



Population & Societies

Older people's feelings of isolation and low morale during the COVID-19 crisis

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In France, the COVID-19 pandemic and lockdowns greatly affected nursing home residents, but what do we know about retirees living at home? Analysing the CONSOL2 survey conducted in April–May 2021 by the national pension fund, Laurent Nowik and Raphaël Dhuot describe pensioner's difficulties and lack of moral or emotional support that some of them have expressed, particularly those living alone.

The COVID-19 pandemic crisis highlighted pre-existing inequalities [1, 2], particularly in the working-age population [3, 4]. With regard to older people, various studies have focused on nursing home residents [5], but few have looked at the situation of pensioners living at home. Some older people's autonomy depends on support from others, which may have decreased since the first lockdown. Public entities and associations did seek to establish contact with pensioners to check that they had access to necessities during this period. But these efforts did not yield precise information about their possible difficulties, and only 15% were contacted [6]. To understand how the crisis affected the living conditions of pensioners living at home in France, the Research Unit on Ageing (URV) of the national pension fund (Caisse nationale d'assurance vieillesse [CNAV]) carried out a series of surveys of pensioners under the general pension scheme, including one at the end of France's third period of lockdown (Box 1).

Half of pensioners feeling worse about life since March 2020

Many pensioners living at home were psychologically affected by the COVID-19 crisis: 53% reported being in better spirits before the crisis (whatever its current level); and 24% reported being in 'rather bad' or 'very bad' spirits at the time of the survey. The likelihood of low mental well-being was socially differentiated. There was a

10-point difference between men (19%) and women (29%) and a 14-point difference between the most widely separated socio-occupational categories. Mental well-being was lowest among pensioners who had been in higher-level occupations (20%) and highest among the previously unemployed (34%). Reported well-being was also associated with the intensity of previous social relations: 32% of pensioners who indicated they were less isolated before the crisis reported that their state of mind was 'rather bad' or 'very bad'—2.5 times higher than those whose relational situation did not change. Josiane, 83, previously a skilled non-manual worker who lives alone, reported being in poor spirits, writing: 'I really had a hard time with the isolation of older people, even though I understood that it was a protective health measure. It's hard to be deprived of time with friends in your everyday life.'

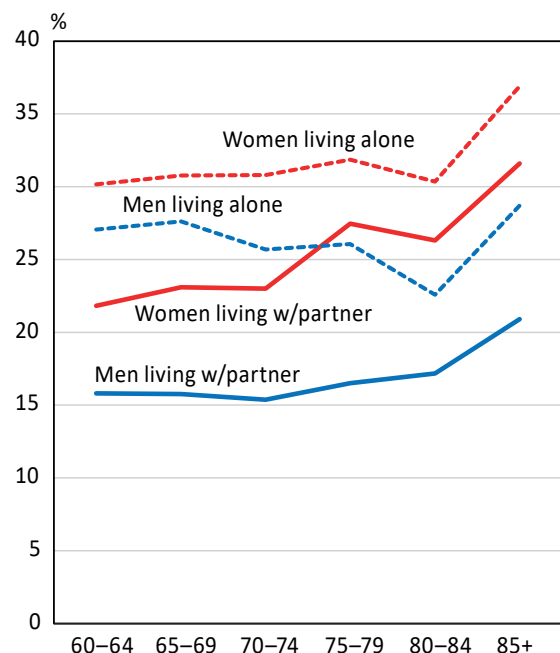
Were people living alone at home more affected than others?

This initial finding raised the question whether pensioners living at home without a spouse or child may have suffered more intensely from the COVID-19 crisis than those who lived with a partner. During lockdowns it was difficult to have visitors at home, as the entire population was subject to movement restrictions and physical distancing measures. People living alone thus had fewer opportunities to interact with others, apart from remote communication. For our analysis, we examined the two most common conjugal situations of pensioners living in private households: living alone (without a spouse, even non-cohabiting) and living

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Figure 1. Proportion of persons reporting 'rather poor' or 'very poor' mental well-being



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Population: Retired persons living at home.

Source: CONSOL2 survey, CNAV-URV, 2021 (see Box 1).

with a partner. Combined, these represent 85% of the total sample of the CONSOL2 survey.⁽¹⁾

The question on mental well-being shows that people living alone were more likely to be in poor spirits than those living with a partner (31% of the former said they were feeling 'rather bad' or 'very bad' about life vs. 20% of the latter). The oldest persons, who also more often live alone, were the most likely to give one of these responses, which may be explained by increasing deterioration in health and isolation at more advanced ages. However, the proportion only slightly increases until age 85 (except among men living with a partner), although it varies with conjugal status and gender (Figure 1). This consistency rules out the hypothesis of a strong effect of individual ageing on subjective well-being. But after age 75, living with a partner seems to offer women less psychological protection. Past this age, they were more likely to report poor mental well-being than single men. This may be linked to norms of solidarity within older couples, with women more often acting as informal carers for their spouses, who are older on average, while also being more likely to have lost some autonomy [7]. They also feel less supported by their spouses than men feel about their spouses [8]. In the context of the COVID-19 crisis, having to deal alone with a husband's loss of autonomy may have negatively

impacted women who act as carers. This was expressed, for example, by Marthe, 77, previously in a higher-level occupation: 'My husband is disabled—lockdown is tragic for him. His spirits were kept up by visits from our friends, which became impossible. I help him but my own health has deteriorated, and I can no longer take him out in a wheelchair. I'm no longer strong enough.'

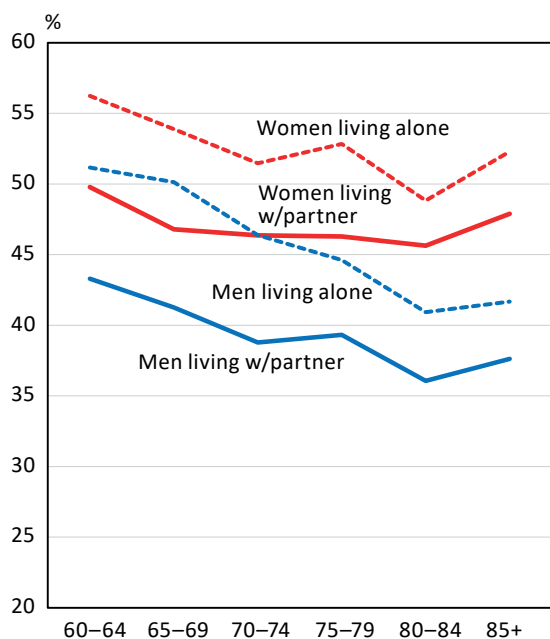
The experience of lockdown and lack of close relationships

Four out of five people (81%) with poor mental well-being reported having difficulty coping with lockdowns (compared to 45% of the population as a whole). Moreover, whatever their partnership status, women were more likely than men to report being in poor spirits (1 in 2 women live alone), which is consistent with their central position in the domestic economy and their greater expressiveness. Claire, 68, formerly in an intermediate occupation and living with a partner, reported that she found it 'very difficult' not to see her family: 'Suddenly, overnight, I felt useless, far from my children and grandchildren. I needed to react to keep from going under. Because there were two of us, it was easier.' Our analyses show that—all else equal—being a woman, living alone, having limitations due to a health problem, having economic difficulties, and living in a home poorly suited to lockdown all adversely affected pensioners' mental well-being. Many spontaneous comments from survey respondents highlighted the negative feelings that resulted from the breakdown of social relations, which were exacerbated for people living alone. This was the case with the inability to visit relatives (including parents living in nursing homes), even when they lived nearby; to organize family gatherings; and to perform activities outside the home. Françoise, 64, a former skilled non-manual worker and a widow living alone, wrote: 'I really had the impression of ageing four times faster [since the start of the crisis]. At my age, you have no more time to waste. This situation has really gotten me down. I'm depressed!'

Respondents' feelings around lockdowns depended on their level of sociability before the crisis (which can be captured indirectly through the question on changes in feelings of isolation). The more sociable an individual was previously, the more negatively they experienced social distancing measures. Moreover, the youngest respondents had the most difficulty coping with lockdowns (Figure 2). The weakening of social ties and movement restrictions conflicted with the desire to take advantage of free time and leisure in the first years of retirement. People living with a partner, whose higher living standards ordinarily offer them more options, experienced this frustration: 'Just after we retired, COVID came along and destroyed all our plans for the first years. Here's hoping we're allowed to move around freely again before we get really old!' said Marc, 61, living with a partner, formerly in a higher-level occupation. Difficulties coping with lockdown decreased with advancing age, probably because of its association

(1) We thus excluded people living in households including three or more people, as well as persons living in institutions for older people (including nursing homes).

Figure 2. Proportion of persons reporting that lockdowns were 'rather difficult' or 'very difficult'



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 Population: Retired persons living at home.
 Source: CONSOL2 survey, CNAV-URV, 2021 (see Box 1).

with decreased sociability and activities outside the home in ordinary times. People used to having few social contacts and outings also explained that lockdowns had not changed their daily lives. Jeanne, 80, previously a skilled non-manual worker, explained that 'because my husband has been ill for some years, we've already been stuck at home for a long time, so it isn't difficult for us.'

Support needs during the crisis

Another question asked respondents: 'Since the beginning of the COVID-19 crisis (March 2020), have you needed help because you could not do something or because you were not feeling up to it?' Respondents could choose from a list of nine non-exclusive categories: help with shopping; administrative help; help with online processes; help getting to a medical appointment; moral or emotional support; help with household chores; help with home repairs or DIY; help with personal care; other needs. To simplify the multiple combinations of answers, we used a clustering procedure to reveal four sets of needs (dividing the sample into four subpopulations) (see Table 1). Respondents in the first cluster, labelled 'moral support', expressed a need for moral support, and few or no other needs. By construction, the respondents in this cluster did not seek assistance for personal care or administrative processes. Women and people in their 60s are over-represented in this group, as are people whose mental well-being had deteriorated or who felt more isolated since the start of the pandemic (more than 80% of individuals

Table 1. Typology of pensioners' support needs by age and household configuration

Age group	Subpopulation				Total	No. of respondents
	Moral support	Vulnerability	Logistical	No support		
Persons living alone						
60-69	9.0%	5.2%	6.8%	79.0%	100%	22,700
70-79	6.4%	7.4%	9.1%	77.1%	100%	31,420
80-89	4.0%	24.4%	13.2%	58.3%	100%	23,299
90+	3.1%	42.2%	16.5%	38.2%	100%	4,562
No. of respondents	5,118	11,118	8,241	57,504		81,981
Persons living with a partner						
60-69	3.0%	1.8%	2.7%	92.5%	100%	40,083
70-79	2.1%	2.3%	4.5%	91.1%	100%	45,726
80-89	1.5%	7.6%	9.8%	81.1%	100%	17,557
90+	0.5%	17.7%	14.7%	67.1%	100%	1,588
No. of respondents	2,440	3,382	5,116	94,016		104,954

Population: Retired persons living at home.
 Source: CONSOL2 survey, CNAV-URV, 2021 (see Box 1.)

in this cluster). A second cluster, 'vulnerability', consists of respondents who experienced psycho-emotional difficulties but also multiple other needs, notably with respect to personal care, administrative processes, and medical appointments. People in this group expressed greater and more diverse needs than those in the first. It includes the oldest people, those with the lowest functional health, as well as individuals facing major economic difficulties. A third cluster, 'logistical', relates to material difficulties and travel outside the home. None of the individuals in this cluster expressed a need for moral support. They are more likely to be men, to live in a rural area, and to consider their home poorly suited to lockdown situations. The fourth, final, and largest cluster, 'no support', consists of respondents who expressed no need for help. The members of this group are in a better state of physical and mental health than the other groups, have a higher likelihood of living with a partner, lesser feelings of isolation, and higher socio-economic status. People living alone at home were 3 times more likely to report psychosocial difficulties than people living with a partner (moral support cluster). While this group represents only 6.2% of pensioners who live alone (all ages and sexes combined), in absolute terms it represents a large number of individuals (more than 5 million people aged 60 and over live alone at home in France). Furthermore, this is a minimum estimate because not all those who reported poor mental well-being had sought support from others (i.e. indicated that they needed moral support), which does not mean that they were in less difficulty. Among respondents who reported that they felt better about life before the COVID-19 crisis (53% of the sample), only 21% expressed a need for help or support. The same goes for feelings of isolation. While most respondents (60% of the sample) indicated that they had felt more isolated since the start of the crisis, only 20% expressed a need for support (moral or other).

Box 1. The CONSOL2 survey

The CONSOL2 (CONfinement – SOLidarity – SOLitude) survey was organized by the Research Unit on Ageing of the national pension fund (Caisse nationale d'assurance vieillesse [CNAV]) at the end of the third lockdown period in France. Emails were sent to 2,500,000 pensioners under the general scheme from all social groups. This included all people aged 75 and over for whom the CNAV had an email address, and a proportional sample of people aged 60 to 74. Between 21 April and 25 May 2021, over 200,000 responses were received. Participants were invited to answer 90 questions, including one optional open question allowing them to express their experiences of the pandemic. A corpus of 27 million characters was thereby compiled from the responses of 73,000 pensioners.

The use of an Internet survey led to the over-representation of people familiar with digital tools, including the youngest pensioners, city dwellers, and the most affluent social groups. To correct for this bias, a weighting by age and sex was used to adjust the distributions of these variables based on those of pensioners under the general scheme known to the CNAV at the *département* level. After this adjustment, pensioners previously in higher-level occupations remained over-represented (31% of the sample vs. around 10% of all pensioners in private households, according to the 2018 population census).

While the French government's aim in imposing lockdowns and social distancing was to protect the population from the pandemic, this health policy also altered the social lives and well-being of pensioners living at home. More than half reported a decline in their mental well-being, often associated with the impossibility of seeing family and friends and engaging in activities outside the home. Elisabeth (83, widow, living alone) summarized the situation: 'I have to admit that overall I'm depressed, and I feel like I'm spending the last years I have left to live in a bad way!' During the first year of the COVID-19 crisis, some pensioners, and in particular those who reported poor mental well-being, expressed the need for different types of support. Unfavourable health or economic conditions also contributed to worsening older people's psychological situation, even to the point of depression in some cases. Living with a partner offered some protection, although this situation benefited men more than women.

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Abstract

Isolated and restricted in their social relations and activities during the first year of the COVID-19 pandemic, more than half of pensioners under the general pension scheme reported a decline in their mental well-being following the outbreak and lockdowns. For those stating they had needed help, moral or emotional support came first. Those living alone felt the consequences of health policies more so than those living with a partner. Individuals' mental well-being also differed by sex, health status, and economic level, but not much according to age, or rather only after age 85. Conversely, those having the worst experience of lockdown were among the youngest pensioners and those living alone.

Keywords

COVID-19, pandemic, lockdown, pensioners, sociability, isolation, France