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RESEARCH ARTICLE

Anxiety during the Corona Virus Disease (COVID-19): The Lived Experience of Older Adults

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ABSTRACT
This qualitative study explored the lived experience of Maltese older adults experiencing symptoms of anxiety during the coronavirus disease pandemic. The study was carried out through an interpretative phenomenological analysis approach. The participants (7 Maltese older adults) were recruited through purposive and snowball sampling, and semi-structured interviews were utilised to collect data. A cluster of 4 emergent Group Experiential Themes comprising of 13 subthemes highlighted the high levels of fear, as well as the different cognitive processes and attitudes that led to and maintained the experience of anxiety. The challenges of living through the pandemic included social isolation, safety measures, the long-term living outcomes of the pandemic and reflections on vulnerability. Resilience, coping strategies, and support systems played crucial roles throughout this period. Results framed within a *Dynamic Biopsychosocial Model* revealed that biological, psychological and social factors influencing anxiety evolved with the pandemic, shaping participants' perceptions. Measures supporting older adults to soften the negative mental health outcomes and possible traumas due to death of loved ones or long-term hospitalization should be prioritized.

Keywords: COVID-19, anxiety, older adults, interpretative phenomenological analysis, lived experience

Introduction

Mental health problems are the leading causes of burden on a global scale, with anxiety disorders being one of the top contributors.[1] Older adults in particular are considered to be at the highest risk of contracting COVID-19 and experiencing negative health outcomes such as death and hospitalisation. [2] Global reports found a substantial increase in symptoms of anxiety and anxiety disorders among older adults since the onset of the pandemic.

Lewis et al found an exacerbation of pre-existing mental health issues upon the onset and duration of the COVID-19 pandemic, especially in those with a history of anxiety and depression.[3] Pathways that contributed to worsening mental health conditions included difficulty in accessing mental health services, fear of contracting COVID-19 and low income. Additionally, older adults are at increased risk of COVID-19-related trauma symptoms. A survey by Armitage et al revealed that around a third of the sample participants experienced trauma-related symptoms, and estimated that part of this sample has the potential to experience post-traumatic stress disorder.[4] These COVID-19-related traumatic stressors are especially relevant to older adults as they were found to be predictors of anxiety.[5]

Quantitative studies have comprehensively looked at pandemic-related health statistics within the local scenario.[6] Nonetheless, the impact on mental health was not as thoroughly studied on a qualitative level. This leaves a gap in literature of comprehensive and high-quality studies exploring the impact of COVID-19 on the mental health of this specific population, most particularly on older adults since this cohort was repeatedly found to be the most devastated by the pandemic globally.[7] According to a recent COVID-19 weekly epidemiological update, 1.4 new million COVID-19 cases have been reported between August and September 2023, with over 1800 deaths, with individuals aged 60 or over being amongst the most vulnerable.[8] A 39% increase in the number of cases in Europe was also observed, with increasing hospital admissions being reported in Greece, the United States and Ireland. The risks of new emergent strains of the virus that can result in more deaths are being monitored and the disease remains a global threat.[8]

This research study aimed to explore the lived experience of older adults who experienced symptoms of anxiety during the COVID-19 pandemic. The pandemic had a devastating impact on older adults, both in terms of the number of deaths,[9] and emotional repercussions, with a substantial rise in anxiety disorders being observed.[10] This makes this research relevant to this current public health concern. Additionally, research on older adults tends to be lacking when compared to other age groups.[11] By understanding the experiences of Maltese older adults with anxiety during the pandemic, appropriate support and tailored interventions can be delivered to them. In the same vein, the results of this study can contribute to the field of health psychology by aiding future health campaigns. This is because data will be more readily available and such campaigns can accurately and systematically target the needs of this population and consequently aim for a specific behaviour change, such as the reduction of isolation. Similarly, the study can further highlight the specific risk factors in older adults during a pandemic or in similar situations of high stress. Thus, investigating the experience of older adults with anxiety during the pandemic has important implications for improving mental health outcomes in this population, as well as contributing to the field of health psychology and mental health in general.

Methodology

The *Dynamic Biopsychosocial Model* was kept in mind when drafting the aims and during subsequent analyses, thus giving importance to the biological, psychological and social experience of anxiety during the pandemic.[12] The main research question guiding this study, namely the lived experience of the older adults who experienced symptoms of anxiety during the pandemic was considered through a biological, psychological and social perspective. The objectives were to explore the different ways older adults with symptoms of anxiety coped during the pandemic and the meaning associated with the perceived risk factors and protective factors related to experiencing symptoms of anxiety. As interpretative phenomenological analysis (IPA) has been applied to both anxiety[13] and older adults[14] in research, it already has a basis of being an effective medium in eliciting the lived experience of older adults living with symptoms of anxiety.

RESEARCH DESIGN

Semi-structured interviews were chosen to collect data that accurately encompass the lived experience of participants while allowing the flexibility for unplanned and essential data to emerge. The interview guide was based on literature related to older adults who experienced anxiety throughout the pandemic. The *Biopsychosocial Model* by Engel was used as a framework for developing the questions asked.[15]

The Data Analysis Process

The overarching analysis process was carried out as per the recommended steps by Smith et al.[16] With the written consent of every participant, each interview was audio-recorded and transcribed verbatim by the researcher. Exploratory comments were used to construct the experiential statements which were in turn were clustered, resulting in the personal experiential themes (PETs). Finally, PETs were assimilated into the group experiential themes (GETs).[16] Additionally, the themes and results of the study were explored by another researcher for increased credibility.

The Recruitment Process

Purposive homogenous sampling was used to choose potential participants. Additionally, purposive sampling was implemented since this allows for an in-depth study into a specific and information-rich phenomenon and facilitates the generation of novel conceptual insights.[17] A Maltese non-government organisation acted as a gatekeeper for recruiting potential local participants who fulfil the criteria of eligibility. Interested participants then made contact with the researcher. A series of questions confirmed participants fulfilled the inclusion criteria. This included verbally carrying out the Coronavirus Anxiety Scale.[18] Following this, a time and place was set at their convenience to conduct the semi-structured interview. In total, 7 Maltese older adults took part in this study. Interviews were conducted in Malta, between February and April 2023 in participants' private homes and lasted between 45 and 60 minutes.

Inclusion Criteria

Participants had to be over the age of 65 and needed to have experienced symptoms of anxiety during the COVID-19 pandemic. Individuals experiencing serious mental health problems were excluded to minimise the bias. For homogeneity purposes, individuals must have resided in the community rather than a residential facility throughout the pandemic. Participants had to possess the mental capacity to provide informed consent.

ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the 'Health Ethics Committee' and 'Faculty Research Ethics Committee' of Malta. Participants were presented with an information sheet and consent form. Participation was voluntary. Participants were free to refrain from answering questions if they felt uncomfortable and could withdraw from the study without any repercussions. Contact details of free psychological support services were provided in case of distress.

Results

This chapter is a presentation of the emergent findings. The master list showcasing the GETs and subthemes that resulted from data analysis is presented in Table 1.

Table:*Presentation of the Group Experiential Themes and Subthemes*

Master List of Group Experiential Themes	
Group Experiential Themes	**Subthemes**
The Pandemic – "A Time of Fear and Terror"	• Coronaphobia • Fear of People • Fear of Hospital
The Different Flavours of Anxiety - "I was Consumed"	• "Un Chiodo Fisso, it's There" (*translation*: "A fixation, it's There") • What About my Loved Ones? • News: "The Red Switch"
Outcomes of Living Through the Pandemic	• Feeling Isolated in a Crowded World • Defending the Castle at all Costs • Long-term Living Outcomes of the Pandemic • Feelings of Vulnerability
How will we Survive This?	• Finding Serenity Through Prayer and Support • Protective Factors • Sharing Wisdom Through Experience

THE PANDEMIC-"A TIME OF FEAR AND TERROR"

High levels of fear, uncertainty and worry which were not present during pre-pandemic times were experienced by most participants. The pandemic was "a time of fear and terror (Susie)".

Coronaphobia

Coronaphobia comprises an exaggerated and fear-driven reaction to reduce the potential contraction of the COVID-19 virus,[19] resulting in taking drastic actions to protect the self and significant others.

> In the beginning, when I found out about COVID... I was really shocked. We were really scared... they used to say don't go near older adults. So we didn't even let our children or our grandchildren come near us. I used to tell them "Don't come over!". I was concerned about what would happen if they went out and then would come near us (Susie).

Elizabeth equated the virus to a death sentence since she believed older adults are especially vulnerable. This belief stemmed from COVID-19 news she saw online.

> My biggest fear was that I would get COVID, but even worse than that is that it will kill me. Because if someone young gets COVID they'll be fine and recover, but if I get it... it would be worse. When you see all the number of cases, and all those older adults dying from COVID... I would say that I could easily be one of them.

Fear of People

Participants disclosed feeling distressed when being near people, explaining they did not know where other people had been, if they have the virus and could potentially pass it on to them. This fear continues to the present day.

> It's better if I don't go to the supermarket, or it will be worse. It would be a scary experience. I would be scared to touch things, I'd be scared that there would be many people, I'd be scared, I'd feel uncomfortable (Susie).

Similarly, Henry felt threatened whenever he saw people outside of his home. So much so, that he spent most of his time at home with his wife to be away from people, or in his field:

> I was always afraid. When I saw people, I would move back. I used to be too scared to go out, and we didn't go anywhere. I spent a lot of time in my field because I would be alone. I wouldn't see anyone.

Fear of Hospital

The hospital environment was feared and participants avoided going to the local hospital, even when not doing so was detrimental to their health. Mary urgently needed specialised medical attention from the local hospital but refused to go.

> One time I was going down the stairs of my home, and I skidded on a parcel. It was a big fall. But I didn't want to go anywhere near the hospital, and it was a mistake. Because everyone was saying to avoid going to the hospital. I needed to go for an X-ray but I just pushed through the pain.

William's experience is similar to that of Mary, as his fear of the hospital led to the worsening of a serious chronic health condition:

> I didn't want to go to the hospital, as they would put you in a ward with many people and you wouldn't know what they have or don't have. Even with my heart procedure, it took me a long time to do it and it worsened, as I did not want to do it during the pandemic.

THE DIFFERENT FLAVOURS OF ANXIETY - "I WAS CONSUMED"

All participants struggled with anxious repetitive, catastrophic and obsessive thoughts resulting in negative biopsychosocial outcomes. William "was consumed" and overwhelmed. Anxiety was triggered in different ways, such as when participants ruminated about their vulnerability to the virus and their mortality. Participants felt anxious when they worried about loved ones and while watching COVID-19 news. While death feels more plausible in later life, thoughts about death may have reached a more conscious level during this period, resulting in death anxiety.

"A fixation, it's There"

Participants recounted the struggles of living with anxiety with particular emphasis on the heaviness that came with ruminating thoughts that were very hard to shake off. While William disclosed living with anxiety most of his life, the pandemic exacerbated his mental health struggles. He described his experience of anxiety as "un chiodo fisso, it's there" (*translation*: "A fixation, it's there").

> I am by nature an anxious person. I have experienced all anxiety-related symptoms, like irritable bowel syndrome, and tension headaches. I have experienced all these things, as my mind is always thinking, thinking, and thinking, and unfortunately,

> I'm not one of those positive people, I'm quite pessimistic….. So obviously something like the pandemic brings me tension and it added to the tension that I already had.

Catherine's anxiety had a flavour of hypersensitivity and catastrophizing in picturing the worst-case scenarios should she experience any COVID-19 symptoms. Death anxiety was also present after hearing about how others had succumbed to the virus. This may also stem from Catherine's fear of dying alone.

> I used to believe that if I had symptoms of the flu it would mean that I have COVID. I would hear about people who I knew from my home town that went to the hospital. Two people simultaneously passed away from COVID in my town. Their family members could not go to the church for their funeral because of restrictions. These thoughts used to run around my mind, like a trauma that I could not forget.

What About my Loved Ones?

Anxiety was not limited to worry about the self but extended to loved ones, especially vulnerable ones. Ruth was anxious that her husband who had suffered from stroke will contract the virus. Mary's worst nightmare was that her vulnerable adult daughter who has lupus would contract the virus and die, as seen below.

> Yes, I was worried. I was scared that she'll get COVID and that it will really affect her badly. Some people get it and it passes, but others get severely affected.

Savlu's struggle with anxiety was exacerbated when his son was diagnosed with a chronic disease during the pandemic, making him unable to support his son at the hospital. This left him feeling anxious and powerless.

> My son has multiple sclerosis and I was very worried about him. I was worried because he was vulnerable. And I couldn't even see him at hospital because of the restrictions, even though I really wanted to. The staff didn't let me see him.

News: "The red switch"

As participants spent a lot of time indoors, they often followed the news to keep themselves up to date. While this was informative in teaching them how to protect themselves, the distressing and recurring content led to activating a "red switch" in the participants as outlined by Susie, resulting in increased anxiety. The quote below shows how Catherine's anxiety was affected by COVID-19 news.

> My god, seeing those thousands of dead, thousands, every day, every single day! It's like you begin to think about these things without even wanting to. So I wouldn't even go out. And I saw that they would wrap up the dead bodies in plastic bags and throw them in holes. That's what I used to see mostly. They used to really leave an impact on me.

The same was true for Susie who remarked:

> I remember I used to watch TV in the afternoon all the time since we were stuck inside… And it would just make me feel worse. Doctors think that they are giving good information, but in reality they were switching on the red switch for people.

OUTCOMES OF LIVING THROUGH THE PANDEMIC

Apart from living through the pandemic, participants were constantly struggling with anxiety, resulting in negative implications as outlined below.

Feeling Isolated in a Crowded World

Due to the nature of restrictions and anxiety, participants had to reduce contact with the outside world. Apart from a disruption in routine, their support systems were impacted. William was unable to venture out of his home and could not see his grandchildren. As a result, he felt that he was missing out on the growth of his grandchildren. As his family was his support system, this had a negative impact on him, as he describes below:

> Not going out, staying indoors, having to stay with the mask, not being able to see my children. If they come over, they quickly went running out to the balcony, as my children were going to work too. I wasn't seeing my grandchildren, one is 6 years old, and one is 2 years old. I wasn't able to hug them. These all had their toll on me ultimately.

Catherine's home served as a focal point for family members to meet up and socialise, whilst also giving Catherine a sense of purpose. However, due to that pandemic, she needed to close her doors to all her loved ones to keep herself safe.

> Even my nieces and nephews, none of them used to come over which was very different to before the pandemic when they used to come over often. Or during the village feast they would all meet at my home. Then they stopped coming, and I stopped inviting people over. The door was closed.

Defending the Castle at all Costs

The theme of creating a safety bubble between the inside and outside of the home was prevalent. Participants attempted to create a barrier between the contaminated outside world and the safety of

their own homes. The home was the only place perceived to be safe, and participants went to great lengths to keep it this way. The ritual of cleaning to minimise their fear and anxiety became an obsession to establish control over an uncontrollable situation.

> One time during Covid we got out of the car to go for a short walk but we left him [her husband] in the car. And someone saw him and went to speak to him. Mary mother of God, the second we got home we made him clean his face, removed his clothes, and everything. I told him "Next time I'm going to leave the window closed for you so no one comes to speak to you!". (Ruth)
>
> The more I thought about COVID and felt scared, the more I would end up cleaning the home all over. Even though I used to clean all the time with antiseptic, I would clean everything that we got from the grocer. And if someone came over to my home, I would remove all the carpets and wash everything all over again. Even in the street, I used to throw water mixed with bleach outside my door and leave it there. (Catherine)

Long-term living outcomes of the pandemic

While half of the participants returned to their normal lives post-pandemic and experienced less anxiety, others struggled to return to their normal pre-pandemic life after restrictions were eased. This resistance to go out may reflect participants' feelings of being in control at home, whilst going outdoors means facing unknown dangers.

> Yes definitely, we used to go out more before COVID. Not a lot, but we would go out. From the pandemic onwards we didn't really go out, and it remained that way till today. It's like we got used to not going out anymore. (Henry)

Ruth's rituals remained post-pandemic. This is possibly a result of fearing that her anxiety may resurface, or because these rituals became ingrained in her and made her feel safer and more in control.

> No no, my anxiety is much better now. But as regards hygiene, things stayed the same. Until recently when I used to go grocery shopping I would wear the mask. I also recently stopped wearing the mask at mass. Hygiene is part and parcel of us now. (Ruth)

Feelings of Vulnerability

Most participants felt vulnerable due to their age. Susie learnt that she was a vulnerable person from COVID-19 news. This perceived vulnerability resulted in increased anxiety.

> Absolutely, yes. I used to, and I still see myself as vulnerable. You young people and my grandkids don't feel scared about getting COVID you know? But I felt scared that I would get COVID. Because the news put it into our minds that we are vulnerable if we have high blood pressure or are over 65 years old.

William felt "naturally" vulnerable due to his age. He seems to be grieving his previous healthy self.

> Between you and me there is a difference. Because if I was young, I would have said I'll get COVID-19, I'll spend 2 weeks inside and I'll get better. But I knew it could give me a really hard time and send me to hospital. And that makes a difference.

HOW WILL WE SURVIVE THIS?

While all the participants struggled throughout the pandemic, they disclosed what helped them remain resilient.

Finding Serenity Through Prayer and Support

Prayer and social support provided relief and comfort and helped participants navigate the challenges of daily life with greater equanimity and grace. William felt supported by his family whilst he was recovering from COVID-19. He "nearly had a mental breakdown" due to the quarantine period. Furthermore, both his granddaughter and therapist gave him the space to process his fears and anxieties.

> My children, my wife, my family, my granddaughter. Even afterwards when I recovered, they used to take me out. My granddaughter used to listen to me and talk to me. Also my therapist that I told you about.

Prayer helped participants to cope in numerous ways such as trusting in a higher power, a way of grounding themselves, as helping them process feelings of fear and anxiety.

> Prayer, praying helped me. I believe in prayer very much. I felt more calm and peaceful after praying. Even the fact that I prayed for other people helped me you know, especially after seeing all that Italian news, and all the coffins, and all those army trucks carrying the dead. (Ruth)

Protective Factors

Protective factors helped dampen the negative biopsychosocial effects of the pandemic. These ranged from taking the COVID-19 vaccination to having a lifestyle focused on staying indoors. Susie

desperately felt the need to take the COVID-19 vaccine to have a protective layer to subsequently feel comfortable enough to meet other people.

> I took the first vaccine alone without my husband because I was so scared that I needed something. Something to protect me. I felt like I had a shutter you know? A bit of protection. I felt like I had something on my side, and I started to let go and felt less anxious about meeting my children.

Mary and Ruth explain that adapting to the isolation resulting from COVID-19 restrictions was relatively easy for them, as they were already accustomed to less frequent outings compared to others. Thus, this behaviour served as a positive influence throughout the pandemic.

> It didn't affect me as much as it could have because I'm not the type of person who likes to go out a lot. I like to do my errands and stay at home. Relaxing at home, watching TV, cleaning. I go out as needed, for me it's enough. Because other people who were used to going out a lot suffered with everything closed. (Mary)

Elizabeth believed that keeping a positive outlook on life allowed her to tackle painful and unpleasant experiences in a more hopeful and productive manner.

Sharing Wisdom Through Experience

Participants were keen to offer advice to other older adults who may have experienced anxiety during the pandemic. This advice was based on personal experiences and elicited through their learnt wisdom. Susie advocates embracing the negative occurrences that transpired during the pandemic, whilst emphasising the importance of challenging one's fears by confronting anxiety-provoking situations such as going out of the house and interacting with people.

> To continue their normal lives as they had before COVID and to not obsess a lot as I did. They can go out more and challenge themselves to as much as possible not let their thoughts take over. To slowly start going out and continue leading a normal life.

Mary highlighted the importance of taking a proactive approach to minimise anxious thinking and ruminating on negative topics such as the pandemic. This can be done by focusing on more positive subjects or simply following one's normal routine and being active.

> Everyone will think and worry. The difference is how much you can control your mind. It depends on how capable you are of finding other things to think about, or going for an errand and going out. You're thinking about something else. Thinking about the pandemic all the time doesn't help. But you try to stand up and stop thinking about it, to not let your mind control you.

Hence, the elicited themes illustrated both the unique and shared experiences of older adults that lived with anxiety during the pandemic.

Discussion

An analysis of the themes revealed that a culmination of biological, psychological, and social factors were implicated in participants' anxiety. The *Dynamic Biopsychosocial Model*[12] was used to understand the complexity of the emergent themes while recognizing that anxiety is not a static experience but has the potential to change with time, as reflected in the long-term effects and changes the pandemic had on participants' quality of life (QOL).

According to the *Fight or Flight Response Theory*, the emotion of fear when faced with a perceived threat drives a flight or fright response to promote survival.[20] The decision to self-isolate and reduce contact with people can be considered a flight response adopted by participants to increase their chances of survival. Fear during the pandemic was an all-too-common experience among the general public,[21] with this being similarly echoed by all the participants who shared their experience of intense fear stemming from contracting the virus. While fear may have played a protective role in helping reduce the chances of infection, 'contamination fear' was particularly prevalent among older adults and is associated with reduced psychological wellbeing and less frequent healthcare visits.[22]

Fear initially ensured that participants remained safely indoors, however the long-term outcomes of fear such as the symptoms of anxiety were experienced as participants began to feel the strain of living indoors and did not have access to their support systems. Thus, fear is a psychological factor that contributes to the experience of anxiety within the *Dynamic Biopsychosocial Model*.[12] This is because while fear in part led to the experience of anxiety in the participants, social and biological factors were also implicated in this experience. Furthermore, the extent of how much these factors contributed to the experience of anxiety also changed with time as the pandemic progressed.

'*What if*' thoughts coupled with feelings of uncertainty of the future in a pandemic world and fear of potential death were prevalent across the whole participant group. These types of thoughts often led to rumination and catastrophizing about the worst-case scenario in participants' minds. The

'*what if*' behaviour is a staple clinical feature of anxiety disorders, and has also been found to be typical behaviour in anxious people during the pandemic.[21] The feeling of amplified responsibility was echoed in other qualitative studies in older adults[23] as participants tried to protect their loved ones against COVID-19. Being unable to follow through with this sense of responsibility towards others may have added to the feeling of uncertainty and anxiety.[24]

COVID-19 news has been the subject of contention due to the questionable credibility of some sources, as well as its impact on the general public which has been seen to have both positive and negative outcomes.[25] As COVID-19 became a popular topic, fake news and misinformation became abundant and further aggravated participants' perception of risk and anxiety as shown in previous research.[23] The constant stream of COVID-19 news was a recurring reminder that COVID-19 is very much present, that it is a killer in older adults and that healthcare systems are overwhelmed.

Participants who watched COVID-19 news may have experienced a higher perceived risk of the illness. In line with the *Self-Regulatory Model*,[26] it can also be construed that COVID-19 news had an impact on participants' illness perception. Hence, if they internalised the idea that they will pass away if they contract the virus as was being pushed on the media, then this would have impacted how they understood their illness as well as their coping strategies. Possibly participants were actively seeking health information as a way of reducing their anxiety for reassurance purposes.[27] However, in the long run, this cycle causes more anxiety than reassurance through the negative reinforcement of watching COVID-19 news.[28] 'Ex-consequentia reasoning' is a distorted thinking experienced by individuals with anxiety disorders and refers to how a person makes sense of a situation based on one's emotions rather than objective reasoning.[29] Thus, with participants experiencing fear and anxiety as a response to COVID-19 news, they may deduce that they are genuinely in danger, resulting in further seclusion and isolation.

While self-isolation reduced the chance of contracting the virus, participants were left to fend for themselves behind closed doors. Isolation challenged the grandparenting role as participants could not take care of their grandchildren. This role is highly relevant considering Malta's culture where grandparents often play a major role in the lives of their family members, such as by taking care of their grandchildren for several hours a day.[30] This left the participants feeling like they were missing out on the growth of their grandchildren. This was a difficult loss as their grandchildren gave them a sense of satisfaction and resulted in positive psychological wellbeing as revealed in other studies.[31] People possess an inherent need to seek social connections as it is associated with forming relationships and survival. Conversely, feelings of isolation result in a worsening mood and increased sensitivity to threats.[32] Social isolation may have contributed to anxiety as participants' coping abilities were reduced, and their perceived threat levels were heightened.[32]

Some participants experienced quasi obsessive-compulsive disorder (OCD) symptoms towards hygiene and contamination to ensure that anything brought into their homes passed through a rigorous hygiene process, over and above what was recommended at that time. While these hygiene practices were new to them, some of these rituals have continued to the present day possibly as a way of reasserting control in their lives and minimise the anxiety resulting from this lack of control. Hence, these hygiene rituals acted as safety behaviours. Results of previous research indicated higher prevalence rates of OCD symptoms in non-OCD individuals were triggered due to pandemic-related anxiety.[33]

Several participants continued to experience negative long-term psychological and social changes in their lives. Post-pandemic, some participants struggled to be as sociable and physically active as they were in pre-pandemic times due to getting used to staying home and feeling little to no reason to meet people outside. While a gradual reduction of activities of daily living is a typical process as one ages,[34] this does not fully explain the stark difference in socialising in pre- and post-pandemic times. One possible reason for this difference is the long-term deficits that have been found in older adult COVID-19 survivors due to the cognitive and physical changes brought about by the virus.[35]

In line with the *Health Belief Model*[36] the majority of participants may have felt highly vulnerable due to perceived susceptibility to the virus and perceived severity. Additionally, several substantial benefits of remaining indoors were identified, such as experiencing less anxiety and fear, coupled with a minimal number of barriers such as the need to go shopping and other necessary activities. This is in line with other studies that found that vulnerability plays a mediating role in older adults in terms of COVID-19 health anxiety.[37] However, this experience of vulnerability was not felt by Mary and Henry and enforces the idea that older adults

are not a homogenous group.[38] This lack of perceived vulnerability may have acted as a buffer against worse health outcomes and anxiety.[39] Interestingly enough, Mary and Henry focused on their children's vulnerability, which resulted in increased worry and anxiety in them. Malta's socio-geographical context highlights the cultural importance of family involvement and family structures.[40] The family support network within the Mediterranean has been found to play a crucial role in terms of resiliency in the face of hardship.[40] Thus, the anxiety and worry experienced by participants is congruent with the above-mentioned cultural aspects. Additionally, worry and anxiety towards loved ones was also echoed in other international studies.[23]

Religion, spirituality and prayer played a central role in coping and reducing anxiety as also identified by previous research.[41] The core of Maltese identity is intertwined with Christianity.[42] Considering the cultural and historical importance of Christianity in Malta and its positive historical role in society, feeling buttressed and supported through prayer is expected. As similarly found in previous research, prayer helped participants cope,[43] having a dampening effect on the emotional turmoil caused by the pandemic. Possibly, it helped foster certainty in participants' lives through their certainty in their faith.[44]

Vaccination was deemed to add a layer of protection and reduce the chance of passing on the virus to loved ones, lessening anxiety and reducing contamination fear as exemplified in previous research.[45] Additionally, perceived social support was a powerful protective factor, having a positive effect on their QOL and reducing the burden brought about by the pandemic.[46]

Personality played a role in coping, and subsequently the anxiety experienced. A positive attitude and a high level of acceptance allowed participants to live a more tranquil life despite the anxiety. Specific personality traits such as optimism, high tolerance of uncertainty and positive thinking are predictive of lower levels of anxiety in older adults during the pandemic.[47] These traits are also in line with findings framed within a positive psychology approach, which recognises that resilience leads to enhanced coping mechanisms when faced with challenges and improved QOL.[48]

Traits such as adaptability, psychological flexibility and acceptance in the face of hardship helped participants to cope with anxiety. These traits are also central in the ideology of *Acceptance and Commitment Therapy* (ACT). ACT posits that negative experiences such as fear and anxiety as experienced by the participants throughout the pandemic are an inescapable aspect of life.[49] Rather than eradicating these experiences, ACT supports individuals with anxiety to pursue the values that are meaningful to them, as well as to appropriately look at and acknowledge anxious thoughts.[50]

Pessimism on the other hand is linked to higher levels of fear and anxiety throughout the pandemic.[51] Mary and Ruth felt that their introverted behaviour related to spending most of their time at home, rather than finding enjoyment outside of the home, mitigated the effects of the pandemic. Research has given mixed results regarding introverted behaviour and its mediating role in mental health throughout the pandemic. A qualitative study put forward that the pandemic was "a haven for [older adult] introverts".[52 (p6)] However, another study has specifically found that introversion predicted worse outcomes and higher levels of anxiety, depression and loneliness throughout the pandemic.[53]

Conclusion

This research provided an in-depth exploration of the lived experience of older adults experiencing symptoms of anxiety throughout the pandemic. It added to the sparse compilation of qualitative data on older adults and allowed the voicing of experiences of a part of the population that often suffers in silence. While anxiety was assessed through the Coronavirus Anxiety Scale,[18] it is possible that participants experienced anxiety before the onset of the pandemic. This could have exacerbated the symptoms experienced during the pandemic, as well as their overall experience of anxiety. Variables such as varying demographic and socio-economic factors could also have resulted in some participants experiencing higher levels of anxiety than others.

For future research, data triangulation in the form of interviewing loved ones and healthcare professionals may shed light on the explored phenomenon through additional perspectives. This is as participants voiced that anxiety was also experienced by family members. Specific factors that make up resilience and that are protective in older adults with anxiety can also be explored while keeping in mind the specific socio-cultural context surrounding the individual.

While the pandemic has abated, it remains a global threat impact. Measures and policies supporting older adults to lessen and soften the resulting negative mental health outcomes should be prioritized. These should be framed with the

knowledge that discriminatory practices against older adults attempting to access health care and other vital services are commonplace.[54] This study also shed light on implications for clinical practice. A need for increased screening and diagnostic practices in older adults with potential anxiety remains a priority to ensure timely professional intervention. This can be further aided by having a sufficient number of psychologists employed within older adult care. Similarly, a multidisciplinary team specialised in geriatric care that covers medical, psychological and functional needs in this age cohort is needed within these healthcare settings to offer tailored and specialised care.[55]

Overall, this study was only possible by allowing the older adult participants the time, care, and attention needed for them to voice their life stories in a way that most befitted them. Anxiety is not a singular construct but rather is made up of several multi-dimensional factors and influences. It is hoped that this study has helped raise awareness on the needs and experiences of this group of individuals, who are often the main consumers of health care but also are often underrepresented.

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