



The Relationship Between Social Isolation and Psychological Distress in Older Adults During The COVID-19 Pandemic



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ABSTRACT

In this research, it was aimed to determine the relationship between social isolation and the level of psychological distress of participants during the COVID-19. Data were collected using a questionnaire technique, and a total of 400 individuals participated in the research. Statistical analysis and data evaluation were performed with the SPSS 23 program. Due to the social isolation during the

COVID-19 Pandemic in Türkiye, it was determined that the lives of individuals over 60 were affected, and there was a significant relationship between this situation and the psychological distress levels of individuals. Multidisciplinary teams need to intervene to provide the psycho-social support needed by older adults who have been exposed to social isolation during the pandemic.

KEYWORDS: Older Adults; Social Isolation; Psychological Distress; COVID-19.

KEY PRACTITIONER MESSAGE

1. There is a need to develop psychosocial intervention programs for older adults whose levels of psychological distress increase due to social isolation.
2. Older adults need to be educated in health promotion in case of future pandemics or epidemics.
3. There is a need to develop home physical activity programs to protect and improve the health of older adults exposed to social isolation.
4. Informing older individuals about the use of technology is important in providing online psychosocial support to older adults in pandemic and epidemic situations.

INTRODUCTION

COVID-19 is a type of coronavirus that threatens the respiratory system (Lipsitch et al., 2020; Rothan & By-rareddy, 2020). According to the report of the World Health Organization (WHO), the groups with severe disease and elevated risk of death consist of individuals over 60 years of age and individuals with chronic diseases such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease, and cancer (WHO, 2020). The substantial risk of mortality, especially in individuals over 65, is due to the weakening of the immune system as age progresses and the high number of accompanying diseases. In addition, it has been determined that the risk of mortality increases in older adults who have chronic diseases and smoke (Duru, 2020). After the spread of COVID-19 gained momentum worldwide, a series of measures were taken throughout Türkiye and in Antalya, where the research was conducted, to prevent the epidemic from negatively affecting public health. The first COVID-19 case in Türkiye was detected on 11.03.2020, and the measures taken after this date gained momentum. Special precautions have to be taken for older individuals who are among those who will be adversely affected by the epidemic. The prominent measures taken for older adults are listed as follows according to the date of publication. According to the circular of the Ministry of the

Interior dated 21.03.2020, after 24.00 on 21.03.2020, individuals over 65 and with chronic diseases are prohibited from leaving their residences, being in open areas, and using public transport. For those who live alone and cannot meet their needs, a "Loyalty Social Support Group over 65" has been established under the chairmanship of the governors or district governors, and efforts are planned to prevent the citizens from experiencing victimization. For those over 65 and chronically ill with a curfew, if they report their needs via 112, 155, and 156 phone numbers, teams will be assigned, and their needs will be met (Ministry of Interior, 2020a). With the decision numbered 2020/48 taken by the Antalya Public Health Board according to the circular numbered E.9138 of the Ministry of Interior on 10.06.2020, it was decided that individuals over 65 can go out every day between 10.00 and 20.00, taking care of social distance and wearing a mask (Antalya Provincial Public Health Board, 2020). On 18.11.2020, a circular titled "Coronavirus Epidemic New Measures" was published by the Ministry of Interior, and decisions were taken to increase the restrictions. The measures taken for citizens over 65 are as follows: In 81 provinces, citizens aged 65 and over can go out between 10:00 and 13:00 during the day, citizens under 20 (those born on or after 01.01.2001) can go out on the street between 13:00 and 16:00 during the day (i.e., except for those

who present a document such as work/ Social Security Institution registration). Outside of these hours, curfews of our citizens in the specified age groups are restricted (Ministry of Interior, 2020b). With the Presidency's circular numbered 2021/5 on 01.03.2021, the "controlled normalization" process started. In the controlled normalization process, different applications were made in each province according to the number of cases, and the province of Antalya, where the research was conducted, was included in the "high-risk group." In the province of Antalya, the curfew period for individuals over 65 has been increased from 3 hours to 4 hours (Ministry of Interior, 2021a). According to the Ministry of Interior circular published on May 16, 2021, a curfew will be implemented between 21.00 and 05.00 on weekdays and from 21.00 on Fridays to 05.00 on Mondays. No curfew restrictions will be applied to individuals over 65 who have received two doses of vaccine, apart from the restrictions applied to everyone. Individuals over 65 who have not been vaccinated, despite the fact that they have the right to be vaccinated, will be able to go out on the street between 10.00 and 14.00 on weekdays and will be prohibited from going out on the weekends. Citizens over 65 will not be able to benefit from public transport during the gradual normalization (Ministry of Interior, 2021b). It is thought that the psychological distress levels

of older individuals who struggle to adapt to the changes in their lives and cope with the pandemic are also affected by the conditions brought by the pandemic environment. Psychological distress is defined as the unique discomfort or emotional state experienced by an individual in response to a particular stress or demand that results in temporary or permanent harm (Ridner, 2004). Psychological distress refers to the state of emotional suffering, including depression and anxiety symptoms such as sadness, hopelessness, moodiness, and anger (Altun et al., 2019). Studies show that psychological distress is a predictor of cognitive impairment and dementia (Simard et al., 2009; Sutin et al., 2018). In addition, since psychological distress can be a harbinger of mental, physical, and emotional exhaustion, preventive and early interventions are needed to avoid this situation (Arvidsdotter et al., 2016). When the studies in the literature are examined, exposure to stressful conditions, living conditions, and lack of valuable social roles are seen as important risk factors for psychological distress, while internal resources such as self-esteem and external resources such as income are determined as important protective factors (Cairney & Krause, 2005; Drapeau et al., 2012; Gyasi et al., 2020). It is inevitable that the COVID-19 process will have emotional effects on individuals in the risk group and quarantine (Lima et al., 2020; Zhang et al., 2020).

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Social environment, life events, and social support directly and indirectly affect psychological distress (Ensel & Lin, 1991). In addition, the study by Brooks et al. re-vealed that the level of psychological distress is high in quarantined individuals (Brooks et al., 2020). In this process, older adults who have to stay away from their social environments need psycho-social support. In this study, the psychological distress levels of older adults who have been socially isolated due to the COVID-19 period will be examined.

This study aimed to determine whether there is a statistically significant relationship between the measures taken for the COVID-19 pandemic and the psychological distress levels of individuals over 60 living in the city center of Antalya, Türkiye.

METHOD

Sample

In order to represent the province of Antalya, the research participants were individuals aged 60 and over residing in the three big districts of Antalya: Konyaalti, Kepez, and Muratpasa. The number of participants constituting the universe of the research is known, and it was determined to be 149.279 (Turkish Statistical Institute, 2019). For this reason, the sample size of the study was determined by using the sample formula

$$n = \frac{N.P.Q.Z^2}{(N-1)d^2 + Z^2 \rho}$$

with a known universe, with a 5% margin of error and a 95% confidence interval. As a result of the calculation, the sample size was determined to be 384, which was rounded to 400 to increase reliability. The stratified sampling technique, which is one of the probability sampling methods, was used in the study. The number of participants was calculated as 65 (31 Men, 34 Women) for Konyaalti, 138 (66 Men, 72 Women) for Kepez, and 197 (91 Men, 106 Women) for Muratpasa, by dividing the population of each district where the study will be conducted to the population over 60 years of age in the universe. During the research, questions on the scales determined on a voluntary basis were asked of the participants. The research was conducted in social settings, including parks, gardens, and recreational spaces within the districts of Muratpasa, Konyaalti, and Kepez in Antalya province. In order to create suitable interview conditions, data were collected from individuals who voluntarily participated in the research by following the social distance rules, wearing masks, and staying away from distracting factors as much as possible. The face-to-face interviews took approximately 15 minutes each. The restrictions imposed due to the pandemic have also made it difficult to conduct the fieldwork. For this reason, a survey was also conducted through online programs, and some of the data was collected online.

Measures

In this study, data were collected using the questionnaire method, which is a quantitative study technique. The questionnaire consists of informed consent, in which the research is introduced, the purpose of the questionnaire is stated, and the Psychological Distress Scale, a Socio-Demographic Information Form created by examining the literature.

Socio-Demographic Information Form: The socio-demographic information form, which was developed by examining the literature, consists of 2 parts. Part-one includes demographic information about the participants, such as their age, gender, marital status, education level, perceived income status, and health. In the second part, there are questions related to the COVID-19 period.

Psychological Distress Scale: The psychological distress scale developed by Kessler et al., its Turkish adaptation, and the validity and reliability study performed by Altun et al. were applied to the participants (Altun et al., 2019; Kessler et al., 2002). Participants were asked to answer the questions considering their last thirty days. While applying the psychological distress scale, ten questions under the S1 heading are taken into account. Although the questions from S2 to S6 in the original scale contribute to the researcher's ability to obtain more in-depth information about the participant's psychological distress status, they have no effect on the evaluation of the scale (Kessler et al., 2002).

The psychological distress scale is evaluated according to the ten questions in the S1 section. The questions in the scale were arranged as "Constantly=1"... "Never=5". However, these items are reverse scored; it is calculated as constantly=5 points, often = 4 points, occasionally = 3 points, rarely = 2 points, never = 1 point. According to this, as a result of the calculation to be made, the lowest 10 points and the highest 50 points can be obtained. According to the responses given to the psychological distress scale, the psychological distress level interpretations are as follows: 10-19 probably good, 20-24 possible mild mental illness, 25-29 possible moderate mental illness, 30-50 possible severe mental illness.

Procedure

With informed consent, the participants were informed that no personal information would be included in the study and that the answers would only be used for scientific research. The individuals participating in the research were informed at the beginning of the interview that the questionnaire could be finished whenever they wanted and that they could not answer the questions they did not want to answer. The fieldwork of the research was conducted as a survey of individuals over 60 in public areas in the Kepez, Konyaalti, and Muratpaşa districts of Antalya province. The surveys were completed by the participants in an average of 15 minutes.

The ethics committee's approval of the study

was given unanimously by the Clinical Research Ethics Committee of Akdeniz University Faculty of Medicine, with the decision number KAEK-510 on 08.07.2020.

Analysis of the Data

The obtained data was transferred to the computer environment for evaluation. Statistical Package for the Social Sciences 23 (SPSS 23.0) was used for statistical analysis. Number and percentage were used as descriptive statistics for the qualitative variables determined by counting.

Chi-square analysis was performed to reveal the relationship between qualitative type variables. The value of 0.05 was accepted as the significance level throughout the study. Obtained results were interpreted and reported considering the available literature.

RESULTS

The socio-demographic characteristics of the research participants are as follows: Four hundred participants participated in the research. Among the participants, 142 persons were aged 60 to 64 years, 216 were aged 65 to 74 years, 35 were aged 75 to 84 years, and 7 were aged 85 years or more. Of the participants, 212 were women, and 188 were men. Geographically, 138 participants resided in Kepez, 65 in Konyaalti, and 197 in Muratpaşa districts. The marital status of the participants is as follows: 282

individuals were married, 58 had experienced the loss of a spouse, 11 were single, 46 were divorced, and 3 were living separately from their spouse. The educational background of the participants was as follows: 24 individuals were illiterate, 127 had completed primary school, 33 had completed middle school, 88 had completed high school, 112 had a bachelor's degree, and 16 held a postgraduate degree. Regarding employment, the participants' occupations were as follows: 250 individuals were retired, 89 were

homemakers, 34 were small business owners, and 27 indicated having other professions. The perceived income status of the participants was as follows: 44 individuals reported that their income was greater than their expenses, 221 individuals reported that their income equaled their expenses, and 135 individuals reported that their income was less than their expenses. The numerical and percentage equivalents of the participants' responses to questions regarding the COVID-19 Period are shown in Table-1

Table 1: Participants' Responses Regarding the COVID-19 Period (N=400)

| | |
|--|-------------|
| The number of participants participating in the research during the period of normalization and increased restrictions | |
| Normalization Period (between 10.06.2020 and 18.11.2020) | 164 (41.0%) |
| Period of Increased Restrictions (between 18.11.2020 and 02.03.2021) | 236 (59.0%) |
| Have the measures affected participants' life socially? | |
| Yes | 257 (64.3%) |
| No | 143 (35.8%) |
| Have the measures affected participants' life psychologically? | |
| Yes | 193 (48.3%) |
| No | 207 (51.8%) |
| Have the measures affected participants' life economically? | |
| Yes | 97 (24.3%) |
| No | 303 (75.8%) |
| Have the measures affected participants' life physiologically? | |
| Yes | 62 (15.5%) |
| No | 338 (84.5%) |
| Have participants been diagnosed with COVID-19? | |
| Yes | 23 (5.8%) |
| No | 376 (94.0%) |
| Did not answer | 1 (0.3%) |
| Have any of the participants' acquaintances been diagnosed with COVID-19? | |
| Yes | 212 (53.0%) |
| No | 184 (46.0%) |
| Did not answer | 4 (1.0%) |

According to Table-1, the participants 64.3% stated that they were affected socially, 48.3% psychologically, 24.3% economically, and 15.5% physiologically. In addition, when the COVID-19 diagnosis status of the participants was examined, it was understood that 94% of the participants had not been diagnosed with COVID-19 before, but 53% had acquaintances diagnosed with COVID-19, according to the information they provided during the research. The Psychological Distress Scale Normality Test is shown in Table-2. Since the p-value of the Kolmogorov-Smirnov test is less than 0.05 significance level ($0.000 < 0.05$), it is understood that the Psychological Distress Scale is unsuitable for normal distribution. For this reason, the non-parametric Mann-Whitney U test was used to compare whether there was a change in the level of psychological distress compared to the period of restrictions and the period of normalization.

Considering the Mann-Whitney U test results, the p-value (0.338) was greater than the significance level of 0.05. This shows that there was no significant difference in the psychological distress level of the participants in terms of the period of restrictions and the normalization period.

The relationship between the measures taken and the level of psychological distress is shown in Table-3. There is a statistically significant relationship at the 5% significance level between the measures taken

to affect the lives of individuals in the social sphere and the level of psychological distress ($X^2 = 9.24$; $p = .0262$). The impact of measures on social life varies across levels of psychological distress. Among those experiencing severe psychological distress, 78% reported that their social life was negatively affected, which is a higher percentage than in other groups. The more severe the psychological distress, the more pronounced the social impact.

There is a statistically significant relationship at the 5% significance level between the psychological effects of the measures taken on the participants' lives and their levels of psychological distress ($X^2=9.58$; $p=0.0225$). The psychological impact of the measures also varies depending on psychological distress levels. Among those with possible moderate and severe mental illness, 65.6% and 55.9%, respectively, reported that the measures affected their psychological life. This suggests a clear relationship between psychological distress and the psychological effects of the measures.

There is a statistically significant relationship at the 5% significance level between the economic impact of the measures taken on the lives of individuals and the level of psychological distress ($X^2=12.04$; $p=0.0073$). Economic impacts also significantly differ across groups. Among those with severe psychological distress, 40.7% reported economic difficulties due to the measures. This is a higher percentage compared

Table 2. Psychological Distress Scale Normality Test

| Period | Test | Statistics | N | p |
|--|---------------------------------|------------|-----|--------|
| Normalization Period (10.06.2020–18.11.2020) | Kolmogorov-Smirnov ^a | .149 | 164 | < .001 |
| | Shapiro-Wilk | .876 | 164 | < .001 |
| Period of Increased Restrictions (18.11.2020–02.03.2021) | Kolmogorov-Smirnov ^a | .159 | 236 | < .001 |
| | Shapiro-Wilk | .897 | 236 | < .001 |

a. Lilliefors Significance Correction

to other groups, indicating that as psychological distress increases, so do the economic challenges faced by individuals. There is a statistically significant correlation at the 5% significance level between the physiological effects of the measures taken on the participants' lives and their levels of psychological

distress ($\chi^2=10.45$; $p=0.0151$). Similar patterns are observed for physiological impacts. Among those with severe psychological distress, 25.4% reported that the measures negatively affected their physiological health. Again, as the level of psychological distress increases, the likelihood

Table 3. The Relationship Between the Taken Measures and the Level of Psychological Distress

| | Level of Psychological Distress | | | | Test Value | p |
|--|---------------------------------|-------------------------------------|---|---------------------------------------|------------|-------|
| | Probably good (N=249) | Possible mild mental illness (N=60) | Possible moderate mental illness (N=32) | Possible severe mental illness (N=59) | | |
| Have the measures affected participants' life socially? | | | | | 9.24 | .0262 |
| Yes | 147 (59.0%) | 43 (71.7%) | 21 (65.6%) | 46 (78.0%) | | |
| No | 102 (41.0%) | 17 (28.3%) | 11 (34.4%) | 13 (22.0%) | | |
| Have the measures affected participants' life psychologically? | | | | | 9.58 | .0225 |
| Yes | 106 (42.6%) | 33 (55.0%) | 21 (65.6%) | 33 (55.9%) | | |
| No | 143 (57.4%) | 27 (45.0%) | 11 (34.4%) | 26 (44.1%) | | |
| Have the measures affected participants' life economically? | | | | | 12.04 | .0073 |
| Yes | 51 (20.5%) | 12 (20.0%) | 10 (31.3%) | 24 (40.7%) | | |
| No | 198 (79.5%) | 48 (80.0%) | 22 (68.8%) | 35 (59.3%) | | |
| Have the measures affected participants' life physiologically? | | | | | 10.45 | .0151 |
| Yes | 28 (11.2%) | 11 (18.3%) | 8 (25.0%) | 15 (25.4%) | | |
| No | 221 (88.8%) | 49 (81.7%) | 24 (75.0%) | 44 (74.6%) | | |

of reporting negative physiological effects also increases.

DISCUSSION

When the psychological distress level of the participants was compared in terms of the normalization peri-od (between 10.06.2020 and 18.11.2020) and the period when restrictions increased (between 18.11.2020 and 02.03.2021), no significant difference was found.

With the measures taken after the appearance of COVID-19 in Türkiye, people over 65 were restricted on 21.03.2020. Considering the measures taken After the first case of the COVID-19 pandemic was seen in our country, it was seen that the first measures taken were extremely strict. Individuals over 65 could not go out at all for about a month and a half, and for the following month, they only had a few hours of leave once a week. In the restriction period following the normalization period, there are curfews every week-day, albeit at certain hours. By comparing these two restraint periods, it is thought that the participants remained more psychologically stable in the second restraint period. When evaluated from this point of view, Although the normalization period causes psychological relief for individuals over 65, it is thought that there is no significant difference when compared to the dates when the restrictions were reinstated.

The psychological distress levels of older adults who have been away from their social networks and whose social support has decreased due to pandemic measures have also been affected by these situations. As psychological distress increases, the negative impact on social life becomes more pronounced. Among those with severe psychological distress, 78% reported that their social life was negatively affected, whereas this percentage drops to 59% among those in the "probably good" group. These findings suggest that COVID-19 measures, such as social isolation and quarantine, have led to disruptions in social relationships, and individuals experiencing higher psychological distress are more affected by these changes. This indicates that social connections are crucial for psychological well-being, and the loss of these connections can exacerbate distress. Social isolation and quarantine processes place older adults in the high-risk category for physical and mental health problems, as well as for COVID-19 (Girdhar et al., 2020). In the literature, there are findings that social isolation and lack of social support networks are associated with anxiety, depression, and cognitive decline in studies conducted with older adults (Barbosa Neves et al., 2019; Chu et al., 2020; Hernández-Ascanio et al., 2020). In the study by Kotwal et al. (2021) with older adults, it has been determined that the depression and anxiety of socially isolated individuals worsen in relation to

COVID-19 (Kotwal et al., 2021). Bøen et al. (2012) found that there is a strong relationship between lack of social support and psychological distress. According to Couture et al.'s study, older adults who rely on others for daily activities, lack strong social support, and use avoidance strategies to deal with declining levels of functioning may experience greater psychological distress (Couture et al., 2005). In the study of Menec et al. (2020), it was determined that socially isolated and lonely individuals have more psychological distress than isolated and non-lonely individuals. Best et al. (2021), even short-term social distancing, determined that it caused an increase in panic, emotional discomfort, and depression, and they found that it was associated with psychological distress. It is thought that there are similar changes in the psychological states of socially isolated older individuals.

A significant number of participants reported that COVID-19 measures negatively impacted their psychological life, and this effect is more pronounced in those with higher psychological distress. Among those with possible moderate and severe mental illness, 65.6% and 55.9%, respectively, reported that the measures affected their psychological well-being (Table 3). These results suggest that COVID-19 measures acted as a significant stressor, with the most pronounced effects on those already experiencing psychological distress. The increased

psychological stress caused by the pandemic, including isolation and uncertainty, likely worsened the mental health of individuals in more vulnerable groups. The isolation of older adults from social environments, their targeting, and discrimination by society during the COVID-19 period had negative effects on their psychology. While coping with all these negativities due to social isolation, they were left alone with feelings of loneliness and abandonment due to insufficient social support resources. Considering all these factors, it is inevitable that the COVID-19 process will negatively affect psychological distress levels for older adults. Losada-Baltar et al. (2021), in their study on the level of psychological distress during the quarantine period, They found a relationship between greater exposure to news about COVID-19, contact with relatives other than their cohabitants, having less positive emotions, a lower sense of self-efficacy, lower sleep quality, and a greater sense of loneliness and psychological distress. In another study, a group with emotional distress reported more loneliness, less endurance, less physical exercise, and worse physical health (Sams et al., 2021). In the study of Bilge and Bilge (2020) on the psychological states of individuals before and after the call to "stay at home" due to the COVID-19 epidemic, An increase was observed in the symptoms of anxiety, depression and phobic anxiety of the participants in the period after the

"stay at home" call. Durak and Senol Durak (2020) stated that the COVID-19 pandemic affected older adults, disrupted their daily routines, and caused emotional reactions similar to those typically associated with grief.

The economic impact also significantly differed across the groups, with individuals in higher distress levels experiencing greater economic challenges due to COVID-19 measures. Among those with severe psychological distress, 40.7% reported economic difficulties, compared to 20.5% in the "probably good" group (Table 3). This highlights that COVID-19 not only affected people psychologically but also created financial hardships, particularly for those already in distress. Job losses, income reductions, and economic uncertainties likely compounded the difficulties faced by these individuals. People in economically vulnerable situations and with higher psychological distress were particularly affected. In the study conducted by Ugurlu and Akin (2008) on the symptoms of psychological distress, Participants with low socio-economic status had more symptoms of psychological distress than participants with higher socio-economic status. It is thought that the socio-economic status of individuals who are economically affected by the measures also changes, and therefore, their psychological distress increases. In the study of Ulbrich et al. (1989) on race, socio-economic status, and psychological

distress, they found that individuals with lower socio-economic status, regardless of race, showed more signs of psychological distress compared to others. This finding of Ulbrich et al. revealed that individuals who have been discriminated against are more likely to suffer from psychological distress due to their low economic status. In addition to the increasing perception of ageism during the COVID-19 period, it supports the determination of the level of psychological distress at the level of "possible severe mental illness" in individuals whose lives were also affected in the economic field due to the measures.

The physiological effects indicate that COVID-19 measures also had negative consequences on participants' physical health, with individuals with higher psychological distress being more severely affected. Among those with severe psychological distress, 25.4% reported that the measures negatively affected their physical health, a higher percentage than in other groups (Table 3). Psychological distress appears to have a direct impact on physical health, as stress and anxiety can weaken the immune system and affect overall physical well-being. The combination of COVID-19 measures and psychological stress likely led to negative health outcomes, further compounding the burden on already vulnerable individuals. There has been a decrease in the physical activity levels of older individuals who are restricted from going

out due to the measures and who can perform their daily activities at certain times of the day or not at all. Considering the studies in the literature examining the relationship between physical activity and psychological distress levels, George et al. (2012) determined that the symptoms of psychological distress increased with the decrease in physical activity, and the symptoms of psychological distress decreased when physical activity increased. Awick et al. (2017) found that increases in physical activity reduce psychological distress, and a decrease in psychological distress improves quality of life. Cairney et al. found a significant relationship between physical activity and psychological distress (Cairney et al., 2009).

There is no significant relationship between the participants who have a source or resources of psychosocial support during the COVID-19 period and the participants who do not in terms of the level of psychological distress. The fact that individuals say "we are self-sufficient" during the interviews suggests that they have low awareness about the source or sources of psychosocial support or that they are likely to deny their psychosocial support resources.

No significant relationship was found between the status of the participants and their acquaintances being diagnosed with COVID-19 and their psychological distress levels. The reason for this

situation is that the participants may not care about COVID-19, underestimate the effects of the disease, or act as if they are not affected by isolating themselves from these feelings. However, they are affected by negative emotions such as anxiety and fear caused by COVID-19 by using the emotional isolation coping mechanism.

CONCLUSION

It is necessary to prevent the exposure of older adults, who are among the groups most affected by the pandemic, to the negative effects of the process, for which special precautions are taken due to their being in the risk group. Psychological interventions that recognize both individual and cultural similarities and differences, along with social dynamics, are crucial for addressing the impact of the COVID-19 pandemic, promoting new viewpoints, and helping individuals acquire new life skills (Durak, 2021).

Psychosocial support should be given to families living with older adults, and guidance should be given about old age and biopsychosocial changes in old age. Older adults should be informed about healthy life-styles, and they should be ensured that they can take measures to protect themselves from the epidemic. For older adults, whose daily activities are interrupted, and their physical activities are restricted, an environment where they can exercise at home should be created. Having older adults do

this type of physical activity will allow them to stay physically active and adopt a healthier lifestyle.

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