada *et al.* (2021) and Bericat (2022), among others.

The pandemic is believed to have weakened mental health beyond the initial confinement period. Longitudinal studies have shown that depressive and anxiety symptoms remained at relatively high levels well into 2021, sustained by fears of contracting COVID-19 or experiencing feelings of loneliness (Weber *et al.*, 2023). The situation was even detected to have worsened with Lim *et al.* (2022) collecting data from various countries showing increased symptoms of depression and especially anxiety between March and August of 2020. In the US, MacDonald *et al.* (2022) affirmed that anxiety and depression levels increased between May 2020 and April 2021, while other works have highlighted an increase in depressive symptoms (Ettman *et al.*, 2022). In Spain, according to Ausín *et al.*, (2022), the population's mental health worsened one year after declaring the pandemic. Sandín (2022) analyzed data from study 3312 of the Center for Sociological Research, finding negative emotional reactions and generalized depressive and anxiety disorders that COVID-19 continued to cause in February 2021.

The way that individuals live together during the pandemic affected their mental health. Living alone has been closely associated with a higher likelihood of experiencing depression and anxiety, both when the pandemic was declared and when limitations were imposed on social activities (Fancourt, Steptoe and Bu, 2021), as well as when the measures were relaxed (Dong *et al.*, 2023). During this time, people living alone reported a higher incidence of mental problems than those who lived with someone, and not only in terms of depression or anxiety, but also regarding fatigue and insom-

nia (Morin *et al.*, 2022), concern about COVID-19 (Maxfield and Pituch, 2020) or less satisfaction and a poorer quality of life (Xu *et al.*, 2022). This has often been accompanied by frequent and profound feelings of loneliness (Benke *et al.*, 2020), which correlate with mental health (McQuaid *et al.*, 2021; Hendriksen *et al.*, 2021).

Among people living alone, those over sixty-five have always been particularly vulnerable to mental health issues (Xiu-Ying *et al.*, 2012). Therefore, it is no surprise that COVID-19 greatly affected them. In Switzerland, one survey revealed the major adverse effects produced by the confinement on their emotional well-being (Macdonald and Hülür, 2021). In Spain, it had a much more negative psychological impact on older people if they lived alone than if they lived with someone. Over the first few months, they displayed more depressive and anxiety symptoms (Bobes *et al.*, 2020), and a greater incidence of sadness and loneliness (Doménech *et al.*, 2023). Living alone at an advanced age was consistently associated with having a poorer mental health during the pandemic, as corroborated by studies carried out in the US (Gan and Best, 2021), Japan (Noguchi *et al.*, 2023) or the EU (Perelman, Xavier and Barros, 2022). This association has persisted over time, at least until August 2021 (Lau *et al.*, 2023).

Qualitative research has not been as prolific as quantitative works in analyzing the effects of the pandemic on the mental health of older adults, much less specifically those who have had to face it alone. The few qualitative studies existing focused on older adults living alone. They relied on diverse tools and samples to collect their data and have pursued different objectives (Neves *et al.*, 2024; Forward, Khan and Fox, 2023; Klinenberg and Leigh, 2023). As main

topics of study, they have looked at loneliness, relationships and sources of social support, or resilience in the face of COVID-19, paying little attention to the pandemic's impact on anxiety or depression. On the other hand, although some qualitative studies have considered the consequences of the pandemic on the mental health of older people in general terms (Sit *et al.*, 2022; Derrer-Merk *et al.*, 2023), they have not considered the unique situation faced by those experiencing the pandemic alone at home. This lack of information in the international literature makes our study even more relevant. It is framed within the theoretical paradigm guiding the actions of the World Health Organization, healthy aging, which aims to improve the quality of life of older people in their social environment.

METHODOLOGY

Objective

This study examines the effects of the COVID-19 pandemic on the mental health of older adults living alone. We used an interpretive and creative methodological approach in an attempt to understand the descriptions, reflections, and meanings that these individuals have openly conveyed to us, in their own vocabulary and modes of expression.

Design and participants

We offer the results of a qualitative study¹, designed within the framework of the grounded theory, which uses a

¹ It is part of the research project entitled *Loneliness in Older People: Everyday Problems and Improving Their Quality of Life*, funded by the Andalusian Studies Center Public Foundation, in its XI call for research grants (2019).

semi-structured interview as an information collection technique. The study was originally drafted in 2019, and its implementation was significantly altered by the outbreak of the pandemic. However, taking advantage of the open and flexible nature of this research strategy (Denzin and Lincoln, 2012), we adapted our project to the circumstances, providing us with an excellent opportunity to learn how older people have experienced living alone.

According to Charmaz (2013), with limited empirical material, it is difficult to apply Grounded Theory with analytical depth. Therefore, our fieldwork is extensive and has been developed sequentially. We designed a theoretical sampling, whose size and composition we did not establish *a priori*, but rather, through an emergent process, as we obtained and organized information. We decided to carry it out in several stages, from May 26, 2021 to December 8, 2022, between which we interspersed transcription, coding, and preliminary analysis tasks. A total of 102 individuals were interviewed. We established two fundamental criteria for their inclusion in the study: they had to be over sixty-five years old and live alone. We sought heterogeneity in the sample, including diverse profiles according to sex, age, marital status, and family situation. Fieldwork was conducted in Andalusia in eighteen locations, diverse in habitat.

Data collection

Although the online study was popularized during the pandemic (Ryan, Visanich and Brändle, 2024), we ruled it out because many older people lack technological means and, mainly, because we believe that face-to-face interaction offers the best framework for interviewing these individuals. The interviews were in person, and for professional ethical commitment purposes

(Batista, Urbaniak and Wanka, 2024), we decided to delay the fieldwork until all of the participants had been vaccinated for COVID-19, to preserve their health.

To conduct the interviews, we initially designed a thematic guide with essential questions to be addressed, including the consequences of the pandemic on their lives. But we did not apply it in an orderly manner, but rather openly, giving the initiative of the conversation to the individuals being interviewed. This *modus operandi* helped create a climate of trust and empathy, allowing us to delve into the emotional and conceptual intimacy of each of these individuals. We carried out the type of "comprehensive interview" recommended by Kaufmann (2016), aware of the difficulty in conducting good qualitative interviews. This challenge was enormous given the pandemic context such as the one that was being experienced.

When possible, we interviewed the elderly individuals in their homes, so as to observe the context where these events took place *in situ*. If this was not possible, the interviews were conducted in the active participation centers or cafeterias. These contacts were mediated by professionals or acquaintances in the places where we carried out the fieldwork. The interviews, which averaged over an hour, were audio-recorded with the participants' consent and our guarantees of anonymity and confidentiality. The experience gained in the field, interview after interview, serves as our primary source of knowledge.

Analysis process

According to grounded theory, "analysis drives data collection" (Strauss and Corbin, 2002: 47), and such was our work over the eighteen months of fieldwork. We developed it in alternating sequences of interview, transcription, coding and preliminary analysis of

field materials. This iterative process, with feedback from the theoretical contributions from scientific articles that were appearing on the pandemic, allowed us not only to refine the sampling, but also to advance in the interpretation of the consequences generated by the same on the mental health of older people. Our interpretation follows in-

ductive reasoning, applying the “constant comparative method” (Glaser and Strauss, 1967: 102) to the data analysis.

As Charmaz (2013: 293) explained, the coding provided us with an “analytical scaffolding” on which we generate our theoretical proposals. We developed it in three levels, from least to greatest com-

TABLE 1. *Analytical strategy*

Topics	Theoretical categories	Main categories	Central category
Nervousness Crying Anxiety attacks Distress	Emotional impact		
Sleep disturbance Avoid going out Preventive measures Cases of infection COVID-19 deaths	Fear of COVID-19		
Television consumption WhatsApp and social networks News on nursing homes Figures on infection/deaths Images	Exposure to the mass media	<i>Anxiety symptoms</i>	
Infections in surroundings Dying alone Successive waves Persistent risk End of the pandemic	Concern and uncertainty regarding the future		<i>The pandemic is taking its toll on the mental health of older adults living alone</i>
Assimilation difficulties Destruction of routines Moods affected Stuck at home Lack of company	Low spirits		
No interest in cooking Everyday chores become increasingly difficult No interest in going out Intentional isolation	Domestic and social apathy		
No family nearby Grocery home delivery No family practices On-line communication Sadness	Lack of emotional support	<i>Depressive symptomology</i>	
Previous symptoms Latency Undiagnosed No will to live Suicidal thoughts	When depression comes from afar		

Source: Authors' own creation.

plexity and degree of abstraction. First, in an “open” manner, carefully reading transcripts to discover concepts and develop an initial table of categories. Then, organizing the content of these emerging categories and relating them to one another, in a process of gradual maturation of the analysis of our two main themes: anxiety problems and depressive symptoms that the pandemic has caused among older people living alone. In a final effort at analytical refinement, we made progress in conceptualization and theoretical saturation tasks, integrating all of the categories around a central interpretative core, which delves into the negative effects of COVID-19 on mental health and the links of these effects to loneliness (Table 1). We decided to do without qualitative analysis software, since, working “on paper” allowed us to attain a greater reflexive capacity in the coding process as well as a higher degree of interpretive creativity.

RESULTS

Topic 1. Problems of anxiety caused by the pandemic

The emotional impact of the pandemic. Older people living alone experienced a sudden decline in emotional well-being during the COVID-19 pandemic. This decline occurred during the initial phase of the pandemic, when the state of alarm was declared and when weeks or even months of strict confinement ensued. Their mental health was damaged upon being confined to their homes, without company or the possibility of interacting face to face with anyone else. At times, they were overcome by nerves and the desire to cry (Table 2/quote 1) and, in some cases, by real anxiety attacks (Table 2/quote 2). Some came to require urgent medical attention, as a result of hypertension or other physical problems manifesting along with their “anguish”

TABLE 2. *The emotional impact of the pandemic*

1. Oh, for me it was a sickness! Having my daughter so far away, and me there alone one day, and then the next. And they would come and leave food at the door, and then another day came [...]. I cried a lot, and my nerves got the best of me, and I had a really hard time of it... Now I am better. What happens is I cry a lot, but I can't help that (E44: 2-3/widow/84 years old, August 20, 2021).
2. I was very nervous, that's why I had those two anxiety attacks. But once I could go outside, well they went away... instead of taking walks here, I went out into the streets and got some air. I needed air. And I also was able to communicate with someone else, because even if it was from a distance, it was better.
[...]
That is why that happens! Being alone, enclosed, locked in... (E68: 10/widow/ 81 years old, November 30, 2021).
3. I went to a podiatrist, and he told me. Because I was tired, and he said: “well go to the doctor”, and I said: “Why? They will just call me over the phone”. And he said: “No, but go so that they attend to you, go to the emergency room”. So I went. They told me that it was something with the heart, but well, I think it was more this, the anxiety that I had, this distress... And the fear that I had (E56: 14/widow/88 years old, September 9, 2021).
4. I have had a lot of anxiety, and my children have had to take me to the doctor, because... Having high blood pressure and wanting to cry a lot, and that feeling that comes over you...
—Wanting to cry?
Yes, wanting to cry sometimes, yes. When I go to bed. You think... and that's that (E83: 18/widow/69 years old, March 17, 2022).

Source Authors' own creation.

TABLE 3. *Fear of COVID-19*

1. I felt bad, pretty bad, there were times when I was very overwhelmed. I took... I had to take linden tea, because I didn't sleep, over the first months I didn't sleep because of the fear... And that's all, it wasn't anything else. And alone, that's all (E24: 15/single woman/72 years old, July 8, 2021).
2. I went out shopping and I always kept my distance from others. We know that, when you hear every day: "so many deaths here, so many deaths there", well it gives you... it gives you something, right?... Maybe someone you know can infect you, right? You don't know and... But I kept my distance, you know? And the mask, I always wore it... and the hygiene. I am at high risk (E63: 15-16/divorced man/71 years old, November 24, 2021).
3. The girls, one came from... she was in the university, the other is in high school and they are always at birthday celebrations every day, I said: "so now the one that is going to lose here is going to be me". Because I was there, scared, you see, because I say... And my daughter working in a jewelry shop, well she certainly sees people every day (E22: 13/widow/77 years old, July 8, 2021).
4. The husband of one of my nieces, he was a guy who was six foot two, weighed 300 pounds. And now he weighs 130 lbs. Because he was hospitalized and I don't know if it was for... I don't know how many months. And now he has no strength in his arms. And one of his brothers, it affected his heart... he was more dead than alive (E72 18-19/separated man/74 years old, December 7, 2021).
5. Here a lot of people have died from COVID. Up there, a matrimony. The son got it, he infected them, the son didn't know, he didn't know if he had the virus or not, then they both caught it and the two of them died. And it was that way with many people, huh? A lot! (E79: 20/separated woman/73 years old, March 16, 2022).

Source: Authors' own creation.

(Table 2/quote 3), "that feeling that entered them", and which many of them continued to experience even during the interviews (Table 2/quote 4). Another cause of this anxiety was the thought of falling or suddenly becoming ill and requiring assistance that was so difficult to obtain during the worst moments of the pandemic.

Fear of COVID-19. In general, women were more expressive in describing a symptomatology of anxiety, which requires the consideration of other factors to be fully understood. One of these main factors is the fear of contracting COVID-19, a fear that may have led to sleep alterations (Table 3/quote 1) and which led many elderly individuals to stay at home without stepping foot outside on the streets. And if they did leave their homes to go shopping, they took every possible safety measure, returning as quickly as possible (Table 3/quote 2). Another, their concern about the risk of family members becoming infected, especially if their jobs exposed them to it, led them to reduce their direct intergenerational contact

(Table 3/quote 3). They were also affected by cases of infection potentially arising in their neighborhood and amongst friends or family (Table 3/quote 4), especially when leading to death (Table 3/quote 5). Their family members often reiterated the seriousness of the situation and the risk that they could be exposed to if they left their home.

Exposure to the media. The anxiety experienced by many older people living alone was also caused by the severity of the health crisis. During the lockdown, they increased their television viewing as their primary source of information and entertainment, paying special attention to news related to the pandemic, such as the daily statistics on COVID-19 infections and deaths, or images that were sometimes quite harsh, such as those referring to overwhelmed hospitals or the situations in nursing homes (Table 4/quote 1). This ongoing exposure to television and other communication channels (WhatsApp, social networks) caused a huge shock (Table 4/quote 2). Therefore, they tended to describe their reality as painful

TABLE 4. *Exposure to the mass media*

1. I was there alone. And alone every day, every day, every day. It was a life "without living" what I had... I don't know, I don't know how to explain it... More than anything it was due to the stress that I felt... and that so many people were dying, and the nursing homes, the poor people were dying, and they didn't even take them to the hospital (E81: 13/widower/90 years old, March 16, 2022).
2. But how many deaths were there? Everything that happened was bad and everything you saw on your television... I turned it off because I said: "here someone dies by just looking at her", from the things that were happening there. And if you are alone, well, it affects you more... (E9: 24/widow/84 years old, July 22, 2021).
3. Nothing but looking at "parts" and suffering from seeing how so many people died... so many old people that would up, would up... "My goodness! What happened?, Are we all going to wind up that way?". Yes, it was painful. It was a hard time. And alone, alone (E41: 16-17/widow/78 years old, August 18, 2021).
4. Awful, my son, awful. It is just... so much fear and it got... Well, on the television I didn't want to watch the news or things like that. My friend was the one who informed me, and she told me this and that. And I, if I found out it was because someone told me something, but nothing from the television. I didn't want to because, it was... it was awful (E11: 19/widow/79 years old, June 2, 2021).
5. Oh, I saw it the... The Zendal? No, the Palacio de Hielo, with all of the coffins and that just made your hairs stand on end. It was just... my goodness! (E68: 15/widow/81 years old, November 30, 2021).
6. I heard so many things on the television... it just drives you crazy. And seeing so many deaths... I said: "I don't care... at my age, my children are grown up and I have seen my grandchildren, they are... But I don't want to die from something so awful, suffocated"... I was afraid of a death like that, from what they said those awful ones on the TV (E22: 13/widow/77 years old, July 8, 2021).

Source: Authors' own creation.

(Table 4/quote 3), horrific (Table 4/quote 4), frightening (Table 4/quote 5) or terrifying (Table 4/quote 6), among other adjectives. Thus, this was one of the most difficult periods of their lives.

Concerns and uncertainty about the future. Many older people living alone felt great concern over the idea of being infected and dying from COVID-19, since they saw this happening to so many (even younger) people (Table 5/quote 1). This included people who, at the onset of the pandemic, died with no one accompanying them in their agony, being buried or cremated alone (Table 5/quote 2). These circumstances often caused anxiety, both in the initial stage of confinement and during the waves of infections that occurred from time to time, caused by more infectious coronavirus variants, since the media emphasized, and reinforced the feeling that no one was safe from contracting it (Table 5/quote 3) and that the end of the pandemic

was nowhere in sight (Table 5/quote 4). This sense of uncertainty regarding the future, which emerged when thinking, for example, about when the health crisis would end, was another factor harming the mental health of the older people. Despite being vaccinated, many interviewees continued to express concern over potential infection, especially if they perceived themselves as being at risk of getting sick and dying from COVID-19 (Table 5/quote 5).

Topic 2. Symptoms of depression in the pandemic context

The mental factor of the pandemic. The second main category identified in our analysis refers to depressive symptoms. There are numerous testimonies from older adults living alone that highlight this when describing how they experienced the COVID-19 pandemic. After declaring their illness, some suffered from bewilderment because

TABLE 5. *Concern and uncertainty*

1. On Saturdays and Sundays, five or six of us would go out. And from that to everything being cut off, to not being able to go out, because everyone was panicking, because so many people have died, so many who were younger than us. So many people have died. And here we are, like this, in small groups (E79: 19-20/separated woman/73 years old, March 16, 2022).
2. Me, the moment came when I didn't turn on the television because so many older people in nursing homes, so many who have died, this one and the other, this also makes us worried, it makes us feel bad, because... "Uh, do you know who died? So-and-so". Many died alone in the hospital, alone, with no one to accompany them. This also affects you, right? That's why I tell you that I no longer have the joy that I had before (E50: 13/separated woman/73 years old, September 8, 2021).
3. On Bailén they say it is increasing and in I don't know how many towns from here to Jaén. They say the pandemic hasn't gone away. The president of Andalusia has it now. Juanma Moreno has caught it now. He says: "Where would I have gone, as careful as I always have been?" And he got it (E14: 9/single/77 years old, June 3, 2021).
4. These lockdowns, three or four... Right now, we may get locked down again for a bit. I am afraid they will lock us down again, in general, once again, all of us. See, that is the biggest fear I have. Oh, I would not take that very well at all! (E64: 23-24/widow/66 years old, December 1, 2021).
5. Me, very bad, since the pandemic I have been awful. My nerves are terrible, my head is awful. I can't focus, this pandemic has been very hard on me, it has really affected me badly. Being locked down, locked in... knowing that so many people are dying. I have been bad, I have really had a bad time of it ... I, this being locked down by force, if you go outside you can die, and if you come in you can die too... (E47: 14-15/widow/78 years old, September 7, 2021).

Source: Authors' own creation.

TABLE 6. *The mental toll of the pandemic*

1. Oh, the pandemic! Don't talk to me about the pandemic! The pandemic... something happened to me, and I'm telling you about it. My head... it went crazy, and I was more out of it than in it. I didn't even know what I was doing; it felt like I was in another world. I mean...: "what is happening, my God? What has happened to me?"... I can't explain it, I can't explain why. What I know is I fell apart (E61: 17/widow/79 years old, September 10, 2021).
2. I've been through the pandemic... it's taken its toll on me. On my head...
—Yes?
Yes, because I'm sick too, and the doctor tells me: "well, it has taken its toll", and I say: "yes well, it has happened to me", because... a long time alone, nothing more than thinking: "and they don't come, they don't come, the children don't come" (E42: 2/widow/72 years old, August 19, 2021).
3. I often get fed up with... Now, since this COVID thing is happening and when something happens on TV, I get fed up with crying. I always say it: "María, why are you crying? And if nothing happens, nothing at all". But I can't help it, I got like that again...
—You are crying?
Yes. Because it makes me feel bad and I cry (E48: 4/widow/78 years old, September 7, 2021).
4. The perfect couple, they live near my house, they both have great jobs, the children are always at my house. And what seemed perfect, right? It wasn't so perfect. What happened? The children... I have three and each of them is in their home, because that is life. In the lockdown? I have handled it badly, it has completely sunk me (E64: 3-4/widow/66 years old, December 1, 2021).
5. I met a man I really liked. We became boyfriend and girlfriend and got together... And I'd been with him for 14 years, and he died a year ago, in December... So, between that, and my oldest son who has bone marrow cancer, who has been hospitalized many times and is very sick, and me being with him. It has changed my personality! Because... I don't want to leave my house now, when I've always been out and about. Now I feel a little... depressed (E77: 4-5/widow/79 years old, February 25, 2022).

Source: Authors' own creation.

they were unable to process the misery among others, the confinement that they were experiencing, or the disruption of their daily routines (Table 6/quote 1). They were greatly affected. The pandemic had "left its mark" on a mental level (Table 6/quote 2). They were especially lonely at home, they emphasized, with no one around to vent to about their personal problems or the harsh social reality being perceived around them. This contributed to their deteriorating mood, "getting down" at times (Table 6/quote 3) or more profoundly, as seen amongst those who were recently widowed, they experi-

enced a family crisis (Table 6/quote 4) or both of these at the same time (Table 6/quote 5).

Domestic and social apathy. Some older people described the poor spirits that they experienced during the pandemic, resulting in a loss of joy and enthusiasm for everyday activities that used to be (but are no longer) fun or stimulating. Cooking is one example of this. They lost their interest in cooking when it was something that they used to enjoy (Table 7/quote 1); "they cooked" because they had no other choice, but they were "overwhelmed by household chores"

TABLE 7. *Domestic and social apathy*

1. I used to be excited about... I don't know, a special meal, right? I'd go, buy things, make my own food. Today I'm not... I don't feel like... I don't see food as exciting. I eat because I'm hungry, but that's it... I don't know, I'm waiting to go to the doctor because it's not normal, right? I don't know, maybe I've developed some depression (E57: 11-12/divorced man/73 years old, September 10, 2021).

2. I used to love cooking, but not anymore. I don't feel like cooking. I don't feel like it, but I have to. I have no choice.

—But, why?

Because I don't want to, because I don't feel like it, no. Because they seem like huge tasks to me, now everything seems like a lot of work to me. I want to do it, but I say: "Oh, God, I have to do this, and I have to do that!", and it seems like so much effort, Right? (E26: 11/widow/81 years old, July 21, 2021).

3. And with a lot of reluctance, a lot of reluctance. I don't feel like... I do things, just a few things... For example, if I dirty some dishes or something... I have to make the bed, I have to do a little bit of cleaning in the bathroom... Those things take a lot of effort. I do them because I'm... I can't stand anything being untidy. But it takes a lot of work for me to do them, a lot (E16:9/widower/75 years old, June 4, 2021).

4. Oh, awful! Maybe I say: "Today I have to dust, I have to clean this", And my soul tires and I don't clean. And I say: "Oh, my God! What is happening? This has never happened to me before", and I don't clean.

—Do you like to cook?

Cook, sometimes. Because since I am alone, sometimes I go and make a "stew" and when I eat two spoons, I don't want any more. And like that, until the next day... I take it out, put it on the table, eat a bite and say: "Ok, I don't want any more" (E49: 11-12/widow/70 years old, September 7, 2021).

5. But I don't go out much since I don't like to. Although I do have a friend and she says: "come on". But no, I don't really feel like it. Because people, if you go have a coffee, there are people on the terraces, they are full of people. Neither? No, I don't like it... But not me, I don't like it now. You stay at home and that is it (E11: 16/widow/79 years old, June 2, 2021).

6. That's where the pandemic has really affected me: we friends don't see each other, we barely see each other. And it has also affected my mood...

—Ah, yes, your mood?

The person's mood. Although I'm very positive, the joy I had before, that joy, I don't have it now. I'm positive, yes, but that... that hope...: "So look, let's go get something to eat here, let's go there". There is no more of this type of illusion. You know? (E50: 12-13/separated woman/73 years old, September 8, 2021).

Source: Authors' own creation.

TABLE 8. *Lack of emotional support*

1. They... the one in Madrid, it took a while... nineteen months without seeing her, because she couldn't come. In the end, it's all I have. And of course, that has been the hardest.
—You went through the pain alone then.
Yes, alone. Alone, alone. Only the children, away, they couldn't visit anyone, no one came to your house... Yes, I have had a very hard time, and I am still going through it... (E39: 3-4/widow/76 years old, August 18, 2021).
2. Oh, no! The time I was locked up, my goodness, without being able to go out! My son put the errands in the "doorway", without being able to come in... Wow, it happened, I don't know, I don't even want to remember. [...]
A kiss? Nothing, nothing! Nothing, nothing, nothing nothing! And he left the errands on the "doorway", and he left, that was all, without touching me. That, that is hard! (E43: 2-3/widow/87 years old, August 19, 2021).
3. It made me very sad to say: "the weekend is here, and I can't go out", because even the bars have been closed, right? and then, there was a lot of sadness from getting used to this way of living because you had no other choice. Your children can't visit you, because of the fear... I've had a really bad time, because I was used to my children coming, eating at my house, showering, staying overnight (E79: 21-22/separated woman/73 years old, March 16, 2022).
4. What we've been through and what we're still going through, it's a real pain. I've told everyone this, and when I called the doctor: "How do you feel Carmen?", I say: "very sad. Very sad". I've really enjoyed interacting with people, and I've interacted with a lot of people. I love it. But the pandemic, I have gotten so sad, being here inside alone, without being able to go out, we have been here a long time! (E12: 33/widow/85 years old, June 2, 2021).
5. Alone. The day you had to do something, and you felt like it, you did it. And if not, you cried...
—Cry...
From sadness, cry from sadness. What they did to us was not right! And what they are saying that this is going to end... it is not going to end, no.
—Are you afraid of getting infected?
Oh, yes, I have gotten sick over it! At night, I didn't sleep at all. I said: "Oh, my God!". Everyone is afraid and the whole world is waiting and... whatever (E44: 4-5/widow/84 years old, August 20, 2021).

Source: Authors' own creation.

(Table 7/quote 2). This "lack of interest" extended to other domestic chores (Table 7/quote 3) and, in some cases, their mood was so low that it even affected their appetite (Table 7/quote 4). Other older people confessed their lack of interest in going out or meeting up again with their friends, despite the lifting of the movement restrictions and being vaccinated. This suggested declines in sociability (Table 7/quote 5). Behind these decisions, which suggest an intended social isolation, there is depressive symptomatology; and there appears to be a synergistic effect between both factors (Table 7/quote 6).

Lack of emotional support. The apathy that they felt, at home or on the street, in-

dicated a fragile mental health and was often accompanied by a lack of emotional support, given the reduced direct contact with family and friends. This was argued by many older people living alone and without relatives in their area (Table 8/quote 1). But even others who had this support often commented on the difficulty of seeing them come to their house to leave their shopping at the door, without their going inside, leaving immediately, without even a hug. The way that they received instrumental help hurt them emotionally and saddened them (Table 8/quote 2). Furthermore, the pandemic disrupted family gatherings and practices serving as emotional support. And although many used the phone more often

in order to connect with family and friends (calls, video-calls, WhatsApp, etc.), this virtual communication was unable to provide the volume and quality of support offered by direct contact. This deficit has contributed to a widespread feeling amongst older people living alone during the pandemic: sadness. Sadness because family encounters were not possible (Table 8/quote 3), because they could not get together with others (Table 8/quote 4), because of all of the deaths occurring (Table 8/quote 5).

When depression comes from afar. Some of the interviewees said that they already experienced depression at earlier stages of their lives, due to past events, and therefore, it was not an experience directly derived from the pandemic. Some of them had been undergoing specialized treatment for some time to control it, but still, they affirmed that "it was always there", in a latent state, emerging on occasions in the form of "mood swings" (Table 9/quote 1). With the difficulties created by COVID-19 with re-

TABLE 9. *When depression comes from afar*

1. When my husband died, I was... I wanted to go with him. I was very bad, a lot of depression and... I was with physicians and with things... By luck, I didn't die too, but I had a doctor who got me out.

—Is the depression better now?

Yes, thank God, yes. I have my down times, because they are always there, but one always says: "good, come on, you have to go forward!" Because thank God, you see, my children don't need me. I say: "They don't need me. What am I doing here?". But on the other hand, I say: "well, we are here until God chooses". That is that. There is no other choice (E83: 5-6/widower/69 years old, March 17, 2022).

2. Before my husband passed away I was already in a very deep depression, because... many problems, right? ... His illness affected me a lot, it was very long. I was very stressed then. And I was in a... a very deep depression... Now I'm off all my medications, but I'm very... I'm very nervous. I only take half a pill to sleep, very weak... And the depression, it's true, I've gradually gotten over it, on my own (E64: 2-3/widow/66 years old, December 1, 2021).

3. I have better and worse days. There are days when I feel happier, more content, and other days when I'm more depressed and sadder. Anyway... And so I go through the day. Because my son died, it will be five years in April. And that's the sadness I have.

— When you are feeling down, who do you talk to?

No one. No one. I take a photo of my son and I talk to him, that is it. And I look at the television, it is the only distraction that I have (E78: 3-4/widow/78 years old, February 25, 2022).

4. With him gone and me being locked up... It's been really hard, it's been really hard for me. I'm also a little depressed. I take a little pill in the morning, which makes me sleepy all day, but I say... "well".

—Depression after your husband died?

No, I have had it since earlier... For now, when my husband died, the physician said: "take these pills, let's see how they can help you". Because me... sure, I came apart and got down, there are days that I have a really bad time, because I say: "Well, and what am I doing here? What am I doing?" (E51: 8-9/widow/78 years, September 8, 2021).

5. I'm not afraid of it, really. Why would I tell you I'm afraid? Come on, I'm not afraid of this because of what I told you.: "I wish I would get it and I would die".

—You don't have the desire to live?

No.

—You wouldn't have had bad thoughts, would you?

Oh, a lot. The thing is, as I would say, I don't have the guts to... a lot of people kill themselves. I don't have the guts to do it.

—But you have thought about it.

I think... Yes, I think about a lot of very bad things (E49: 14-15/widow/70 years old, August 7, 2021).

Source: Authors' own creation.

spect to in-person health care, some confessed to having abandoned their medication by their own initiative (Table 9/quote 2). But even more seriously, in other cases, depression was not even diagnosed. Although coming from the outside, older people suffering from this depression have never sought professional assistance or active support from family or friends to overcome it: it is a disease that they suffer with obvious symptoms, but in silence and with resignation (Table 9/quote 3). The pandemic, especially the lockdown resulting from the same and the lack of personal contact, exacerbated the incidence of depression between many older individuals living alone. In the interviews, some described the lack of interest in living that they sometimes felt, their lack of will to go on (Table 9/quote 4) and even their suicidal thoughts (Table 9/quote 5).

DISCUSSION

Numerous studies have revealed that the COVID-19 pandemic deteriorated the population's mental health (Torales *et al.*, 2020; Wu *et al.*, 2021). This has also been sustained by our work. However, the international literature offers limited information (especially qualitative) on its effects on elderly individuals who have gone through it alone at home. We have analyzed this study objective by applying the grounded theory, through interviews conducted during the pandemic with elderly people living alone. In the first few months, the health crisis had a profound emotional impact. Many interviewees confessed that they were often overcome with anxiety, tears, and anguish, as also reflected in the surveys (Bobes *et al.*, 2020; Perelman, Xavier and Barros, 2022). Signs of anxiety surfaced and were difficult to combat, since they felt isolated and confined in their homes.

When describing the consequences of the pandemic, older people do not only refer to the events of the spring of 2020, when lockdown was mandatory, but they also project them further into the future. They continued in a state of solitude and limited contact with the outside world for several months, even when lockdown restrictions were relaxed, in a voluntary extension of their confinement that would continue to damage them emotionally. This clarifies the persistence of high levels of anxiety one year into the pandemic, as observed in longitudinal studies referring to both the general population (Ausín *et al.*, 2022; Lim *et al.*, 2022; MacDonald *et al.*, 2022) and, specifically, older people living alone (Lau *et al.*, 2023).

We have identified factors to help us understand why the individuals acted this way. For example, there is the long-standing fear of contagion factor. It was fueled by known cases of infection in their community and the constant news reports related to the magnitude of the health crisis. Confined to their homes, elderly people living alone were constantly exposed to the media, and the statistics and images broadcast generated anxiety and desolation. They exerted a negative influence, heightening their concern and causing uncertainty regarding the end of the pandemic. They preferred to remain sheltered at home, even though this intensified their loneliness and worsened their mental health. All of this helps explain why quantitative studies correlate perceived loneliness with a higher incidence of anxiety (Benke *et al.*, 2020; McQuaid *et al.*, 2021; Hendriksen *et al.*, 2021).

The interviewees confessed not only to suffering from anxiety during the pandemic, but also mentioned symptoms of depression, which were often caused by the loneliness that they experienced for extended periods of time. They struggled to come to terms with the events taking place, experienced disruptions in their

daily routines, and were isolated from family and friends, something unusual in their lives. Their spirits suffered, and many lost their joy and enthusiasm for everyday life: a reluctance to do things extended, including a lack of interest in going out and directly interacting with others. If living alone increased the risk of depression in older adults before the pandemic (Xiu-Ying *et al.*, 2012), this risk reached enormous levels during COVID-19, as surveys also confirm (Perelman, Xavier and Barros, 2022; Noguchi *et al.*, 2023).

It was difficult to escape the vicious circle that operated between loneliness and emotional decline due to the appearance of another *handicap*: the lack of emotional support, given the reduction in direct contact and family practices. Virtual communication, which was common during the pandemic, was less effective than in-person communication in terms of providing emotional well-being. This lack of well-being exacerbated sadness, another widespread depressive symptom (Doménech *et al.*, 2023). This prolonged the mental health deterioration, as confirmed in studies on the entire population (Ettman *et al.*, 2022; Weber *et al.*, 2023) as well as those specifically considering elderly individuals living alone (Lau *et al.*, 2023). For those who had previously experienced depression (with or without a professional diagnosis) the pandemic was a huge challenge. The resulting problems with healthcare were also detrimental. This is highly relevant here, since we have interviewed individuals expressing little desire to live, some of whom have even reported suicidal thoughts amidst their loneliness.

This study has certain limitations. One is the complexity of assessing the extent of depressive and anxiety symptoms based on the reports made by the older adults. However, we have attempted to limit our interpretations to the content of validated scales that are commonly used

to measure these mental health problems. This includes the General Anxiety Disorder (GAD-7) and the Patient Health Questionnaire (PHQ-9). It would have been ideal to have simultaneously applied these scales to those participating in the study during the interview process, but this work is part of a research project that was not originally designed to consider our study objective. Therefore, this was not contemplated. Another limitation is the difficulty of older adults, many of whom have limited education, in expressing their mental health and how one of the most dramatic experiences of their lives was affecting them. We paid close attention to language and discursive meanings, which we interpreted from a social-scientific perspective, in an attempt to identify depressive or anxiety symptoms.

Furthermore, our analysis does not apply a gender perspective. It may be interesting to consider this aspect in future studies. The testimonies that illustrate our results were mainly those provided during the interviews with women. However, this does not necessarily suggest that women were more mentally affected than men. Despite these limitations, our work reveals that older people living alone were significantly affected by depressive and anxiety symptoms during the pandemic. They describe the incidence of these symptoms as being linked to their situation of domestic loneliness and limited outside contact. The results also reveal the vulnerability of this population segment in times of crisis, and the risk of emotional needs going unmet during old age. Beyond the pandemic, and as the main study conclusion, loneliness is found to make older adults more vulnerable and appears to have a synergistic effect on mental health problems. This should be taken into account when designing public policies to improve the quality of life of this population.

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