9 Geragogy of everyday life

The COVID-19 perspective

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In the spring of 2020, when I undertook my research, there were no reports on adaptive strategies undertaken by older adults during the COVID-19 pandemic. I found no reports in the literature on informal learning as an individual resilience strategy. In my research, the units of analysis were the spaces of everyday, existential, non-obvious learning of 60–79 year-old under pandemic conditions. The content of the chapter was set in the critical-emancipatory stream of social gerontology. In it, I addressed the problem of supporting voiceless people who subjectively experience social stigmatization and are labeled by social policy as “at-risk individuals and groups”. The aim of the study was to reveal individual adaptation strategies, “taming” the new reality and coping with it.

Introduction

The World Health Organization on 29 January 2020 declared a global public health emergency and on 11 March 2020 identified the epidemic COVID-19 as a pandemic. As a preventive measure, social (basically – physical) distancing and a distance of 1.5–2 meters between persons was recommended. In the countries affected by the pandemic, there was an appeal to stay at home. An administrative quarantine order was introduced for infected and preventively for people coming from abroad. In Poland, the first COVID-19 infection was registered on March 4, 2020, and immediately after that WHO recommendations were implemented under government regulations. Older people, especially those with comorbidities, were considered to be at high risk. A time of pandemic confinement, social quarantine, and official self-isolation orders may have increased loneliness in older people and resulted in their lowered mood, development of anxiety and even depression. Relationships and perceptions of value may have changed. Has it really happened? The study is an attempt to answer this question. The chapter takes

into account the context of situatedness of human transitions, behaviors, needs and values in everyday life marked by the experience of a pandemic.

Theoretical framework

Social isolation, understood as physical separation from other people, has negative consequences for the well-being of an older person. Isolation, sometimes equated with social exclusion, is characterized by a lonely life resulting from the shrinking network of social support resources and rare interpersonal contacts. This is due to the declining interest in maintaining wide social contacts with age, shrinking peer group due to natural causes, deteriorating health condition, which reduces social mobility and is sometimes the cause of institutionalization of the life (Yu et al. 2019). The negligible resources of social support are a consequence of socio-cultural changes and demographic processes that characterize modern families: low fertility, migrations, disappearance of multi-generational households. The extent of social isolation of older people is influenced by social policy for older people, shaping (or not) environments and support groups, environmental integration facilities and meeting the needs of pensioners (Dubas 2017).

Loneliness can be the result of a subjective sense of social isolation: The value of loneliness is appreciated in scientific reflection, it is difficult to deny that loneliness is feared in contemporary culture (Hornowski 2020). Physical (social) solitude

consists in weakening or breaking the natural bond with other people, a very loose connection with society or living outside it (...) Loneliness is the exclusive communion with oneself and one's inner world, it is a refuge – with life and action – in it.

(Wąlecko 2007: 47–48)

At the end of his/her journey through life, the older adults face the necessity to face loneliness (loneliness) and – sometimes awaited – solitude, as new dimensions of spirituality and existential concerns (Fabiś 2018), return to 'primal loneliness'. According to John Paul II, the term "primary loneliness" means not only the experiences of the first people and their obligation to understand oneself and the world imposed by the Creator, but also filling man with internal dialogue, self-awareness and self-determination in the spiritual sphere: "solitude also signifies man's subjectivity, which is constituted through self-knowledge" (John Paul II 1979). Meanwhile "because loneliness is associated with suffering and is a difficult experience to bear, difficulties with accepting it intensify in contemporary culture, where loneliness is perceived negatively, leading individuals to try to avoid it" (Hornowski 2020). Thus, solitude gains two contexts – positive, developing and negative, degrading. The negative aspect brings loneliness closer to social exclusion.

The gerontological theory of activity links the well-being of the old man to his usefulness for himself and society. Social policy towards older people aims to activate older people, to include them in society (Szarota 2015). It is worth noting, however, that experiencing loneliness can become an opportunity to look at reality from a different perspective (see: Hornowski 2020). Adaptation processes, including learning acts that involve in the process of relieving stress, contribute to the familiarization with loneliness, giving it a dimension of activity, self-creation and transgression. When the external world is a source of tension and the space of activity is significantly narrowing, the spiritual development of an ageing person may take place. There is a need to search for internal order, personality integration, self-awareness, integration with the entire life so far, and giving meaning to events. Thought can focus on transcendence, looking for answers to the most important questions in the reflective interior of the old man. Wisdom is then interpreted as orderly experiences, going beyond oneself, emancipation of identity (Kvale 2010):

Social stress in the aging population, therefore, may be defined in part as a response in older adults to an external challenge or stimuli (i.e., stressors) of social nature that may jeopardize their sense of self or sense of social standing or belonging in a relationship, within a group, or within the larger community.

(Nguyen et al. 2020)

Routine strategies can be used to solve problems (Drozdowski et al. 2020: 38), which is particularly important for older people. The basic form of collective life and space for the development of older people is the family and the local community. A safe home, a familiar neighborhood, friendly neighborhood build a sense of mental comfort, well-being, good quality of life (Błachnio 2019: 99–102). The learning that takes place there is an irregular process situated in everyday life, in relations with other members of the community. It generates experiences that make up unobvious learning. This is my own term, close to informal learning in terms of Livingstone (Livingstone 1999, 2001), but not identical. Some interpretative clues can be found in the concept of implicit learning, understood as ways of effectively adapting behaviour to constantly changing environmental conditions (Virag & Nemeth 2016). Similarities can be found in the concept of learning from experiences that

it is learning during life, in organized or incidental situations, related to the implementation of life tasks and undertaken activities, or their omission. It is learning from experience – in a direct way, i.e. in the course of events happening, in the course of certain life situations. It is learning from one's own experiences and the experiences of Others, who are in direct contact with time and space, which are created by situations.

(Dubas 2017: 64)

According to its own concept, unobvious education means learning, as it were, on the occasion, in ad hoc situations in which people – through experience and habitus (understood as acquired skills and competences that define individual ways of perceiving the world, rules of conduct and thinking) they adapt, accustom to new conditions and needs, unexpectedly generate new knowledge for themselves and incorporate it into their behavioural mechanisms. Unobvious education environments are social events and interactions, activities and behaviours occurring in everyday life, customs. The subject, internalizing the consequences of self-experience of reality, most often does not give cognitive episodes an educational meaning, does not know that he/she is learning, making this activity an unintentional, hidden, unconscious act. However, it develops new adaptation and coping strategies. Resilient strategies (coping with stressful situations) I classify as an unobvious education area. It should be remembered that the older adults are reluctant to introduce changes in their personal lives. Ageing and adaptation are opposite processes, therefore it could be expected that the people participating in the research would have a reduced adaptive ability (Cochrane & White 2020).

Materials and methods

Research problems

The aim of the study was to establish individual strategies to minimize the effects of COVID-19 in conditions of compulsory social isolation. The question was to what extent the drama of closure and isolation changed the perception of central themes and the hierarchy of needs of people aged 60 and over. The research was conducted in June and July 2020, in the qualitative research stream using semi-structured life-world interview, which allows “to explore the way individuals experience and perceive their world. It allows for a unique insight into the world of respondents’ life, who in their own words describe their actions, experiences and views” (Kvale 2010: 39). Such an interview provides an opportunity to obtain answers to specific research questions, but is open enough to give the researched person the chance to make unlimited statements which may give new meanings to the explored problem (Galetta 2013). Interview instructions focused on experiencing epidemic restrictions. They asked about the reactions triggered by the information about the pandemic (what they felt, what they thought, what they possibly feared); about reactions caused by the need to accept the ban concerning the lockdown and social isolation. An important problem was the scope and type of support received. A significant research issue was the potential changes that took place in their home, family, neighborhood and macrosocial relationships. They were asked about the sources of their knowledge about the potential threat, about the content that contributed

to (unobvious, unconscious) learning from the pandemic experience. The preventive measures taken by the respondents against the danger COVID-19 were interesting. Interlocutors were asked to formulate a message, a principle that seemed most important to them after experiencing the effects of the pandemic.

Data analysis

More than ten hours of recordings were obtained. The recordings were transcribed. Significance-oriented analysis was used (Kvale 2010). The transcribed text has been encoded and categorization, then condensation. “Meaning units” were established taking into account the research objective and the rank assigned to them by the interviewee. The description of the results includes information on the main threads of the interview.

Characteristics of the persons interviewed

According to the Older Persons Act (Ustawa z 11 września 2015 r. o osobach starszych [Act of 11 September 2015 on older persons], Dz. U. 2015 poz. 1705) in Poland, an older person is considered to be a man or woman over 60. Respondents – nine women and three men – they were 60 to 79 years old. People living in different parts of Poland (between June and July 2020) were invited to the research: four of the respondents lived in a region with a very high COVID-19 incidence rate, five in voivodships with high incidence rates (5th and 6th position among 16 regions), two people lived in low-disease areas (the last two positions among voivodships). Informed consent was expected from each of the invited persons to participate in the study (Kvale 2010: 64–65). Some of them refused, arguing that they did not believe in the objectivity of the results, “*for sure someone ordered and will publish them for mercantile purposes*”. They were afraid that the researcher had been “*hired to search for people who would agree to the interview and give their views on this particular matter*”, they asked annoyed: “*What’s the best way to upset someone? Conduct the telephone interview*”. They claimed: “*I do not believe in the noble and true purpose of such interviews*”. Eventually, 12 people took part in the study using phone calls. In one case the interview was given by the couple, the spouses’ responses were analysed separately.

During the research, seven people stayed at home, two on holiday (including one abroad), two were working, and one stayed alone in her home in the countryside. They all had families, no one was alone, although five people lived in widowhood. Apart from one person with German citizenship, the interviewees were Poles. At the time of the research she was in Poland. The interview was conducted in Polish. Four people managed the household individually, independently, four in one generation in a marriage or relationship, three lived on a two-generation household – two people with

their parents (at the age of 95 and 94), and one with her husband and a studying daughter, one person in a multi-generational family – with the husband and the procreative family of one of their own children. Three people lived in houses, the rest in multi-family buildings. The health status in the self-assessment of seven respondents was good and very good, despite the cases of chronic obstructive pulmonary disease and the state of convalescence after resection of the prostate, three people assessed their health in *so-so* and indicated chronic diseases (pulmonary sarcoidosis, sick thyroid gland, diseased large intestine, convalescence after bone fracture). Two people assessed their well-being as bad and listed a number of comorbid chronic diseases, including diabetes, eye disease, digestive system disease, and cardiovascular disease.

The woman who was the only one who considered her finances to be very good, has run her own business in the tourism industry since her retirement. The second woman worked on a contract of employment, the third on a contract of mandate. The man ran a one-man business activity. Five other people volunteered for the Universities of the Third Age (U3A) as their animators, two of whom gave lectures in foreign languages (Russian and French), and another sang in an amateur vocal ensemble. Three people were active in their own household and hobby activities. Seven people had higher education, five had secondary. The respondents assessed their own economic situation as good. No one received welfare benefits, no one was hospitalized for being poor. When they felt the need, they used medical telephone consultations.

Results

Pandemic: lockdown

The interlocutors remembered the moment when the first case of COVID-19 was announced in Poland. The day of introducing the isolation regime was also remembered by them. They pointed to events in their daily life that were either interrupted or significantly modified. Thus, they became significant events. Some of them had an individual dimension, others were related to the necessity to abandon the current cultural and educational activity: “*I was in Poland, my husband and I were going home that day, to Germany. They’ve announced an epidemic and the barrier has closed behind us*” (S f 65); “*I’ve been in the hospital, I’ve been getting information that people have a strange kind of flu that goes from China to other countries*” (W m 60);

It happened when my daughter went on a business trip. And I was looking after my grandchildren. Her boss called and said there was a coronavirus and that it was a threat to older people. My son-in-law took me home right

away. It was March 13. When he drove me, I was spending five weeks in complete isolation.

(T f 70)

“It was March 12, the last Thursday of my freedom away from home, the anniversary of my mother’s death (E f 69). It was after March 9th, after the Monday performance at U3A” (Li f 69); “They closed our U3A” (A m 76); – We had to cancel U3A, it was terrible! (Lu f 63); “I remember it perfectly. We were with our band at a concert near Rzeszow. People said something bad was happening, everyone started to be afraid [...] On Wednesday, they cancelled another concert and the end” (J f 70).

As the own research proves, information about the pandemic caused reactions from (i) “I expected it”, through (ii) “I had more important problems”, to (iii) “I was shocked”: (i) *“I predicted what might happen because in Wuhan and Italy... I’ve been waiting for it to be here. I was buying masks before they introduced the warrant” (A m 76); “In Europe they already knew in December, and when did they announce? In February! You can draw conclusions from this!” (S f 65); (ii) “I was getting it, but I didn’t care. It might as well be information about Twardowski on the moon” (W m 60)¹; Before that, I was locked in the house for six months because of a broken leg and that was a problem for me. The government reassured us that we were prepared, I believed that the pandemic would not catch us (K f 75); (iii) “I broke down. I was crying. I was praying a lot” (Lu f 63); “I’ve been thinking about what will happen in the future, how it will mutate, what will happen to children, to grandchildren” (D f 79); “Those media images were killing me, those mass burials in Italy” (E f 69).*

It could be assumed that the older adults would react with fear when they found out they were in a high-risk group. Indeed, some felt existential anxiety. As the research conducted by CBOS [2] showed on a representative group of adult Poles in the second half of June 2020, i.e., at the same time as the reported interviews, 64% of respondents declared fear of contracting the corona virus, and 20% described the level of anxiety as high. The oldest people, over 65 years old (77%), were most afraid of infections. In my own research, the following terms of emotional states were noted: anxiety, fear, fear, horror, panic. The narrators were afraid for their loved ones, for themselves and other people, for health, for life, for lack of ventilators. They were afraid of the plague and its consequences: *“I was afraid that I would die, for my health, I was afraid of public transport” (E f 69); “I didn’t realize it was so terrible, this epidemic. I was afraid not to get infected, age is what it is, you can get sick. I was afraid for my children and grandchildren” (T f 70);*

I was afraid for my sister, who was 11 years older. How this situation began in Silesia,² and my granddaughter’s husband works in the mine, I was very scared for them.

(A m 76)

“Fear, panic, loneliness. I understood the danger, I felt anxious for my mother and how I would do outside the home. About not experiencing a respirator” (Li f 69); “It was shocking, I felt the fear of a terminal illness” (D f 79); “I was afraid for my son, for myself, I didn’t sleep, I assessed the risk” (J f 70); “When I had, I did not go to the emergency room for fear of getting infected” (M f 67). But there were also people who – as they claimed – were not afraid of anything:

A healthy body is difficult to attack. If you eat healthy, you are well (S f 65); My main concern was whether after the surgery I would recover that I wouldn’t get to the outpatient clinic if they closed the hospital. This concern was more important than COVID. I reminded my mother to wash her hands and wear a mask.

(W m 60)

I wasn’t afraid for myself. If it happens – the disease will have to be overcome. After an initial examination of conscience, men are prepared to go into the dark. It can come for a man with this scythe. He’ll come, hard, we’ll go!” (A m 76).

An unexpected ‘addition’ to the narrators’ accounts became their memories related to the closure of hairdressing salons. Some respondents said they looked ‘terrible’: *“I couldn’t look at myself in the mirror” (M f 67); “Men grew beards and hair, some looked great, others not necessarily – like gorillas” (Lu f 63). Others took matters, or rather scissors, into their own hands: – “I was cutting my hair myself” (Lu f 63); “I shave every day, but I couldn’t look at myself. I have a hair clipper and I got a haircut in front of the mirror. I even tried to go down to the underground barbershop but it failed [laugh]” (A m 76); “I’m getting a haircut myself, a hairdresser came to my wife, but only in May (W m 60); They opened hairdressing salons so to cheer up my mood I went and cut my hair. I felt better immediately” (E k 69). The opinion of the interviewees regarding the health service seems important. In many of their conversations, they raised the topic of respect, recognition for courage, for the hard work of the medical staff: “We started to respect our own health, we treated differently to the doctor, to the medicines” (A m 76); “Healthcare from the front line deserves medals, applause” (E f 69).*

Isolation

The necessity to undergo physical isolation was understood by almost all interviewees. Their first reactions were in contrast, from rebellion and surprise to self-isolation: *“I was surprised that the world could change so much that we humbly sit at home” (K f 75); “I accepted the warnings, but some of them I find stupid – no cycling, no entering the forest, no entering the cemetery. That was a stupid order” (D f 79); “It’s stupidity. In Germany, there was no order to sit at home, we went for long walks, because it’s healthy and not to*

go crazy (S f 65); *I took the warrant as completely incomprehensible*” (J f 70); *“After the surgery, I had to be home anyway. And then I went for walks in the meadows, in the woods, wearing a mask, like an idiot”* (W m 60).

I spent the first month in complete isolation, at home, as much as for a nearby store, shopping once a week. I took the temperature twice a day, gray soap, I washed my hands often, internal disinfection [laugh], good slivovitz [laugh].

(A m 76)

“Gloves, masks, space. When I came back from shopping, I took all my clothes off and washed myself completely” (Li f 69); *“I locked myself. I did not want to contact either my son or my sister”* (E f 69); *“Five weeks I was sitting in total isolation, I just going out on the balcony”* (T f 70); *“Three weeks at home. There was such a suspension, such a sad expectation in social silence”* (J f 70); *“I understand the idea of isolation, I was just going out of the house to go shopping”* (Z m 72); *“I’ve been disinfecting everything with spirit. When I stood in queue, I was afraid, I kept my distance”* (M f 67).

Later, a rationalized approach to the problem of isolation prevailed, everyone retained consideration and extreme caution: *“After two weeks there was no more panic, only depression. I was task-oriented, I have to go shopping, so I go”* (Lu f 63); *“I calmed down because I avoided contact, I was safe. I went to the countryside in April and I’ll be here until autumn”* (T f 70); *“I went to work, but so as not to meet anyone, there were shifts at work, there was no contact with anyone”* (M f 67); *“Then came self-control, shopping for five days, cleaning products. I’ve become familiar with the threat. I was afraid of public transport, but when I had to – I went to my rehabilitation”* (Li f 69); *“I tried to be logical, calm and according to the recommendations”* (D f 79); *“I tried to follow sanitary regulations so as not to endanger myself and others”* (A m 76);

You have to live... Deal with it somehow. We live with it, with care, with hygiene, without touching our face. I am irritated by people without a mask and without gloves. In the store, they explore and touch... If this grunge was to shine, you could react.

(J f 70)

In my mask and gloves, I went out for walks, I went to rehabilitation. I avoid huddle of people and obsessive thoughts, which I have listened to especially during sleepless nights. When I left the house, the fear was over.

(E f 69)

“We obeyed the recommendations” (M f 67, Z m 72). The narrators observed the surroundings, implemented preventive strategies which, in their opinion, minimized the risk.

Social support

Support is a process of exchanging information, emotions, care, material goods, services, care and help. It weakens the feeling of danger and uncertainty. The narrators appreciated the efforts of other people: *"A neighbour asked my wife if we needed anything"* (W m 60); *"The younger neighbor offered help with shopping"* (K f 75); *"The young boy came twice, asked if I needed anything, brought mineral water, all multi-pack"* (Li f 69); *"Support came after two weeks and I felt that I was not alone. There were phone calls, good day wishes, questions about health, messages 30 a day, WhatsApp and Messenger, a lot of cordiality was circulating on the Internet"* (Lu f 63).

All interviewees had family support resources, and there were no lonely people among the respondents. The caring function, expressed in providing parents with purchases, turned out to be equally important. The narrators indicated situations that directly concerned them: *"Daughters called very often, almost every day"* (A m 76); *"My son would bring and leave our groceries in front of the door, we talked through the window"* (Z m 72); *"Shopping from my family, taking care of my health, God forbid that I would not go anywhere, I had everything brought home"* (T f 70); *"Support from children, shopping, they take care of me"* (J f 70); *"The son tried, but without contact with me"* (D f 79); *"Sister and son tried. They brought shopping, there were telephones"* (E f 69); *"The son did not want to come because the grandchildren and the daughter-in-law were suffering from flu (maybe it was even COVID), they were afraid for me"* (K f 75).

The bottom-up, social initiatives undertaken for aid purposes were remembered: *"I know from the media that there were initiatives to help with shopping, taking older people's dogs for a walk"* (W m 60); *"The young people organized the 'Call the Senior' action"* (T f 70); *"People were organising themselves from the bottom up, I had calls from former students that they wanted to sew masks. It grabbed my heart that they came out with such an initiative"* (J f 70);

My sister sewed hand-made masks from canvas. Neighbors were disinfecting the common space. I have heard about shopping, meals, about putting up advertisements with the given contact, about walking the dogs of people in quarantine, about calling lonely older adults, about volunteering in social welfare homes.

(E f 69)

"Sewing masks in the library" (A m 76); *"Masks were sewn at the day support center"* (K f 75).

Working narrators also indicated protective measures, financial support from the government, the so-called Shield 2.0. They assessed the protective measures directed at private business as efficient and beneficial. Some interlocutors did not notice the community aid activities: *"Nobody here"*

(Z m 72); “I haven’t heard of any support” (Li f 69); “We heard what they said on television, I was beyond the reach of such actions” (M f 67);

The society was not involved in helping. I know from TV that my neighbors sometimes helped each other, but in Germany there is no social support, families rely on themselves. You know, it’s more about the economy than about human life!

(S f 65)

Several interviewees indicated themselves as the giver of emotional and material support: “It was me who supported others, I used my black humor in conversations with my sister” (A m 76); “As for my friends, I am disappointed, I initiated contacts with those whom I taught French. But they did not express any concern” (E f 69); “I sewed masks with my neighbor, I gave them to the needy, we sewed from a linen cloth, free of charge, to help those pensioners who cannot afford” (D f 79);

I am so fit that I was helping and sewing masks. I was involved in the action of reading to children, it was organised by the library, each of us read an excerpt, and the children could watch it on the screen.

(Lu f 63)

The narrators rationalised the pandemic tensions by focusing on activities for the benefit of others, on maintaining ties with the outside world.

Changes in relationships: “the shell of fear”

The narrators usually answered the question about the quality of personal relationships between household members – no changes. The spouses participating in the study provided an encouraging answer: “We are still alive. We never get enough of each other (laugh)” (M f 67 / I Z m 72). The narrator, fleeing from stress, stated: “Since I am alone, I feel fine, I am not afraid that my sister will bring me a plague” (E f 69). Two people in a relationship indicated that frustrating conditions worsened: “The husband takes care of his business (TV, Internet), and my daughter and I are next door” (Lu f 63); “Too much being together, sad, nervous, hard, he [partner] still has a grudge” (K f 75).

Reflections on family relationships were consistent – emotionally unchanged, but contacts moved to phone lines and communicators. Several narrators sadly remembered Easter, which is one of the most important holidays in Polish culture: “The first holidays in life, that neither to church, nor with loved ones, alone. Telephone wishes were, everyone at home. I haven’t been going to church since March” (T f 70); “The holidays were sad, the saddest. The Paschal Triduum is very important to me. I was celebrating the palm tree in front of the screen. The priest blessed the food “travelling”, we went out

in front of the houses, he blessed and rode on (Lu f 64); Easter was sad, everyone was at home for the first time. Sad experience” (Li f 69); “My son came to the balcony, we talked, it was very sad. We spoke to our daughter and grandson via the messenger” (M f 67 i Z m 72);

Usually, the older daughter would invite her family to her house. This year it was just me and my son-in-law’s mother. We kept our distance, no hugging, no physical contact with our loved ones. I miss it so damn much.

(A m 76)

With regard to relations with neighbours, some interlocutors saw changes: *“Everyone at home, nobody asks for anything” (M f 67 and Z m 72); “Emptiness around the block. We walk masked, there is no relationship, we didn’t sing on the balconies [laugh]” (A m 76); “Only ‘good morning’” (T f 70); “Relationships have cooled down, everyone is sitting in their nest. It’s normal to talk about nothing over a fence. I don’t want to talk about lonely people’s diseases to lonely people” (J f 70); “We’re next door but not together, the social distance has turned into a reserve” (E f 69).*

The social relations shown by the media turned out to be fascinating for the respondents. They were ambivalent in assessing reality: *“Young people felt they could help and that’s a good thing. And the older generation has dressed up in the shell of fear of contact with others” (J f 70); “The youth mobilised, there was neighbourly support, neighbourly help” (D f 79); “Good committed attitudes have emerged, and, on the other hand, wicked people who wanted to get rich on human harm” (K f 75); “A scandal connected with masks, even a crime, making money from human suffering is wicked” (E f 69); “The bad states are revealed, everyone is swept under him” (Z m 72); “People have become nervous, malicious and aggressive towards other people, fear of getting sick and dying triggers hostility” (Lu f 64);*

There are no people in the streets. The funerals with the participation of only the closest ones were sad, and the dead and their families could not be respected. How little it takes for social life to collapse. We’ve been split up into countries, regions, atomized into families, into apartments! What a fragile organism is society!

(A m 76)

Sources of knowledge and learning content from pandemic experience

Social quarantine forced a change in the organization of time and daily tasks. People deprived of access to places where they spent their time had to find replacements. The quick response was to move cultural, entertainment and educational activities to the Internet. In this way, everyone who had access to the Internet could read the e-book, read press articles for free, watch selected theater performances, virtually visit the museum, and participate

in a concert online. During the isolation, the offer of popularizing and educational activities was expanded. Interesting lectures, discussions, meetings were held live, on the laptop screen, many of them could be played back afterwards.

Most of the narrators were very active people, using the offer of U3A, cinema and theater. For them, lockdown turned out to be a difficult experience:

I froze my interests. I don't like indirect forms. To survive, I have to go out, be with people. I stood over the cliff. I stepped back, looking for a safe place for my own existence. We can walk safely for a while, but we cannot go forward, because there is an abyss.

(E f 69)

For many, their primary sources of knowledge were television and the Internet, understandable under the pandemic closure: “*I followed what the WHO recommended*” (S f 65). For laymen there is a danger here, because the Internet is full of various contents, and expert knowledge is not easy to find and understand (Jarynowski et al. 2020: 8). Some pointed to preventive information spots, others to interviews with specialists, thematic programs, also on foreign television: “*I am amazed at the irresponsibility of some societies, such as people from the USA, and at the consequences!*” (A m 76). They searched the web for content related to health, nutrition, hygiene, and physical conditions: “*I am looking for nutritional advice on YouTube, in Facebook discussion groups. If I have immunity, no COVID will win against me. The disease can be kicked out of the body*” (T f 70). Some people avoided the mass media to minimize stress: “*I couldn't focus on TV, if there is information, it shows the coffins, then why shout 'don't panic' later?*” (J f 70); “*I watched a movie about China on the Internet, it was very instructive, I experienced it very much. In Italy, the enormity of these coffins, families who could not say goodbye to their loved ones*” (Li f 69).

Respondents read a lot and used home resources for entertainment: “*I reduced my anxiety by reading books*” (J f 70); “*I read books, I don't fall asleep without reading. I choose literature according to the author, I finish one, I start getting to know the next*” (Lu f 63); “*I read, I reached for new literary genres. Crosswords, calling friends in Paris, is a conversation exercise*” (E f 69); “*I have a huge collection of books at home, I have plenty to choose from*” (A m 76); “*Internet, crosswords, books, I read a lot, I have my own series, I'm not bored*” (D f 79); “*I will read something, write something, solitaire games, search on Facebook*” (K f 75). All of the participants in my study were Internet, social media users. The problem of digital illiteracy did not affect them.

Resilience

The interviewees used various strategies of coping with stress, taming the threat, and reducing anxiety. At first, they isolated themselves, left big cities for the countryside, stocked up disinfectants, practiced almost compulsively

hygienically, minimizing the risk consciously did not meet with their families, and undertook new activities. Some of the behaviors were barely beyond the usual routine: *"No changes, except that I did not go outside, I did not change my lifestyle, I only took more care of hygiene. Daily gymnastics, everyday!"* (T f 70); *"Morning gymnastics, I have a job at home, I go out to the garden"* (J f 70); *"The coronavirus did not harm me, it did not change the quality of life. Gymnastics, a glass of water on an empty stomach, a garden, shopping, neighborhood help. Sometimes I don't have time [laugh]"* (D f 79). Others sought peace in contemplation, prayer, and nature:

I had my prayer, Nordic walking, meetings with deer and a rosary in the forest. The Gospel says: 'Shut up in your little room, pray in silence there'.³ When I was denied the opportunity to participate in the sacrament, I felt bad. I returned to the Church on May 10 and cried for the whole mass. I missed it so much.

(Lu f 63)

Loneliness was sometimes perceived as a negative state: *"I live so many months in emptiness, no one needs me, people don't talk to each other* (E f 69); *Functioning without social ties is impossible"* (A m 76).

All interviewees knew the symptoms of COVID-19. Everyone also remembered and mostly used preventive treatments such as washing hands, maintaining spacing, disinfecting touch surfaces, applying masks, etc. Half of them negatively assessed the so-called "Hours for seniors" (from 10:00 to 12:00 am), considering this innovation 'stupid', 'sick', 'misfire', 'stigmatisations', 'negative stigma'. Some criticized the requirement to wear gloves: *"They wore gloves all day and put them everywhere. It made more sense to wash your hands. I also do not trust disinfectants, they dry the epidermis, it is better to wash your hands than to apply the dirt"* (W m 60). Interviewees with a homocentric lifestyle searched for knowledge, remaining in certain television 'information bubbles'. As a result, mechanisms of assimilating messages and adapting to sanitary recommendations appeared: *"We obeyed"* (M f 67 and Z m 72). Some were skeptical about the government's announcements: *"I am negative about the government's information policy. I used my own experience with other types of infections, different types of flu"* (W m 60); *"Complete confusion! The health minister spoke mockingly about the masks, and then a 180-degree turn! Suddenly everyone has to!"* (D f 9). Others have implemented an avoidance mechanism by displacing incomprehensible and unwanted information: *"I will listen in the morning, get angry and then switch to nature films"* (A m 76); *"I explain to myself that it is difficult, I feel sorry, but I do not experience it too deeply. These events are too far away"* (D f 79). Not everyone was wary of fake news, crafted news, operating on the principle of a grapevine: *"There is a theory that people vaccinated against tuberculosis endure famine better or do not get sick. And those who were starving are more resistant. And I had a bad, starving childhood"* (A m 76); *"This COVID*

is a bull. I will refresh in the countryside, the sun, vitamin D3 give me immunity. I will not vaccinate, because it does not help. I eat celery – it's priceless. One day you have to die" (T f 70).

Culturally and socially active people indicated their relationship with U3A: *"The U3A Management began to publish lectures and proposals for physical activities on the website. It was very good!"* (A m 76);

We call the lonely people, there are duty hours, first we call them, now they call us. There are people who linger over in their homes, lose their condition, fall over, break their hands. We introduced gymnastics via the Internet, lectures, but it's not the same. I miss U3A, education, entertainment, people.

(J f 70)

It was not known how long the isolation would take. So, there was a need to find new solutions, new resilience strategies (coping). Some people deprived of access to places where they spent their time found substitutes: *"I don't miss U3A, there are more important things"* (Li f 69); *"We're fine with each other, we drink coffee in the afternoons"* (M f 67 and Z m 72). Others organized their time, providing cultural entertainment other than in the pre-pandemic times: *"On Netflix, my daughter and I used to watch TV series after dinner, legs up high, a laptop between us, home cinema, every night!"* (Lu f 63).

In the media space, humorous memes, witty texts, tragicomic jokes and anecdotes appeared. There were also those who undertook new types of activities. When in the Internet appeared the so-called wave of "challenges" #hot16challenge2,⁴ one of the people I got in touch with. This person, who performed in the vocal group of The Senior Singers, did not agree to the interview, but gave me his own recording. With her consent, I provide the content of the song translated into English by the granddaughter of Ms Maria Kramarczyk:

For three months been sitting in my house
Separated from my culture
The people that surrounded us
Are being distanced from us, too
I'm waiting for it to end
But the view is not comforting
Now it's rapid unfreezing
Because elections are on the horizon
What I dearly love doing
I can't now because of COVID
Medicine is powerless against the disease bending us over
All the respect to health service
For caring for us in these hard times
We won't surrender to no one

Though they're trying to make fools of us
 We'll free ourselves from this violence because we're still full of Power
 Maria Kramarczyk, #hot16challenge2. (2020)

Desires, values

In conversations about the new quality of life, the theme of everyday needs and desires was discussed. All the narrators pointed to the need for safety, security of living conditions, risk avoidance: *"I'm getting to risk avoidance"* (J f 70); *"COVID has not changed anything for me and let it stay that way"* (D f 79); *"I have objections about the functioning of the non-COVID health service, you can't find a doctor in the clinic, scandal"* (E f 69). Many indicated the need for a bond, belonging to a community: *"People want to meet, they miss social contact, if only to be able to talk"* (Li f 69); *"People need closeness, conversation, cooperation, exchange of experience, appreciation"* (J f 70). The importance of the family was most strongly emphasized: *"Family above all, their safety above all"* (S f 65); *The family is the most valuable and the surest value"* (J f 70).

Several people have indicated their contribution to building social order: *"I have a hobby – my work"* (S f 65); *"I feel good at work, I love it"* (M f 67); *"When there is no goal, when there is nowhere to go out, you don't want to live"* (K f 75); *"I prepared materials for U3A students"* (J f 70); *"We updated the website of our U3A"* (Lu f 63). Some postponed the realization of plans and dreams for "someday": *"I was thinking of going to Italy for my 70th birthday – but will I live?"* (E f 69); *"We had a trip to St. Petersburg and Moscow recorded in U3A, the advances were paid and it didn't work out. But if Allah and health permit, I will go!"* [laugh] (A m 76). The messages they would like to address to others are simple: *"I'm too small to teach the world. We're running too fast, there came a moment to slow down, to remember, to stop, noticing the things of the closest"* (J f 70); *"Nobody will take the knowledge from you"* (S f 65); *"What shall I tell the world? To wash his hands?"* (W m 60); *"Remember, tomorrow is also a day!"* (A m 67); *"People, be kind and sincere to each other"* (Lu f 63); *"I would say – be a good person, don't hurt anyone"* (M f 67); *"Respect and forbearance are important"* (Z m 72); *"My values are constant, the coronavirus has not changed them, you should think about people, about the environment and not about money"* (K f 75). Several people spoke about the need to share with others: *"You have to help each other"* (Lu f 63); *"Live in such a way that something remains of you, which is why I wrote my autobiography [laugh]"* (A m 76).

Postscript

I returned to my narrators a year after the study, in April 2021. All of the interviewees had survived the pandemic. All had been vaccinated. But some only became ill after contracting the disease they so feared and, paradoxically,

came out of the confrontation strengthened (E f 69). One person gave up gainful employment (M f 67), but one returned to professional, teaching duties in a full-time remote job (Lu f 63). Some people (e.g. Li f 69), forced by circumstances, assumed the role of the only informal carer of their old family members. All appeared to be people well-adjusted to the COVID-19 reality. It was as if they had read the residency manual (Cochrane & White 2020): they were flexible in the face of a dynamically changing situation, they met their own individual needs, they maintained social contacts, admittedly with a sanitary regime, which they fully accepted. They remained faithful to their own values, retained a sense of independence. Fortunately, they did not have to ask for outside help. The one thing they didn't want was rest. They wanted to return to their favourite activities, they craved interpersonal direct meetings and contacts. They have come a long way: from a phase of shock, surprise and horror, through adaptation to the new reality (distance, hygiene, isolation), then rebirth (rationalization of actions, undertaking new activities) and relaxation (usually after receiving vaccinations – opening up to social contacts and socializing, giving oneself pleasure, relaxation) and finally normalization, manifesting itself in a controlled return to the previous lifestyle. However, everyone is still very cautious and anxious about the potential return of lockdown.

For further discussion...

Social quarantine forced a change in the organization of time and daily tasks. The pandemic, social isolation and quarantine kept us at home and triggered great emotions. Grocery stores have introduced the so-called 'Senior hours'. Senior clubs, U3A canceled classes and all events. Trips and events were suspended. Some workplaces, all schools and universities, parks and forests were closed. Health centers, aid institutions, doctors, pharmacies, banks have become like bastions to be conquered. Social life froze! Lockdown was a critical event, a kind of transition, an experience difficult for the respondents. It could be expected that the older adults would not find the strength to cope with the change. That did not happen. After the initial phase of lowered mood and anxiety attitudes, they found themselves in a modified pandemic of everyday life. Fear-filled expressions characterising their emotions from the beginning of the pandemic turned into statements reflecting the essence of individual coping strategies. I conclude that it happened because they did not have to significantly change the rhythm of everyday life, they did not have to work remotely, use public transport, or fight for economic survival. They submitted to the sanitary regime, had a sense of community in the sense of threat and a community of stress relief experiences (collective behaviour in store queues, in public transport, in public spaces).

What is encouraging – the families of the narrators proved themselves in the era of coronavirus, none of the interlocutors indicated a negative change in family relations, except for the lack of physical closeness. The deprivation

of their needs has intensified, especially in terms of bonds and belonging, contact with others, and security – avoiding risk. It has become important to be useful, needed, involved in grassroots and spontaneous pro-social activities. The material of their unobvious learning was content made available by television and searched on the Internet. All the interlocutors were Internet and social networking users. It was a matter of time when their socio-cultural activity would move to electronic media. They were looking for knowledge and entertainment, social contacts, communicating with families and friends. Thus, electronic technology has become a factor that mitigates their physical isolation, social distance. But the pandemic ‘house arrest’ annoyed the majority, it caused intrusive and gloomy thoughts and sleepless nights. The interlocutors wanted to go back to the activity before the epidemic restrictions. It can be concluded that the experience of pandemic closure did not significantly affect the attitudes and needs of those involved in the study. Resilience strategies proved to be similar, due to sanitary recommendations. However, they had an individualistic trait, especially when it comes to the emotional sphere. The narrators value system has not changed. Conviction of the interviewee: *For our generation time has stopped, we will not develop, there is no point in waiting!* (E f 69). There are no patterns or typologies in this research chapter. There are examples of individual approaches to the problem of social isolation, extending competences necessary in pandemic daily life.

Notes

- 1 Mr. Twardowski, Master Twardowski, called the Polish Faust – a figure of a Polish nobleman, who, according to the legend, sold his soul to the devil. Legend has it that while escaping from the devil he reached the Moon on a rooster.
- 2 An industrial, mining region of Poland with the highest COVID-19 infection rate.
- 3 Gospel according to St. Matthew: Mt 6,6: But when you pray, go into your room, close the door and pray to your Father, who is unseen. Then your Father, who sees what is done in secret, will reward you.
- 4 Hot16challenge2 is the challenge of recording 16 rap lines and nominating more people to create their song in 72 hours. Both nominees and fans were able to donate money to help healthcare professionals fight the corona virus.

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