

An exploration into the coping strategies used by elderly during COVID-19

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ABSTRACT

The global pandemic of COVID 19 has brought forth several physical and psychological implications in the lives of numerous individuals. With the restrictions placed to curb the spread of the disease, a new pattern of living and coping has emerged. This paper has been an exploration into the ways in which the individuals are perceiving the situation and the measures of coping they have been utilising in order to maintain their psychological wellbeing during these times. Semi structured interview of eight elderly individuals has been taken and the method of phenomenological hermeneutic approach has been used to analyse the data in order to capture the coping strategies being used by the elderly individuals. It has been observed that the elderly individuals chiefly made use of the strategy of acceptance and problem focused coping to effectively deal with the transformed circumstances.

Keywords: *Coping Strategies, COVID-19, Distress, Geriatric Mental Health*

In late December, 2019, several patients with viral pneumonia were found to be epidemiologically associated with the Huanan seafood market in Wuhan, in the Hubei province of China, where a number of non-aquatic animals such as birds and rabbits were also on sale before the outbreak. A novel, human-infecting coronavirus (Zhu, Zhang, Wang, Li, Yang, Song, Tan, 2020) provisionally named 2019 novel coronavirus (2019-nCoV), was recognised using next-generation sequencing. The 2019-nCoV has currently spread to Thailand, Japan, South Korea, Malaysia, Singapore, the USA, and India. There have been instances of infection in health care workers and family clusters and human-to-human transmission has been confirmed, according to recent reports (Chan, Yuan, Kok, To, Chu, Yang, Yuen, 2020). Most of the infected patients had a high fever and some had dyspnoea, with chest radiographs revealing invasive lesions in both lungs (Chan, Yuan, Kok, To, Chu, Yang, Yuen, 2020; Huang, Wang, Li, Ren, Zhao, Hu, Cao, 2020), based on the virus genome sequencing results and evolutionary analysis, it was suspected that bats were the natural host of the virus origin and SARS-CoV-2 might be transmitted from bats to humans from unknown intermediate hosts (Zhou, Yang & Wang et al, 2020). Within the last

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two decades, this has been the third instance of the emergence of novel coronavirus, with the first instance being severe acute respiratory syndrome in 2003 and the Middle East respiratory syndrome coronavirus (MERS-CoV) in 2012. COVID 19 has been found to be vast in the scale of transmission, significant number of deaths, infection and mortality of healthcare providers, and high risk of death in vulnerable groups (Chatterjee, Nagi, Agarwal, Das, Banerjee, Sarkar, Gangakhedkar et al., 2020).

Some of the symptoms of COVID 19 have been found to be fever, shortness of breath, cough, with some individuals showing symptoms of fatigue, diarrhea or even loss of smell and taste. The most frequently observed symptoms at beginning of the illness are fever (99%), fatigue (70%), dry cough (60%), myalgia (44%) and dyspnoea (Wang, Hu, Hu, Zhu, Liu & Zhang, 2020; Chen, Zhou, Dong, Qu, Gong & Han, 2020; World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected. Geneva: WHO; 2020). The more infrequent symptoms are headache, dizziness, diarrhoea, queasiness and vomiting (Huang, Wang, Li, Ren, Zhao & Hu, 2020). Symptoms such as pharyngeal pain, dyspnoea, dizziness, abdominal pain and anorexia are more likely to be present in patients with severe illnesses (World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected. Geneva: WHO; 2020). In addition, patients who are elderly, have already existing co-morbidities including hypertension, diabetes, cardiovascular disease and cerebrovascular disease are more likely to have adverse outcomes. Till date, the best way to diminish the blow of the virus is by slowing its spread. Therefore, the authorities are encouraging the citizens to stay at home as often as possible, go out as infrequently as possible, only for necessary activities and practice social distancing (also called as “physical distancing) which could be defined as maintaining a space of at least 6 feet between oneself and others outside of home, washing hands for twenty seconds with soap and water, not gathering in groups and not frequenting places teeming with people and avoiding mass gatherings. According to Centre for Disease Control and Prevention, Department of Health and Human Services, USA, social distancing has been established as one of the most effective ways to avoid being exposed to the virus and slowing its spread. It has also been found to be highly important for people who are at risk of getting very sick. SARS-CoV-2 spreads via respiratory droplets and physical interaction and contact. It is crucial that we utilise protective measures to limit the spread of the virus. Standard preventive measures include maintaining hand hygiene, utilisation of personal protective equipment (PPE) and maintaining cough etiquettes. One should keep their hands clean using alcohol-based hand rubs (ABHRs) containing 60-80 per cent ethanol and should wash their hands using the correct steps using soap and water. Cloth towels should be eschewed for drying of hands and disposable tissue papers should be favoured (Chatterjee, Nagi, Agarwal, Das, Banerjee, Sarkar, Gangakhedkar et al., 2020).

As of May 19th, 2020, there has been recorded worldwide 4,894,278 cases of Coronavirus with 320,189 death registered. In India, 101,261 registered cases with 3164 total deaths and 58,864 active cases (Coronavirus Report, 2020). Although most of the cases of COVID 19 are of individuals between the ages of 21-40 years, elderly patients and individuals with underlying illnesses, such as diabetes, heart or lung disease are found to be at greater risk to this disease, with them recording greater instances of intensive care units (ICUs) admission, a more severe presentation, greater mortality (Rukmini, 2020). In China, the outbreak of COVID-19 has raised great challenges for mental health services for older adults in the community. Not enough attention has been given to the population of elderly individuals in the newly set up establishments offering services and help to manage the crisis

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psychologically in China. In numerous places, public transport has been suspended in order to reduce the risk of transmission of the disease, also, the reach of online mental health services has been expanded and widely accepted (Liu, Yang, Zhang, et al., 2020). However, the elderly individuals have often found themselves incapable of using internet services or have narrow access to internet and smart phones, and thus only a small number of elderly individuals can take the advantage of provision of these services (Yang, Li, Zhang, Zhang, Cheung, & Chiang, 2020).

Coronavirus Disease 2019 (COVID-19) is creating widespread uncertainty, fear and anguish in the mind of individuals all across the world. Several countries have taken the decision to go for a complete lockdown, keeping in mind the health risks the citizens would be subjected to, if they continued with their usual day-to-day routine. The lockdown was ordered in India on the 24th of March, 2020, signaling it to be an essential and useful strategy for breaking the COVID-19 cycle of infection. Social distancing has been found to be a valuable way for breaking the spread of the disease and a significant diminishing in the growth rate and rise in the doubling time of cases can be attributed to the lockdown (Lau, Khosrawipour, Kocbach, Mikolajczyk, Schubert, Bania & Khosrawipour, 2020). However, this lockdown indicated a drastic change in everyone's routines. With the young individuals staying at home and working, the working women doing household chores and office work and students studying from home, there has been widespread change in routines of every individual of our nation. Hardly anyone could be found whose life has not been affected in some way due to the COVID-19; the general population, as well as the caregivers of the vulnerable populations are currently facing the psychological repercussions of the pandemic (James, Wardle, Steel, & Adams, 2019; Lee, Chi, Chung & Chou, 2006; Sim, Chan, Chong, Chua, & Soon, 2010; Taha, Matheson, Cronin, & Anisman, 2014). These psychological repercussions can be associated with multitude of reasons including a disruption in life's typical routine, (Taha, Matheson, Cronin, & Anisman, 2014), grief and loss, (Chan, Leung, Chui, et al., 2007) and the stigma undergone during such outbreaks (Schwerdtle, De Clerck & Plummer, 2017; Kamara, Walder, Duncan, J., et al. 2017). These experiences play a role in the wellbeing of the individual and community, and can continue for long after the outbreak (Lau, Chi, Cummins, et al., 2008). Multiple news reports indicate that many of the affected belong to the category of elderly individuals. Elderly are at a greater risk, due to their reduced immunity and multiple comorbidities. In addition to this, in the urban setting, many elderly individuals live on their own, as their children are staying apart from them. This has led to feeling of paranoia and panic amongst the elderly, who wonder and worry as to what would happen if anything untoward happened to them due to the pandemic. Many of the elderly are also worried about their children and grandchildren and are afraid for their wellbeing. The elderly individuals also express concern about their own health and survival through this pandemic, as well as their ability and effectiveness in carrying out their day to day activities and coping with the sense of uncertainty, despair and confusion this pandemic has brought into their neatly ordered lives. In this situation, it becomes imperative to observe and understand the various coping strategies the elderly are using, as the coping strategy adopted can have an important implication on their general psychological health. For this purpose, a study was conducted to assess the degree of stress brought forth into the lives of the elderly as well as the coping strategies which they are utilizing to deal with the stress. This paper provides a much-needed insight into the ways in which the elderly individuals cope with unforeseen calamities and how they maintain their psychological wellbeing even in face of distress and confusion.

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Coping has been described by Folkman and Lazarus (1984) as, “the person’s constantly changing cognitive and behavioural efforts to manage specific external and/ or internal demands that are appraised as exceeding the person’s resources”. Earlier studies have demonstrated that elderly individuals prefer to commonly use the coping strategies of active solitude, social contact, sad passivity, increased activity distancing and denial [Rubenstein & Shaver, 1982; Rokach & Brock, 1998]. Another study showed that emotion focussed coping such as acceptance and passivity are commonly used coping strategies for the elderly individuals (Tijhuis, De Jong-Gierveld, Feskens, Kromhout, 1999).

In a meta-analysis study by Penley, Tomaka, and Wiebe (2002), it was observed that usage of the coping strategy of problem solving was connected with better health-related outcomes whereas frequent usage and preference of the coping strategies of avoidance, distancing, and wishful thinking were associated with worse outcomes. In a study done by Moos, Brennan, Schutte & Moos (2006), it was observed that more severe health events stimulated a greater utilization of positive reappraisal coping, which, fundamentally are efforts to interpret and review a problem in a more positive way, whereas, harsh interpersonal or financial/work related issues were considered to be more hostile and prompted more problem solving coping, which fundamentally are efforts to take steps to confront and solve the problem directly. Additionally, women demonstrated a greater predisposition towards utilizing problem solving coping strategies to effectively cope with health related issues, indicating a preference for taking steps to directly mitigate the problem, whereas, they demonstrated a preference for utilization of the coping strategy of emotional discharge for interpersonal setbacks, indicating an inclination towards releasing strain by venting their negative feelings. It was also observed that married couples tend to have a greater time to prepare for interpersonal events and tend to utilize avoidance coping in order to deal with them, therefore, pointing towards a predisposition for not thinking realistically about the problem. In a survey research conducted on understanding the coping strategies used by individuals undergoing palliative care in China, it was noted that the physical weaknesses and debilitations experienced by the elderly impacted them significantly, and they reported not being able to savour food, participate in and enjoy leisure activities and maintain close relationships. But, despite of these hardships, the elderly participants reported coping with the life-threatening terminal illness by being in the moment, pursuing spiritual comfort and attempting to maintain normal life and living (Ho, Chan, Leung, Chochinov, Neimeyer, Pang, et al., 2013).

In a study done by Rokach (1996) on a sample of 295 men and 338 women between the ages of 13 years to 79 years on understanding the coping strategies they utilised to handle loneliness, it was noticed that reflection (into one's alienated condition), acceptance (of the loneliness that the individual is experiencing), development of oneself and understanding (with the help of counselling, participation in courses or other extracurricular activities) and enhanced activity, i.e., the productivity and the intensity with which one participates in living to the fullest are the most beneficial coping strategies when an individual experiences loneliness.

The aim of our study was to understand whether the degree and intensity of psychological distress being experienced by the elderly individuals and how they are dealing with it. Psychological distress was operationally defined as being in a “state where one was struggling to effectively handle the demands of life circumstances, being pessimistic about future and experiencing anguish and fear in the current situation.” Essentially, we focused upon the ways of coping with the challenges used by the elderly individuals in order to

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survive and thrive during the times of global pandemic and maintaining psychological wellbeing even during these difficult times.

METHODOLOGY

Sample

For this study, in-depth semi-structured interviews were conducted telephonically with nine elderly individuals (five women and three men) aged between 63 years and 84 years living in New Delhi area. The sampling was purposive to attain the data on the lived experiences of the elderly individuals. The inclusion criteria opted allowed us to include individuals who were above the age of 60 years, living either alone or with their sons and daughters at their own homes. Elderly individuals living in old age homes were not considered to be a part of the sample of this study. Participants were sought through personal contacts of the researcher. Data were continually scrutinized in an attempt to understand and construct meaning of being in a pandemic and coping with it. The participants were individuals above the age of 60 years living in their homes in New Delhi-NCT area.

Table 1: Demographic Profile of the Participants

Participant	Age	Gender	No. of Children	Marital Status	Pre-Retirement Work Profile	Living Arrangements of Children
1	74	Female	2	Married	Professor	Children and Grandchildren Living with the participant
2	64	Male	1	Married	Armed Forces	Young unmarried son living with the participant
3	64	Female	2	Married	Housewife	Two daughters, one living out of country with husband and young child and the other living with the participant
4	68	Male	2	Married	Scientist	Two daughters, one living out of country with husband and young child and the other living with the participant
5	65	Female	1	Widow	Housewife	Daughter and granddaughter stay with participant, son-in-law currently living in a different state.
6	84	Female	4	Widow	Housewife	Only one unmarried son living with participant, other children living apart
7	63	Female	0	Married	Teacher	No children
8	72	Male	0	Married	Police	No children

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Instruments

The qualitative design of semi-structured interviews was utilised to understand the strategies which the elderly individuals make use of in order to effectively cope with the changes and transformations which have had to be incorporated into their lifestyles due to the lockdown which was established in order to curb the spread of COVID 19 in New Delhi- NCT area. Semi structured interview technique was utilised as the study attempts to understand and reconstruct the meaning which the elderly individuals maintain regarding the unique phenomena which they are undergoing and the influence of these meanings upon the choice and utilisation of the coping strategies so as to effectively maintain the sense of wellbeing during the times of a global pandemic. The emphasis of constructive paradigm is on understanding and reconstructing the knowledge about the phenomena which the researcher and participant co-create through mutual interaction (Lincoln & Guba, 1994).

The qualitative method of semi-structured interview which was telephonically conducted was selected for use for this study as we attempted to understand the way in which individuals are making meaning out of the life circumstances they are in, which is maintenance of psychological wellbeing during times of lockdown. The interview schedule which was prepared had the following questions:

1. How have you generally been feeling during these days?
2. What daily activities/daily routines have you been carrying out these days?
3. Has your usual routine disturbed due to COVID 19? How?
4. What new routine have you made?
5. How are you handling this new routine?
6. What changes are bothering you the most?
7. What changes are you enjoying?
8. What other changes do you want to bring about in your daily routine?
9. How are you coping with everything? /What are the ways in which you are coping with everything
10. How are you handling not seeing your friends/indulging in your favourite outdoor pastimes? How are you coping with not going out?
11. What advice would you give someone else regarding coping during COVID 19?
12. What advice would you give yourself regarding coping during COVID 19?

Procedure

The aim of the research was to investigate the degree of psychological distress experienced by the elderly individuals due to the global pandemic and the examine the coping strategies used by them to maintain psychological wellbeing. The qualitative method of semi structured interview was considered relevant for this study as it allowed us to investigate the phenomena in greater depth and allowed us to delve into the meanings made by the elderly individuals about the current situation they are facing and living in. Semi-structured interviews permit scope for individuals to answer questions more on their own terms than the standardised interview permits, yet still provides a good structure for comparability over that of the focused interview (May, 1997). Thus, for this study, in-depth semi-structured interviews were conducted telephonically with nine elderly individuals (five women and three men) aged between 63 years and 84 years living in New Delhi area. The participants were informed about the research's aim and scope and were inquired if they would be willing to participate in the study. They were also assured that the information provided by them would be used solely for academic and research purposes and all information provided by them would be kept strictly confidential. Only after the participant gave their consent about participating in the research did we proceed further. Once the participant gave their

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consent, we requested them to provide a suitable time when we would call them through telephone and conduct the semi-structured telephonic interview with them. The telephonic interviews were recorded after taking the consent of the participant for recording the interviews. They were then translated to English with contextual information provided so that the meaning of the text does not deviate from the intended meaning. After the data was transcribed, we used Lindseth and Norberg's (2004) Phenomenological Hermeneutic Approach to analyse the data.

RESULTS

The interviewees described their experiences of managing their daily activities during the times of being under a lockdown in their own language. Their answers were translated into English carefully, with contextual information provided to ensure that no deviation from the intended meaning of the text occurred. The text was then analysed using the Phenomenological Hermeneutic method. The analysis of data yielded the following themes and subthemes:

Table 2: Themes and Subthemes which emerged from Structural analysis of the data.

Themes	Abrupt Change in Lifestyle	Struggling to Maintain Positive Mood	Isolation	Strategies for Coping	New Positive Experiences
Subthemes	Exhaustion and Distress due to Greater amount and intensity of work	Feeling of terror	Phone and video calls and making virtual meeting plans	Acceptance and adaptation	Personal time for hobbies and pleasurable activities
	Greater religiosity	Feeling grateful and happy to be with family	Feeling miserable because of lack of visits	Being careful about sources of information	
	Feeling trapped and helpless	Feeling hopeful and determined		Being physically healthy	
	Creation of new routine				
	Information gathering				

DISCUSSION

The first step in the phenomenological hermeneutic method was naïve reading.

Naïve Reading

The interviewees described their daily lives to be characterised with instability and change due to the lockdown which was enforced in order to control the spread of the COVID 19 pandemic. While they were used to going about their lives in a certain routine-bound way, after the enforcement of the lockdown, that routine went through a change. Most of the elderly individuals interviewed indicated a feeling of terror and fear and were having a lot of difficulty in effectively managing their day-to-day activities. Although, most of the elderly reported that even before lockdown, they would not go out much, and post lockdown, they could not go out at all, despite of the unchanged nature of their physical mobility, they reported as if their lives had gone through a sea-change. the chief complaint of the elderly was related to the increase in the degree of household labour which they had to do and a sudden decline in the avenues of entertainment which they had. They were having a great difficulty doing their laborious household chores by themselves. Most of the interviewees

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indicated that they were afraid of catching the illness and disheartened as their near and dear ones could not visit them. The transformation of the mode of communication was adopted by the elderly with a degree of difficulty, but they could understand its importance during these times. Most of the elderly individuals indicated that they had no idea what would happen in the future and praying to God gave them a degree of stability. However, they responses to this lockdown using the coping strategy of acceptance and problem focused coping and maintaining an optimistic demeanour for the life challenges. Although, the sample reported not encountering anything life this previously in their lives, they still demonstrated a sense of adapting to the change and transforming their daily routines in a way which helps them effectively manage their lives.

Structural Analysis

Once the process of structural analysis was carried out, five themes and fourteen subthemes were identified from the data. The themes were: an abrupt change in lifestyle, struggling to keep a positive mood, isolation, strategies for coping and experiencing new positive experiences (Table 2). The subthemes associated with each of the themes illustrate the various aspects of the themes and are supported by quotations from the interview.

Abrupt change in Lifestyle

The theme abrupt change in lifestyle consisted of five subthemes: *Exhaustion and Distress due to Greater Amount and Intensity of Work*, *Greater Religiosity*, *Feeling Trapped and Helpless*, *Creation of New Routine* and *Information Gathering* (Table 2).

Exhaustion and Distress due to Greater Amount and Intensity of Work.

Due to the restrictions in movement, most of the elderly individuals reported that their household help could not come everyday and help them with the household chores, especially of the nature of washing dishes, sweeping the floors, swabbing the floors and washing clothes. Therefore, all the household chores had to be done by the interviewees themselves. Most of the household work was being done by the women; even though the spouses helped them, still, the women reported feeling exhausted and bogged down with all the wearisome chores. They reiterated that their age and physical limitations were such that heavy and burdensome household chores were very difficult. They also reported not having enough mechanical aids to help them with the household chores, with a few having only washing machines to help them with washing clothes. However, the chores of sweeping and swabbing of floors had to be done physically. Their spouses also helped them with the household chores.

“My bones are breaking due to work. I usually stay at home, that doesn’t matter to me, but workload has increased...all household chores, washing dishes, sweeping the floors, cooking. Before COVID 19, the intensity was less, now it is more (woman, 64). ...At times, I help my wife” (Man, 68)

The elderly individuals also reported that they feel overwhelmed and out of sorts due to the change in routine, which leads to them doing things in a hurried manner and resultantly, feeling tired. They also reported that the drastic change in their routines is not good for their health and lifestyles as elderly individuals should lead a systematised lifestyle.

“Everything is topsy-turvy. Previously, everything was time bound and systematised. Now, nothing so. We wake up late, go to bed late, eating and all, everything is late. Since we all

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have to do everything on our own, everything is taking time. We are elderly, all this does not suit us. We should lead an orderly life” (Woman, 65)

“...there are some changes, but some things are same also. But yes, significant changes in some areas” (Woman, 65).

Greater Religiosity. The elderly individuals also reported indulging more often in spending time doing religious activities while being engaged in their daily routine work. They reported that while doing their household chores, they also remembered God or indulged in religious chanting. For them, incorporating religious chanting in their daily routine helped ease the rigorous and tedious nature of the work.

“...now I wake up, have my breakfast, clean my flat, wash dishes, cook, I did all this before and I still do all of these and I constantly call God” (Woman, 84).

“I have left it on God” (Man, 72)

Elderly individuals who reported participating in group religious activities before the lockdown period have now shifted their activities to online mode. One of the elderly individuals reported conducting Bhagwad Gita classes over telephone, wherein, all the students would use call conferencing feature to participate in the Bhagwad Gita sessions. The elderly individuals reported spending time during the day in studying and preparing reading materials for the conduction of Bhagwad Gita classes and spending more time in them when the classes are being conducted virtually.

“the thing is, that even before coronavirus, I would wash my own clothes make my own bed, wash my own car. I still do this, although I don’t wash the car these days, I am sweeping the floor. After I am done with the puja, I am taking Bhagwad Gita class on telephone and I do this twice a day, morning for 1.5hrs and evening 1hr at least. So for 2.5hrs I am engaged in my Gita class on telephone. So, I am having to study and recapitulate everything (Man, 72) I constantly call God while working” (Woman, 84)

Feeling Trapped and Helpless. The elderly individuals reported that ever since the lockdown put restrictions on movement and travel, they have begun to feel trapped. They reported that even though they would not go out of their homes much, they still enjoyed the option of going out and doing outdoor activities.

“...earlier I would not go out much, and now I am not supposed to go out, so that doesn’t make much of a difference to me, at times I do miss going out, but not much” (woman, 65).

The interviewees reported that restrictions on going out has led them to feel stuck and tense as there are many activities which they enjoyed carrying out which required them to go out.

“I can’t go to the market. That bothers me... I am trapped in my house. Even for going outside, I have to think 5 times that what is the most appropriate time to go out” (Man, 65)

One of the chief problems they reported was of them not being able to go to parks and recreation centres for regular exercise. Since places of worship also closed, they faced difficulty practicing their faith and meeting with friends over there. The elderly individuals

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started praying from the confines of their own homes. Many elderly men reported feeling trapped and stuck at home.

“...Sitting at home. At times I help my wife. Nothing else. Can’t watch TV or any other activities. At times I watch a little news. Just at home, trapped” (Man, 68.)

Making time for religious activities and greater involvement in indoor recreational activities was found to be a change which was brought in the lives of elderly individuals.

“There is a personal change, actually, I have always been involved in social and religious work. So, I am not able to go to the temple these days. That’s a major change. Also, earlier in the evenings, I would be really very engaged in all these religious activities before coronavirus, but these days I am watching TV. There is nothing else to do. I am watching TV which I wouldn’t watch as much earlier. Studying Gita, I used to study earlier, but now the time spent on studying has increased” (Man, 72).

The elderly individuals reported that they are not able to do those duties effectively which required them to go out. One of them reported that they are not able to visit their widowed mother who lives alone, which is causing great misery and tension to them. Earlier, they would be able to visit them multiple times in a month, but post lockdown, he hasn’t been able to visit even once.

“Main change is that I can’t visit my old widowed mother. One can’t go out at all, transportation is closed. This bothers me a lot, that I can’t go home” (Man, 64)

Creation of a New Routine. Keeping in mind the changes which took place, the elderly individuals modified their existing routines and included some new activities in response to the transformation. Since they are spending most of their times at home, the elderly reported that they started noticing aspects about their homes and neighbouring surroundings which they did not notice earlier.

“Earlier, my routine consisted of waking up early and going to the park for yoga class. Now, I wake up early and do yoga at home and watch spiritual talk on tv. So, my current routine involves doing yoga and listening to spiritual talks, drinking tea, sitting in balcony. I love listening to sounds of birds and nature. I am coming closer to nature. No shor sharaaba (loud noises). I enjoy my day with very positive note. ...I am writing poems and stories. I listen to music, watch movies with family, it feels nice to get together. Family is central.” (Woman, 74).

“There has been a little change, earlier we had to do both outside and household work, now I’m doing only household work, maids aren’t available also. So that time is going on doing all household work also. Then the things we wouldn’t notice earlier, I’m noticing those now, like, I had no idea that the sun shines so beautifully in the late afternoon in my house, that I am noticing these days. I’m listening to birdsongs these days, never paid any attention to such things previously. So, I am enjoying, but a little afraid. It’s a mixed feeling” (Woman, 63)

Carrying out usual routines in a new form has also become a characteristic of the elderly individual’s lifestyles. A feeling of gratefulness was also observed in the narratives of the

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elderly wherein they described that being at home allowed them to introspect on life and bring back a sense of peace into their lives.

“...frankly, this transformation has brought good omens in our life. We were running very fast, now we have gotten time to pause. We had become tense, we got comfort, but we lost peace. The great philosophers said that one should pause, one should maintain a balanced life, one should practice spirituality. The purpose of life is inner peace and joy” (Woman, 74).

Revaluating one's daily routine and adjusting it in order to ensure that it does not lead to the experience of physical pain was also described by the elderly individuals. Now that assistance from household help was not possible, the elderly individuals tried to look into their routines and adjust them so that they can carry them out by themselves and do not experience discomfort while carrying them out. This included delegating some household tasks or reducing the frequency of some household tasks. The repetitive nature of household duties because a cause of tiredness and exhaustion for them, therefore, this revaluation was done.

“I don't wash clothes as often. When I had a maid, I could wash up to four clothes, now only one or two. ...I put soap in the clothes and next day I wash them huffing and puffing. but I don't wash as often. Can't wash them all at once. Just cooking cleaning and doing dishes take up all my time. And if I sit down to relax and watch Ramayan, then that time is gone over there. and I don't feel like leaving Ramayan also. I like spending a little time resting too, to take my mind off” (Woman, 84).

They also reported creating time for exercise also

“Now I shower after doing all physical household chores. In the evening, I walk around in the home only” (Woman, 63).

Information Gathering. The interviewees also reported spending time gathering information about precautionary measures to be taken during COVID 19. Especially, regarding the food to be eaten to enhance immunity. Also, the interviewees stated exercising caution about the source of information and being careful not to gather information from unverified and unauthorised sources.

“Nowadays, I regularly study COVID 19 and if I see anything new in the news, I write it. After writing, I revise it. I read up articles about strengthening the immune system, I try to read articles on food items one should eat in order to strengthen the immune system” (Man, 64)

Struggling to Maintain Positive Mood

The theme struggling to maintain positive mood comprised of three subthemes: *Feeling of terror*, *Feeling grateful and happy to be with family*, *Feeling hopeful and determined* (Table 2).

Feeling of Terror. The interviewees reported that the pandemic brought a feeling of abject terror and alarm. The feelings of fear have mostly centred around their health and fear of contracting the disease. Many interviewees also reported that even though they have their loved ones near them and living with them, they are still afraid for those who are living apart

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from them. The situation of lockdown prevented them to meet one another and indulge in group activities, which is an important component for maintaining social support. Not seeing their close ones physically became a grave problem for the elderly, as not seeing their friends or seeing them while maintaining social distancing led them feeling hurt. Even though they knew that social distancing is mandatory and has been established to maintain the health and safety of the society, still, not being near to them while communicating came to be a cause of severe unhappiness. One of the interviewees compared the pandemic scenario with a war and specified that everyone should approach the situation with the required degree of seriousness.

“...this virus is truly has induced a feeling of terror within the hearts of people. as it is, we are fragmented as a society, due to this virus, we will become even more apart from one another. I see people in my colony no longer want to come closer to talk, and we don't even know if we are carrying the virus or not. therefore, we try to stay as safe as possible” (Man, 64).

“...these days, I am always afraid. Although I am happy that everyone is home, but on the other hand, I am tensed about my sons and daughters and son in law who is not staying with us. So, I am in terror” (Woman, 65)

“I am afraid, definitely. Although I don't get out of the house at all, but still I am afraid.” (Woman, 84)

“I am thinking as if this is a third world war. One should take it very seriously and I am taking it very seriously. Obeying every government instruction, telling everyone to follow the government instructions, even when I am talking to my friends on the phone, I am telling them to take it very seriously. Although I am seeing on TV that people are going to the markets, there is a lot of crowd, I am not liking this” (Man, 72)

In addition to this, much thought was given to the implications of this lockdown situation by the interviewees.

“A Pandemic is a matter of grave concern. There is a general atmosphere of fear and alarm, an environment of terror. Doctors are in danger, we are tense... We need to calm down and think that what is the reason for this... it is a big lesson for the entire world” (Woman, 74).

Feeling grateful and happy to be with family. The interviewees also stated that it is important to look at the brighter side of the situation and maintain an optimistic frame of mind. A feeling of gratefulness for having family close by and able to spend time as well as a feeling of acceptance and attempt to adapt to the change permeated throughout their narrative.

“change is permanent, graceful /acceptance, very positive, taking is positively, got time for children, children also got time for us, family time, feeling of home” (Woman, 74).

Feeling hopeful and determined. Despite of the raging pandemic, the interviewees expressed a sense of optimism and determination, indicated by their firm belief of overcoming this adversity and coming out of it unscathed.

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“I have to accept, for as long as this isn’t controlled worldwide. The spread of the virus gets reduced a little, but then it again increases. I don’t understand anything, we are not God, that we know what will happen. But I am sure, that even if it increases, we will win. We will win coronavirus, of course. We will win. There is a strong determination in my heart” (Man, 72)

Isolation

The theme struggling to maintain positive mood comprised of two subthemes: *Phone and video calls and making virtual meeting plans*, *Feeling miserable because of lack of visits* (Table 2).

Phone and video calls and making virtual meeting plans. The interviewees reported enthusiastically learning new technological means to keep in touch with their loved ones. The elderly individuals eagerly learnt to operate various new ways to keep in touch with their near and dear ones, and actively conducted video-call and audio call sessions. Also, they began conducting their organisational meetings on these online portals as well as recreational activities. The elderly reported on not feeling any difficulty operating these new technologies and enjoyed the activity of learning them. Also, they conveyed that even though they missed having friends visit them, they valued their safety over everything and inquired about their health over telephonic conversations.

“... I was involved with a lot of organisations, like Writer’s Association. We would meet often and discuss. But we have found solutions, like meeting on Zoom. Playing antakshari (a musical game), have discussions” (Woman, 74)

“Just calling on Phone after a few days, everyone is doing this only. When they say that they are fine, that is enough. That they should stay good. At times, they text message me. That is enough for me” (Man, 72)

Feeling miserable because of lack of visits. The elderly individuals reported feeling glum and unhappy because their loved ones cannot visit. For the elderly, visits from children and relatives are an important source of happiness and wellbeing. Due to the restrictions placed, this isn’t allowed due to which they reported feeling despondent.

“my heart feels heavy, it has been so many days no one can come and go. Earlier someone would come, now no one. In our home we have only two people” (Woman, 84).

“Just talking on phone. The worst part is that I am not able to see anybody. We have so many friends nearby, they would often come over to our place, now, no one can come over, therefore I am feeling sad. But I want everyone to stay at home, stay well, stay health” (Woman, 65)

For many, visiting religious institutions were important for meeting friends, exchanging news and experiencing companionship and solidarity. Some of the elderly interviewees are having difficulty adapting to the change and difficulty adjusting to communicate using the newer modes of communication

“I used to go to the temple earlier and had friends over there. That I cannot do now, because we have received written communication from the temple that no one is allowed to come to the temple now. We all are afraid to move around. All sitting at home” (Man, 64)

Strategies of Coping

The theme struggling to maintain positive mood comprised of four subthemes: *Acceptance and Adaptation*, *Being Careful about Sources of Information*, *Being Physically Healthy* (Table 2).

Acceptance and adaptation. The interviewees reported being calm about the situation and not panicking. Assessing the situation, understanding and recognising the most fruitful measures to be taken and using the problem focused coping techniques of active coping, planning and information seeking.

“One has to cope, even when I don’t feel like it, one has to cope. Whatever situation arises, one has to mold himself according to it. If I believe that the ways things were before, they should be like that now also, that isn’t correct. One has to transform oneself according to the situation” (Woman, 64).

“I am not very panicked. When we discuss about this particular subject, or when I watch the news, then I do feel tensed for some time, but after that I feel that nothing can be achieved through tension or getting stressed about it. We have to find ways to make sure that this disease goes away quickly” (Man, 64)

The strategies for active coping could be expressed in their efforts to use the resources available to them to effectively deal with the problematic circumstance and could be seen in the way they manage the household chores by sharing responsibilities, assessing the daily routine and removing those tasks which could be removed, delegating chores to the member most capable of carrying them out and developing and employing new ways of effectively carrying out the tasks.

“...our association has zoom meetings where we sing songs together. Activities haven’t stopped.... I am managing very well. Pehle was depending too much on servants. Now I am doing my work on my own and I am enjoying immensely” (Woman, 72)

“It (household chores) can’t be changed. How can I change my daily chores? Although I am trying to minimise the work. This is the change... I work at times, rest in the middle. That’s how I am managing” (Woman, 84)

Being Careful about Sources of Information. The interviewees exercised caution about following advices and made sure that they followed the guidelines, orders and directives issues by the government. They made attempts to vigilantly check the source of the messages they received and ensured that they did not spread any information which is of an ambiguous and unreliable source.

“I have to stay careful. One should take advise only from trusted sources. I am willing to take advice and make more positive changes in my life, provided the source is a trusted one... one should be very careful of the source from which one is taking advice from. only take advice from verifiable sources” (Man, 64)

“All the govt instructions must be followed, stay at home, stay safe... wear masks, wash hands frequently. We would wash hands usually also, but the frequency has increased. Keeping our homes clean. Keeping ourselves clean. Such things are important. Cleanliness is important” (Woman, 65)

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“Whatever the govt is asking us to do, it is for the general good only” (Woman, 63)

Being Physically Healthy. There was an emphasis on maintaining physical health and partaking in light exercise and consuming easily digestible, hygienically prepared food.

“Make your own food and eat. Eat easily digestible food. Drink water. And take some light exercise. Don’t sit for too long in one place. One has to ensure health of the body. For that we have to do physical exercise and best physical exercise is walking. Youngsters can also do various kinds of exercises. Yoga is also advisable for people of all ages. I give this advice to everyone. to do easy exercises regularly. Everyone knows all this, but doing all these exercises are the main factor. One shouldn’t sit in one place for too long. Walking in home is good” (Man, 64)

The elderly emphasised on living mindfully and responsibly and being aware of the consequences of the actions they take.

“All of us have responsibilities. As senior citizens we have to realise that we have children to take care of. Many times, elderly get adamant. We should refrain from taking any step which brings difficulty to our children” (Woman, 72).

New Positive Experiences

The theme new positive experiences comprised of one subtheme: *Personal time for hobbies and pleasurable activities* (Table 2).

Personal time for hobbies and pleasurable activities. The elderly individuals reported utilising their time engaged in hobbies and other pleasurable activities. They also reported beginning hobbies which they did not pursue for a long time. Living life mindfully, with balance was found to be a goal for the elderly. Television viewing has emerged to be a way of spending time for the elderly individuals.

“I am in Vanprastha Ashram, this time has been a boon for me. I am trying to follow the Middle Path described by Buddha. Trying to spend time with children ... I am getting to spend time with family and enjoying the company of children grandchildren, quality time. I am also getting time to read books and to write more. Also, I have the time to watch my favourite television programmes” (Woman, 72)

“I enjoy watching tv. Earlier I used to watch less, nowadays I watch more. When I am not watching TV, I am writing. Or I take walks around my home or in the terrace” (Man, 64)

“I am getting a little time for myself. I am trying to not get stressed, not feel too sad. I am trying to keep myself engaged in the tasks...I am starting my old hobbies, like reading books and writing stories” (Woman, 63).

The complete interpretation of the text yielded five themes of living under a raging pandemic. The themes were: abrupt change in lifestyle, struggling to maintain positive mood, isolation, strategies for coping and new positive experiences. Abrupt change in lifestyle consisted of the sudden and unforeseen transformation which had to be carried out in response to the lockdown designed to limit the spread of the disease. Living under a lockdown indicated maintaining strict curfews and adhering to the rules and restrictions which were not in function prior to the lockdown. This time of transition was found to be

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challenging for the elderly and they reported finding difficulty coping with the boredom which came with restrictions on movement which was placed and exhaustion which they experienced while carrying out all the household chores by themselves. They also could not visit places of worship, which was also a place for them to meet friends. Thus, this avenue of garnering regular social support was also closed and they were required to find out means to attain the same without going out of their homes. The elderly demonstrated partaking in religious practices like chanting God's name or participating and conducting religious discourses. Religious involvement came to be used as a coping strategy (Trevino & Pargament, 2007). They also made changes in their routine so as to carry it out in the most effective, efficient a manner wherein they tried to manage the problem causing the distress, in this case, it was household chores which had to be done by oneself, indicating a judicious use of coping strategy to effectively deal with the change which arose (Folkman, 2013). The elderly individuals were also having a difficult time maintaining an optimistic approach, as they reported being under a constant feeling of entrapment, because they could not move around as freely as they could earlier and neither could they receive visitors.

The next theme was of a struggle to maintain a positive mood. The elderly individuals reported being under a constant feeling of terror, which was related generally to their fears of contracting the disease or having a loved one contracting the disease. In order to counter this, the elderly sought social support and kept in touch with their friends and relatives and indulging in activities with them. They reported a feeling of gratefulness for having family members close to them and attempting to maintain a sense of hopefulness and determination. This indicated them making use of adaptive emotion focused coping strategies of seeking social support since they indulged in a pattern of internal restructuring (Lazarus, 1991).

One of the chief concerns of the elderly was combating a feeling of isolation. Since movement was restricted, they could not visit friends and loved ones neither could anyone come to visit them. This led to them feeling isolated and lonely. They attempted to tackle and diminish such feelings by meeting friends using online platforms and calling them frequently, thus, maintaining social support networks. Social support refers to the experience of being valued, respected, cared about, and loved by others who are present in one's life (Hengl, 1997) Social support can come in the form of tangible assistance provided by others (Gurung & Belmont, 2006) or in the form of perceived social support that assesses individuals' confidence of the availability of adequate support when needed (Yasin & Dzulkifli, 2010). In addition, they understood and prioritized their own and their loved ones' safety, which was done by realising and carrying out the best practices in that situation. The elderly individuals demonstrated superior appraisal skills, wherein, they effectively evaluated the most adaptative thoughts and actions to be carried out in such situations (40). Their effective usage of social media portals to keep in touch with their loved ones, creating new routines to effectively and efficiently manage household chores, providing assistance to spouse for carrying out tasks and seeking assurance in faith and religious practices are testaments of the effective appraisal of stressful situations which they have experienced, as evidenced from the collective feeling of distress, misery and terror which they have all experienced during the pandemic situation.

Some of the coping strategies which the elderly utilised revolved around recognizing, understanding and accepting the situation and appraising it to be within the coping reserves of an individual, being vigilant about the information which they received and believed to be true and maintaining physical health by doing exercises and practicing yogic postures and techniques. Acceptance means to face the reality even if it does not fit one's expectations or

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desires, and the willingness to deal with this reality nevertheless (Nakamura & Orth, 2005). As Carver et al. (1993) state, such individuals “make every effort to stay engaged with the important goals that give structure to their lives”. They recognised and evaluated the various problems which they have begun to face owing to the lockdown situation and took concrete steps to minimise the distress as well as to enhance optimism and hopefulness. Maintaining hopefulness emerged as a practice which many were partaking in to ensure psychological health during these times, which especially established itself in the search for and creation of new positive experiences for the elderly, wherein, they reported restarting old hobbies or spending time with their hobbies in a newer way, such as, practicing faith over online portals. The elderly reported getting the time to practice hobbies and leisure activities, which are related to the psychological and physical steps important to maintain health and wellbeing. Leisure plays an important role in benefitting overall wellbeing and defending against stress (Iwasaki, Mackay, Mactavish, Ristock, & Bartlett, 2006; Iwasaki & Schneider, 2003). It also encourages positive feelings and promoting a variety of social and physical resources that allow individuals to feel refreshed and better cope with stress (Iwasaki & Mannell, 2000; Coleman & Iso Ahola, 1993).

Through our analysis, we developed the image of the kind of psychological distress the elderly individuals are experiencing during the situation of a lockdown and the steps they are taking to bolster themselves against it. We defined psychological distress as being in a “state where one was struggling to effectively handle the demands of life circumstances, being pessimistic about future and experiencing anguish and fear in the current situation.” We observed that the elderly interviewees were indeed in a state of psychological distress but they made judicious and effective use of coping strategies to ensure psychological wellbeing during these times. They appraised the situation to be demanding but still effectively mobilised their coping resources and dealt with the rapidly transitioning circumstances.

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