

# Fear and Frustration: A Qualitative Analysis of the Social and Political Impacts of COVID-19 on U.S. Older Adults

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The COVID-19 pandemic had dramatic impacts on the physical, social, and emotional health of individuals. Older adults, in particular, have experienced the highest mortality rates and the greatest concerns ranging from physical safety to economic stress to social isolation. This paper presents findings drawn from the COVID-19 Coping Study, a national longitudinal study of the social, behavioral, health, and economic pandemic impacts on older adults (aged 55+) in the U.S. The authors qualitatively analyzed attitudes, behaviors, fears, and frustrations expressed by the study participants in an open ended survey question during the monthly follow-up survey in Fall 2020. The results revealed four major ways that the COVID-19 pandemic negatively affected older adults with regard to their sources of community: missing interactions with people; concern for safety from the virus; collective frustrations with the pandemic; and frustrations creating divisions within communities. This study sheds light on the struggles of older adults during a pandemic and may help inform future research on coping strategies and ways to better prepare for potential pandemics in the future.

*Keywords:* qualitative research, COVID-19, pandemic, aging, older adults

Since the beginning of 2020, the COVID-19 pandemic has altered the progression of society in the United States and dramatically shifted health and social norms. While we have learned much about the long-term health effects of COVID-19, research is still ongoing about other effects of the COVID-19 pandemic. People overall experienced increased psychological issues such as stress and anxiety (Arslan et al., 2020), and the social isolation of older adults became a particular concern. According to findings by Holt-Lunstad et al. (2010,) findings, having higher levels of social activity and being more engaged in social relationships positively correlates with better health outcomes and decreased mortality rates as we age. Being active with social ties can encourage people to be more diverse with their daily activities and to lead a less sedentary lifestyle (Fingerman et al., 2020). Social support has been well-documented as one of the key indicators of well-being among older adults (Kim et al., 2022). With the social distancing and isolation required during the pandemic, older adults were unable to regularly socialize, which may have negatively impacted the physical and social health of these individuals (Ang, 2022).

Globally, older adults experienced concerns ranging from safety to economic stress to isolation (Aspinall et al., 2021; Finlay et al., 2022; Gonçalves et al., 2021). In the U.S., survey research in 2020 on the proportion of adults who were concerned about the new coronavirus outbreak as of October 2020 revealed that 64 percent of older adults (age

65 years and older) felt very concerned about COVID-19, which was higher than any other age group examined in the data (Elflein, 2020). For people 55 years and older, Leggett et al. (2021) found that COVID-19 concern was highest among women, people with higher education, and people who have had a family member affected by COVID-19. Other findings have shown that overall, impacts on U.S. older adults varied in terms of use of COVID-19 safety precautions such as masking and social distancing, agreement with government leaders and their policies, and feelings around others' compliance with policies in place to slow and stop the pandemic (Finlay et al., 2022; Gallo et al., 2022).

Understanding the ways in which the COVID-19 pandemic affected the social health of older individuals will shed light on potential interventions, aid ongoing and future research about the impact of COVID-19 on society, and help us prepare for the next pandemic. In this paper, we present findings from part of the COVID-19 Coping Study, which is a national longitudinal study of the social, behavioral, health, and economic pandemic impacts on older adults (55 and older) in the U.S. led by Drs. Finlay and Kobayashi (University of Michigan, 2022). This paper explores the negative outcomes experienced by older adult participants during the COVID-19 pandemic with regard to their sources of community. The results align with those from existing studies and indicate some of the most impactful ways that

a pandemic can affect the social and mental health of older adults in the U.S.

## METHOD

Data collection for the COVID-19 Coping Study began with recruitment of 6,938 participants from all 50 states, Washington D.C., and Puerto Rico during Spring of 2020 using a non-probability online recruitment strategy including snowball sampling through social media, mailing lists, university and National Institutes of Health databases, and word-of-mouth in English and Spanish. The study design involved collecting both quantitative and qualitative data from a longitudinal cohort using the Qualtrics data program. Surveys included an initial 20 minute survey followed by monthly follow-up surveys through Spring of 2021 (Kobayashi et al., 2021). Additional interviews were completed with a random subsample following survey data collection. Data analyses have been conducted using qualitative, quantitative, and mixed methods approaches (Finlay et al, 2021).

The survey instruments that were developed for monthly distribution included closed and open-ended items, with new open-ended items in each follow-up survey that enabled respondents to reflect on their current experiences during the COVID-19 pandemic. For the research presented in this paper, we analyzed an open-ended question that was included in the 5-month follow-up survey administered in August-September 2020. The national study was approved by the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (HUM00179632; University of Michigan, 2022), and all team members involved in the research presented here completed CITI training as well as confidentiality agreements prior to analyzing responses.

The open-ended question that was analyzed for this research was written in three parts: 1) "What sources of community are important to you? 2) [*if the first response field is not empty*] "How has the COVID-19 pandemic affected your engagement with and interactions in these communities?" 3) "Is there anything in particular that you value, miss, or find challenging about your communities during the pandemic?" Responses ranged in depth and length from a few words to several paragraphs. In order to create a more manageable set of data, we selected a random stratified sample of 500 open-ended responses using demographic quotas for age, gender, race, ethnicity, and education (see Table 1) aiming to match the profile of the U.S. population aged 55 years and older using the American Community Survey (U.S. Census Bureau, 2019).

We used the software platform package Dedoose to organize the data and responses, which allowed multiple users to work simultaneously and online. We followed the inductive thematic analysis approach (Braun & Clarke, 2006) which included: (a) becoming immersed in the data (familiarization); b) categorizing and coding the data (generation of initial codes); c) searching for themes; d) reviewing themes; e) defining and naming themes; and f) writing up themes. Codes were generated as a team, and then researchers independently coded samples of responses and noted if there were any issues with application of codes or missing codes. We then reconvened to compare, discuss any points of divergence, and refine codes. This was an iterative process that culminated in a finalized codebook, and then team members began coding all data from the 500 responses, periodically reviewing each other's coding and meeting regularly to debrief and discuss the coding process. Throughout the process, we found that new themes emerged. To narrow the focus for this paper, our research team chose to focus on a selection of themes related to the negative outcomes experienced by participants during the COVID-19 pandemic with regard to their sources of community. We did this by analyzing excerpts with the following six codes: fear/concern/worry (of COVID) for self/others; missing freedom; frustration/anger with others; frustration/anger with pandemic; masks/other COVID-related safety measures; and protests/civic unrest/political climate. We discussed at length how to categorize our findings and which quotes to select that would illustrate our findings. With regular meetings to debrief, discussing emergent findings and next steps, our process was rigorous and involved consensus throughout.

## RESULTS

Participant characteristics included a mean age of 68 years, and the majority identified as female (59.8%), white (87.4%), and married or in a relationship (67.4%). Table 1 includes additional participant sociodemographic characteristics from the random subsample. Overall, we identified four major themes for how the COVID-19 pandemic negatively affected older adults with regard to their sources of community: missing interactions with people; concern for safety from the virus; collective frustrations with the pandemic; and frustrations creating divisions within communities.

### Missing interactions with people

One of the major difficulties of the COVID-19 pandemic was extremely limited access to social interactions in both their immediate contexts and their community. Several participants reported being limited in the things that they are able to do outside of their home due to the pandemic, which made it difficult for them to interact with others. One participant stated, “I miss normal family gatherings or doing normal day-to-day activities with family members that we used to do, such as eating out (my sister is very uncomfortable eating out right now) or spending a day garage-saling [*sic*] or antique browsing” (F/59). Most of the participants shared the same challenge of restrictions in community engagement. Due to concern for COVID-19, several participants reported seldom going to public places in their communities, including church, grocery stores, workplaces, movie theaters, and other recreational areas. A participant shared her struggles by saying, “Our church has resumed indoor services but we don’t go because we don’t think it’s safe. We follow services online. We used to go every Sunday” (F/72). Some participants have even remained in their homes for several months. One participant shared, “I have been self-quarantined since March [2020] and see only my husband (with whom I live), healthcare professionals when I have appointments, and grocery store staff (F/64).”

In addition to not being able to go out in their communities, some participants have not been able to see their friends or family members due to the pandemic. When discussing missing interactions with friends, one participant shared, “I am a social being. I love interacting with people, so I miss meeting up with my friends to visit” (F/59). Another participant said, “I would like to be able to socialize with friends but since my closest friend is not practicing social distancing or consistently wearing a mask, I’m limited in how I can do that (F/64).” While many participants shared about how they are not able to connect with their community or friends, a large number of participants also could not see their families because of COVID-19. One frustrated participant stated, “I have only seen one family member, other than my wife, and two friends since March [2020]” (F/69). Most participants reported similar feelings of distress in response to isolation and quarantine.

### Concern for safety from the virus

One of the most common themes that arose in this study was the general fear or concern for safety from the virus that participants were feeling during this pandemic. In order to quell these feelings of concern, many participants implemented recommended safety precautions in their lives, including avoiding interaction, wearing masks, and social distancing, even though it was difficult to follow

through with these things, as some participants reported. When discussing avoiding interaction, one participant said, “We only see our daughter’s family; not our two sons. This is due to their higher risk levels” (F/67). Another participant discussed some of the other safety measures they take into account by stating, “Each interaction requires thinking through risk implications for them and for me. Diligence during the interactions, awareness of closeness and wind direction, holding breath while passing, etc.” (M/60). Another participant who shared similar safety sentiments said, “I am very cautious interacting with these communities, making sure to social distance, wearing a mask and immediately washing hands or using sanitizer after leaving. I am also hesitant to engage with [others] unless I think it’s absolutely necessary” (F/58). The thoroughness in which participants implemented safety measures was variable.

Masks and social distancing were controversial topics among some participants. Many participants felt that wearing masks and social distancing were necessary when interacting with others. For example, one participant shared, “I look at people almost fearfully when they don’t have on a mask or stand too close to me” (F/69). Another participant stated, “It’s stressful when friends and family members have different comfort levels regarding wearing masks, social distancing, etc. (F/62).” However, some participants felt more challenged by wearing masks or social distancing. One participant shared, “I hate the whole mask situation because seeing people’s faces is a very important part of communication. It clouds my judgment not being able to read people properly, particularly strangers” (F/56). Another participant shared her struggles by stating, “I couldn’t attend my son’s wedding out of state, feel limited by mask wearing (somehow I feel I can’t fully be myself wearing a mask), I miss getting together face to face with friends and my women’s groups” (F/75).” Nonetheless, many participants of this study reported taking several precautionary measures (e.g., mask wearing, social distancing) in order to protect themselves and their loved ones.

### Collective frustrations with the pandemic

One major source of frustration was the pandemic itself – not at a particular person or idea, but primarily at the lack of freedom due to COVID-19. The frustrations seemed targeted toward the lockdown and the shut downs, creating distance between the participants and the people they enjoy being around and inability for them to go to stores or hang out at their favorite places. Some participants missed the general freedom of doing whatever they want on a whim, or the ability to be spontaneous. One participant

stated, “During the ‘shut-down’, there were no engagements or interactions. A relief when they again became available, even with face masks and social distancing” (F/90). This participant was frustrated they could not interact with their friends and that there was no engagement, but they were glad that they were finally able to see them again, even with social distancing or mask wearing. Another participant said, “I value the sense of everyone being in the same boat; I miss the freedom of making plans with others without the specter of COVID hanging over us” (F/74). This perspective was a bit different: being glad that people could come together over this and work together to end the pandemic, but also frustrated they could not make plans with friends without having to worry about COVID-19 hurting them, knowing that COVID-19 could spread among friend groups easily, especially without realizing it if they were asymptomatic. Another viewpoint reflected being upset at the pandemic because it would be hard to care for others. A participant stated, “The restrictions are daunting. My 90-year old neighbor fell down her stairs and will need assistance when she returns home, but it will be very difficult for us to arrange for several of us to take care of her” (F/69). Other participants simply just missed their friends and loved ones, expressing sadness over the fact they could not physically meet each other and longing for places to physically open. Participants also shared a sentiment of wanting the pandemic to end/revert to normalcy; as one participant stated, “I would like to see a vaccine created soon so we can get back to the world of living” (F/56).

### **Frustrations creating divisions within communities**

We found that while many participants shared a collective frustration that may be expected during a pandemic, there were also frustrations with mask wearing and other policies that were more specific to the COVID-19 pandemic and created divisions within communities. Some participants believed there should be more policies and protections, while others believed there were too many and they were impairing their freedom. In many cases, frustrations were extended to their family members or other members of their community.

#### *Political tensions*

A major source of frustration was the policies and political tension surrounding COVID-19. As one participant stated, “I miss the days when things were not as political as they are now. Even the pandemic has become another political issue” (M/56); a different participant said, “people need to get their educational materials from somewhere that

provides accurate info. Social media and the 24-hour news media are way off on reporting, generally feeding the extremes” (M/56). These individuals were not necessarily frustrated with the pandemic itself, but with the political tension surrounding the pandemic. It became another issue that politicians must deal with and make decisions about, and thus creates a political climate that upsets many people. Many participants were frustrated with their government leaders, both federal and local, and the choices those leaders made during the pandemic: “The governor is not religious, so she denies church to those of us who are. Shameful!! We have seen family continuously throughout her dictatorship’s ‘executive orders’” (F/66); “The most challenging thing about c19 [sic] is listening to all the lies by the media, the CDC, and certain parts of the Government lying for their own purpose” (M/76). Another participant said they missed the “feeling of freedom to come and go as I want” and was challenged by “the excessive need to be careful to limit exposure” (M/84), reflecting frustration with the policies in place.

#### *Frustrations with people*

Many participants were frustrated with other members of their communities due to different viewpoints on the COVID-19 pandemic. This could be because of political tension, different viewpoints on policies, or just not respecting one another’s boundaries during the pandemic. One of these participants stated, “Stupidity in some neighbors is challenging” (M/61).

This was in reference to the pandemic and how other people handle it differently from this participant. Other participants stated, “It’s frustrating and infuriating to see people who don’t follow guidelines at the expense of others” (F/64); “Can’t see kids. Other friends don’t share [the] importance of social distancing and wearing masks, so staying away” (F/58). Another participant stated how mask wearing even became a symbol, stating: “The most challenging aspect of the community are those that refuse to wear masks or wear them incorrectly, especially those that are making a political statement \*major eye roll\*” (F/57). Many other participants also expressed hostility towards those they did not agree with, stating “Seeing and hearing from all the idiots in this country” (F/56). While this participant did not state their own opinion about the virus or policies, the negativity towards other people was clear in their word choice. Another participant stated, “I stay away from anti-maskers and other idiots” (M/61). This participant was also frustrated, but gave a clearer reason as to why (i.e., people did not agree with the same policies as them, and thus might be hurting other people in the process).

## DISCUSSION

This study demonstrated a number of ways in which the social and political effects of the COVID-19 pandemic negatively impacted U.S. older adults with regard to their sources of community. Our research revealed the widespread feelings of isolation and interactional deprivation among older individuals, and that what they seemed to miss the most during the pandemic included getting outside of their homes, being involved in the community, and connecting with friends and family. These findings correlated with existing research; for example, Finlay et al. (2021) found fewer interactions, diminished relationships, diminished support, and socio-political tensions among older adults during COVID-19. Similar findings emerged from international research (Gonçalves et al., 2021; Aspinall et al., 2021), suggesting that these results were also being recorded in countries outside of the U.S.

In accordance with findings from Holt-Lunstad et al. (2010), participants who have been isolated throughout the pandemic will experience negative impacts on health and well-being. It is well-documented that people rely on social interactions as part of their daily routines even more as they get older, and social interactions have overall been associated with improved health outcomes in older age (Fingerman et al., 2020; Holt-Lunstad et al., 2021; Zhaoyang et al., 2021). Participants from this study expressed concerns in their responses about their social relationships; diminished relationships were seemingly linked not just to the isolation stemming from safety precautions, but also because of divergent feelings/opinions around safety measures, behaviors of others, and politics.

The divergent feelings and opinions among participants were also exhibited in findings by Gallo et al. (2021) who identified largely negative opinions among U.S. older adults about the federal government and leadership during COVID-19 response (e.g., feeling that it was undermining science and sending mixed messages about using personal protective equipment/masks). This negativity was reflected in the frustrations among participants in our study, which seemed rooted in leadership, but also in others' different attitudes and beliefs around politics and COVID-19 (e.g., following policies, doing their part to help end the pandemic). Politics and attitudes about COVID-19 often seemed intertwined, creating feelings of hostility and frustration among participants. It is concerning that as a result, older adults may feel unable to participate, for example, in family events, given that these are such vital avenues for obtaining social support. Older adults were

also restricted from other avenues for social support, such as neighbors, friends, staff and caregivers in long-term care communities, members of their congregation, and coworkers. The implications of these isolating experiences are that they could negatively impact physical and social health of participants, putting them at risk of health issues such as depression (Ang, 2022) or more sedentary lifestyle (Fingerman et al., 2020).

The national COVID-19 Coping Study was unique due to the timeliness (i.e., data collection beginning in the early days of the pandemic) and scale, producing large amounts of rich, qualitative data that reflected a broad range of aging contexts and experiences. Some limitations of our team's research included the time constraints along with the quantity and depth of participant responses; we had to select a fairly narrow area on which to focus for this study, and with more time and resources, we would have liked to explore a broader set of responses.

Additionally, while this study had a large, nationwide sample with participants ranging from all 50 U.S. states, the District of Columbia, and Puerto Rico, it was difficult to draw generalizations about the population from this sample because the sample itself lacked diversity. Most participants in the sample identified as white, female, and highly educated, largely because of the snowball sampling strategy that was used (Kobayashi et al., 2021). Therefore, there was little representation from people identifying with other genders, from other racial or ethnic groups, or other represented populations. While not a goal for our thematic analysis, we were unable to determine if attitudes and beliefs expressed around and COVID-19 policies had correlations with demographic characteristics such as age, race/ethnicity, geographic location, or educational attainment.

Many potential avenues for future research would be beneficial to explore. Looking further into this longitudinal study, researchers could examine methods older adults used to cope with feelings of isolation, lack of safety, and frustration they faced during the COVID-19 pandemic. Additionally, frustrations toward political leaders, masks, and policies indicated strong feelings that may have been associated with specific political beliefs. Therefore, the relationship between political standing and opinions on COVID-19 regulations could also be a potential area of further exploration. Future studies could also include more diverse samples and examine correlations between demographic characteristics and COVID-19 concern; this would enhance understanding of how individual experiences shape their attitudes and behaviors during a pandemic/public health crisis. Lastly, future research could

examine the long-term effects of the COVID-19 pandemic and how those effects may be impacting individuals' physical and social health.

### Conclusion

While the social effects of COVID-19 have been difficult for many people to handle, this study provides a window into some of the specific challenges that older adults have had to face for the past two years. They have not only had to isolate to protect their health, but they have also had to cope with the loss of some of their daily routines and interactions with others. This study attempted to highlight the individual challenges that participants faced and bring awareness to the daily struggles that older adults across the nation have been coping with since the start of the pandemic. With these struggles in mind, we may be able to focus COVID-19 relief efforts on handling these problems and making them less harmful to the older adult population. Doing so may not only help older adults cope better with the pandemic, but also potentially help all people return to pre-pandemic life and prepare for potential pandemics in the future.

### REFERENCES

- Ang, S. (2022). Changing relationships between social contact, social support, and depressive symptoms during the COVID-19 pandemic. *The Journals of Gerontology: Series B*, 77(9), 1732–1739. <https://doi.org/10.1093/geronb/gbac063>
- Arslan, G., Yıldırım, M., Tanhan, A., Buluş, M., & Allen, K. A. (2020). Coronavirus stress, optimism-pessimism, psychological inflexibility, and psychological health: Psychometric properties of the Coronavirus Stress Measure. *International Journal of Mental Health and Addiction*, 1–17. <https://doi.org/10.1007/s11469-020-00337-6>
- Aspinall, E., Curato, N., Fossati, D., Warburton, E., & Weiss, M. L. (2021). COVID-19 in Southeast Asia: Public health, social impacts, and political attitudes. Evidence from a survey of Indonesia, Malaysia, the Philippines, Singapore and Thailand. *NewMandala*. Retrieved from [https://www.newmandala.org/wpcontent/uploads/2021/08/SEARBO\\_COVID-19-in-Southeast-Asia\\_Public-health-socialimpacts-and-political-attitudes\\_final.pdf](https://www.newmandala.org/wpcontent/uploads/2021/08/SEARBO_COVID-19-in-Southeast-Asia_Public-health-socialimpacts-and-political-attitudes_final.pdf)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Elflein, J. (2020). Proportion of adults in the U.S. who were concerned about the new coronavirus outbreak as of October 2020, by age group. Retrieved from <https://www.statista.com/statistics/1094671/concern-coronavirus-outbreak-by-age-us/>
- Fingerman, K.L., Huo, M., Charles, S.T., Umberson, D.J. (2020). Variety is the spice of late life: Social integration and daily activity. *The Journals of Gerontology: Series B*, 75(2), 377–388. <https://doi.org/10.1093/geronb/gbz007>
- Finlay, J. M., Meltzer, G., Cannon, M., & Kobayashi, L. C. (2022). Aging in Place During a Pandemic: Neighborhood Engagement and Environments Since the COVID-19 Pandemic Onset. *The Gerontologist*, 62(4), 504–518. <https://doi.org/10.1093/geront/gnab169>
- Gonçalves, A. R., Barcelos, J. L. M., Duarte, A. P., Lucchetti, G., Gonçalves, D. R., Silva e Dutra, F. C. M., & Gonçalves, J. R. L. (2021). Perceptions, feelings, and the routine of older adults during the isolation period caused by the covid-19 pandemic: A qualitative study in four countries. *Aging & Mental Health*. <https://doi.org/10.1080/13607863.2021.1891198>
- Gallo, H. B., Kobayashi, L. C., & Finlay, J. M. (2022). Older Americans' perceptions of the federal government's pandemic response: Voices from the COVID-19 Coping Study. *Research on Aging*. <https://doi.org/10.1177/01640275211062111>
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine*, 7, e1000316. <https://doi.org/10.1371/journal.pmed.1000316>

Kim, K. T., Hawkins, B. A., Lee, Y.-H., & Kim, H. (2022). Social support and daily life activity: Determinants of aging well. *Activities, Adaptation & Aging*.  
<https://doi.org/10.1080/01924788.2022.2106013>

Kobayashi, L. C., O'Shea, B. Q., Kler, J. S., Nishimura, R., Palavicino-Maggio, C. B., Eastman, M. R., Vinson, Y. R., Finlay, J. M. (2021). Cohort profile: The COVID-19 coping study, a longitudinal mixed-methods study of middle-aged and older adults' mental health and well-being during the COVID-19 pandemic in the USA. *BMJ Open*, *11*(2), e044965.  
<https://doi.org/10.1136/bmjopen-2020-044965>

Leggett, A., Koo, H.J., Kobayashi, L., Finlay, J., Lee, H., Baker, E. (2021). Older adults' worry about COVID-19: Associations with experiences of COVID-19 among social connections. *Innovation in Aging*, *5*, Supplement\_1, 739–740.  
<https://doi.org/10.1093/geroni/igab046.2749>

University of Michigan. (2022). COVID-19 Coping Study. Retrieved from  
<https://sph.umich.edu/covid19copingstudy/>

U.S. Census Bureau. (2019). 2013–2017 American Community Survey 5-year estimates. Retrieved from  
<https://www.census.gov/acs/www/data/data-tables-and-tools/americanfactfinder/>

Zhaoyang R, Scott SB, Martire LM, Sliwinski MJ (2021). Daily social interactions related to daily performance on mobile cognitive tests among older adults. *PLOS ONE* *16*(8): e0256583.  
<https://doi.org/10.1371/journal.pone.0256583>