

LONG-TERM EFFECTS OF SENIOR COUNSELING TO REDUCE POST-PANDEMIC ANXIETY

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Abstract: Background: The pandemic generated by the COVID-19 virus has affected the entire structure of society, including the economic, social, public relations, etc. One of the groups with an extremely high risk was represented by the group of elderly people. The institutionalized elderly, although isolated to a certain extent, had an increased risk, the centers becoming foci of infection where the virus spread rapidly. All these aspects, to which is added the lack of knowledge of the long-term effects of getting sick with COVID-19, nor of the effects of the vaccine, have demanded the maximum of people's adaptive capacities, requiring the formation of new skills and lifestyles that will allow them to face the challenges of the pandemic. **Objective:** based on previous research carried out by us in 2021, the long-term effects of counseling the elderly in reducing reactive anxiety to the dangerousness of the COVID-19 virus were followed. **Methodology:** the Hamilton Anxiety Scale was used, applied to 12 elderly people from the Care Center for the elderly, Arad. **Main results:** the results showed in the first research an obvious decrease in anxiety following counseling. The application of the same scale after one year reveals a slow progressive decrease in anxiety as a result of counseling in which new techniques for managing stressful situations were acquired and the emphasis was placed on acquiring increased skills to adapt to stressful situations. **General conclusion:** the counseling system used has proven its effectiveness in the long term, but new future research is needed, on an increased number of subjects, to be able to be implemented in the elderly centers as a method of preventing the increase of anxiety in crisis situations.

Keywords: COVID-19 pandemic, anxiety, elderly, counselling

1. Introduction

Senior counseling is a form of therapy that is designed to address the unique needs and challenges that older adults may face. This type of counseling can cover a wide range of topics, including grief and loss, life transitions, relationship issues, mental health concerns, and more.

Senior counseling can be provided by a licensed therapist or counselor who has specialized training and experience in working with older adults. This type of therapy can be conducted in individual or group settings, depending on the needs of the client.

During senior counseling sessions, the therapist will work with the client to identify areas of concern and develop a treatment plan that is tailored to their specific needs. The therapist may use a variety of techniques, such as cognitive-behavioural therapy, mindfulness practices, and psychoeducation, to help the client work through their challenges and achieve their goals.

Overall, senior counseling can be an important tool for older adults who are struggling with a variety of issues. By working with a trained therapist or counselor, seniors can gain new insights, develop coping skills, and improve their overall quality of life.

The COVID-19 pandemic has been a difficult and stressful time for everyone, but seniors have been particularly affected. Many older adults have experienced increased anxiety and fear due to their increased vulnerability to the virus, isolation from loved ones, and disruption of daily routines.

Post-pandemic anxiety in seniors may manifest in a variety of ways, including:

Fear of leaving the home: Seniors may be reluctant to leave their homes and resume normal activities due to concerns about the virus and potential exposure.

Social isolation: Seniors may continue to feel isolated and disconnected from loved ones even as restrictions are lifted, which can contribute to feelings of loneliness and anxiety.

Health concerns: Seniors may be worried about their health and the long-term effects of the virus, which can lead to increased anxiety and stress.

Financial worries: The pandemic has caused economic instability for many people, including seniors who may be on fixed incomes and struggling to make ends meet.

Uncertainty about the future: The pandemic has caused a great deal of uncertainty about the future, which can be particularly unsettling for older adults who may be facing health issues or other challenges.

If you or someone you know is experiencing post-pandemic anxiety, it's important to seek support. This may include talking to a therapist or counselor, staying connected with loved ones, practicing self-care, and seeking out information and resources to help cope with the ongoing effects of the pandemic.

2. Background

The COVID-19 pandemic was a phenomenon that impacted the entire social structure, from the economic to the social, medical, and even personal. Despite the restrictions, the researchers continued their investigations in order to determine the consequences of this pandemic at all levels and to seek new solutions to the unprecedented situations that have arisen. Following a review of the specialized literature, research was divided into several categories: effects in the general population, effects on the risk group comprised of the elderly, quality of life for the residential elderly, and specific research related to anxiety during this period.

Stanton et al. are conducting a general population study in 2020 to determine how people's health and habits have changed since the pandemic. Despite the fact that the evidence obtained on a group of 1491 adults is somewhat limited, it is still possible to highlight a change in health-related behaviours reflected by: decreased physical activity (48.9%), sleep disorders (40.7%), increased consumption of alcohol (26.6%), and tobacco (6.9%). The authors linked these changes to depression, anxiety, and stress symptoms. Finally, it suggests that adopting and maintaining positive health behaviours should be used to address psychological suffering during the pandemic and in the post-pandemic future.

Varshney et al. (2020) point out that the greatest emphasis was placed on testing, finding a cure and preventing illnesses, neglecting the psychological problems that the vast majority of the population faced. They consider a systematic and longitudinal assessment of the psychological needs of the population necessary, which would allow governments to carry out holistic interventions for those affected by the disease.

Throughout the pandemic, the elderly has suffered disproportionately more adverse effects, including more severe complications, higher mortality, concerns about disruption of daily activities, reduced access to care, and difficulties adapting to new technologies (such as: online medical appointments). Although the elderly has a lower stress reactivity and better emotional regulation, many studies have emerged that have raised concerns about the mental health of the elderly during this period. The concern has been with older adults, both at home and in nursing homes, where contact with friends, family, and caregivers has become limited. (Vahia, Jeste, Reynolds, 2020).

Lopez et al. (2020) investigated the psychological well-being of the elderly during the pandemic, which they regarded as a stressful and uncontrollable life event. Seclusion measures have disrupted daily life and have had a significant impact on the health and well-being of older adults. When confronted with adversity in life, mental well-being plays a protective role. According to the findings of their study, the nature of the impact of COVID-19

may not be as important as the assessment of personal resources for crisis management. Except in the case of a loved one's death, this is not the case. Their findings indicate that sociodemographic factors influence the well-being of the elderly. They established positive correlations between perceived health, family functioning, resilience, gratitude, acceptance and personal growth and life purpose.

According to Armitage and Nellums (2020), social isolation among older adults is a "serious public health concern" due to their increased risk of cardiovascular, autoimmune, neurocognitive, and mental health problems. Self-isolation disproportionately affects elderly people whose only social contact is outside the home, such as at daycare facilities, community centers, and places of worship. Those who do not have close family or friends and rely on voluntary services or social care may be put at greater risk, as may those who are already lonely, isolated, or secluded. Isolating the elderly may reduce transmission, which is critical for delaying the peak in cases and limiting spread to high-risk groups. Such mitigation measures must be implemented in a timely manner to prevent transmission while minimizing the morbidity associated with COVID-19 and affective disorders. This effect will be felt most strongly in more disadvantaged and marginalized populations, which should be prioritized for prevention strategies.

Brooke and Jackson (2020) conducted a comprehensive study in which they examined the situation of elderly Persians in terms of isolation, risk, and age. The data obtained at the Oxford center show a clear link between mortality risk and age: a mortality risk of 3.6% for those aged 60, rising to 8% for those under 70 and 14.8% for those over 80. The global recommendation for older populations included social isolation, which entailed staying at home and avoiding contact with others for an extended period of time, estimated to be three to four months. Social isolation included avoiding social contact with family members and friends, organizing the delivery of essential items such as food and medicine, where social contact must also be avoided by maintaining a distance of two meters from the person delivering the goods. It's interesting that the authors distinguish between social isolation and loneliness, which, while related, are distinct concepts. Social isolation is defined as a lack of contact or physical separation from family, friends, or larger social networks, as well as a lack of participation in social activities, and is caused by environmental constraints rather than an individual's ability to form or maintain social relationships. Loneliness is a complex, subjective emotion that manifests as a sense of anxiety and dissatisfaction due to a lack of connection or commonality with others, as well as a gap between the actual and desired quality and quantity of social engagement. Social isolation and loneliness are, albeit weakly, related.

In his study on the mental health of the elderly, Vahia (2020) paints a much more complex picture. He stated that clinicians and researchers all over the world recognized that the resulting isolation and quarantine measures posed significant challenges. These include the disruption of regular clinical services, the difficulties of transitioning services to telecare, and, most importantly, the disproportionate impact on nursing home residents.

Banerjee (2020) investigates the pandemic's impact on the mental health of the elderly. Pandemics have a substantial psychosocial impact. The main branches are health anxiety, panic attacks, adjustment disorders, depression, chronic stress, and insomnia. Mass hysteria is caused by misinformation and uncertainty. The elderly are particularly vulnerable among them. While social isolation has been a major strategy for combating COVID-19, it has also been a major source of loneliness, particularly in settings such as aged care or nursing homes, which is an independent risk factor for depression, anxiety disorders, and suicide. Social connection is especially important during times of declining public health, especially when "ageism" becomes a stigmatizing factor in this marginalized population. This results in apathy and therapeutic nihilism. Because most seniors are unfamiliar with smartphones or media terminology, pandemic precautions must be explained to them in their own simple terms. Cognitive impairment, as well as issues such as wandering, irritability, and psychotic symptoms, can exacerbate panic and make it difficult for them to adhere to social distancing

and hand hygiene precautions. Furthermore, during such a crisis, people with mental health disorders (including the elderly) are more vulnerable and prone to exacerbations. Other factors contributing to their poor care during the COVID-19 outbreak include discrimination and a lack of health-care utilization. The significant stress of "information overload" can lead to paranoia and mistrust of health care, causing people to avoid quarantine, which can have serious consequences for public health.

According to Bailey et al (2020), cocooning or shielding, or staying at home and reducing face-to-face interaction with other people, was an important part of the older people's response to the COVID-19 pandemic. However, there are concerns about the long-term negative effects of cocooning on their physical and mental health. Half of those polled said their quality of life had declined. They conclude that in such situations, policies and clear advice for older people on strategies for maintaining social engagement, managing loneliness, and continuing physical activity, as well as timely access to medical and rehabilitation services, must be prioritized.

Many studies have been conducted to assess the effects of the pandemic on the cognitive functioning of the elderly. According to a 2021 study conducted by De Pue et al in Belgium, 93% of COVID-19 deaths occurred in people aged 65 or older by the end of August 2021. Other countries have reported similar trends. As a result, older adults were identified as an at-risk group, and the government imposed strict restrictions on them. This has caused them to be concerned about their mental health. During the COVID-19 pandemic, participants reported a significant decrease in activity levels, sleep quality, and overall well-being. Depression was strongly associated with reported declines in activity level, sleep quality, well-being, and cognitive functioning. Their study shows that the COVID-19 pandemic has had a severe impact on the mental health of older adults. This means that this at-risk group needs the attention of governments and healthcare.

Another analysis aims to synthesize existing research on the impact of the COVID-19 pandemic and the associated isolation and protection measures on older adults. Another objective was to investigate the impact of the COVID-19 pandemic and associated isolation and protective measures on older adults with Alzheimer's disease and related dementias (Lebrasseur et al., 2021). Psychological symptoms, exacerbation of old age, and physical deterioration were reported in the included studies in older populations. During the COVID-19 pandemic, decreased social life and fewer in-person social interactions were occasionally associated with lower quality of life and increased depression. Access to services was also difficult, as were sleep disturbances and a decrease in physical activity. Their findings highlight the importance of proper containment and protection measures. Older adults are a diverse group, which may explain the contradictory findings in the literature. Individual, organizational, and institutional strategies should be developed to ensure that older adults can maintain social contacts, family ties, and the ability to give and receive assistance during the current pandemic.

Van Tilburg et al. (2020) discovered that many states' isolating policies resulted in a decrease in population well-being. They discovered (on a sample of 1679 people) that political measures of physical distance did not result in excessive social isolation (considering the existence of mass media networks). Personal losses, pandemic concerns, and a decrease in trust in society's institutions had the greatest impact on increasing mental health problems and emotional loneliness. They argue that the long-term consequences of social isolation and population health must be monitored even after the pandemic is over.

The elderly was a high-risk population group throughout the pandemic, owing to the multiple associated comorbidities that this age group presented. In the context of a pandemic, older adults face challenges such as a lack of attendants to assist them with daily tasks, difficulty in accessing medical help, and a perceived fear of an adverse course of existing morbidity. Repeated warnings, publicized in the media and through every other channel of

communication, of a high risk of potentially fatal complications if infected with the COVID-19 virus, increased feelings of helplessness and anxiety. (Vahia, Shah, 2020).

COVID-19 posed a particularly high risk, according to specialists, particularly for those with comorbidities. According to the reports, this includes both elderly people living in the community and those living in Debatran asylums or community care centers (Applegate, Ouslander, 2020). The increased risk of mortality among the elderly emphasized this point (Ho et al., 2020). Their study of 438 people found that the higher mortality rate of COVID-19 among the elderly can be explained by other risk factors, specifically the associated comorbidities. The elderly who were considered healthy had a much lower risk than those who also had morbidity. They conclude that advanced age is an independent predictor of COVID-10 mortality in the elderly.

All public health agencies agreed that in the case of the elderly, a measure of social isolation must be imposed. The study conducted by Chu et al. (2020) draws attention to the fact that social isolation contributes to the emergence and maintenance of depression and feelings of despair, and it contributes to the worsening of cognitive decline in the elderly with dementia. Social isolation measures, while beneficial in theory, can have disastrous long-term consequences for the mental health and quality of life of the elderly.

The elderly people in the residential centers were also in the attention of the researchers. Bethel et al (2021), proposed as an objective to summarize research literature linking social connection to mental health outcomes, specifically among long term care residents, as well as research to identify strategies to help build and maintain social connection in this population during COVID-19. They examined 133 studies and concluded that published research among long-term care residents has linked positive social connections to better mental health outcomes. Some evidence on approaches to addressing social connection in this population comes from observational and intervention studies. Although more research is needed, the sudden and severe impact of COVID-19 on social connection in long-term care residents necessitates action.

The COVID-19 pandemic has caused untold fear and suffering among the world's elderly. According to the World Health Organization, older adults in nursing homes are more likely to contract the infection because they live in an enclosed environment with others. This article takes a qualitative approach, employing Colaizzi's phenomenological method, to investigate older adults' lived experiences during COVID-19. COVID-19 has posed unprecedented challenges and a disproportionate threat to the lives, relationships, and well-being of older adults. The overarching message was that older adults believe that "this, too, shall pass," and that they will regain their freedom lost during the pandemic. (Chee, 2020).

Nursing homes for the elderly have been especially hard hit by the Covid-19 pandemic, owing to the vulnerable populations they house and a lack of preparedness for the outbreak. Because the psychosocial and mental health needs of nursing home residents are poorly understood and addressed during Covid-19, Kaelen et al. (2021) set out to better understand these needs and how staff might respond accordingly. The study revealed residents' and nursing home staff's knowledge at the height of the Covid-19 pandemic. Clearer outbreak plans, including psychosocial support, could have prevented residents' and staff's mental health from deteriorating. A holistic approach is needed in nursing homes, where tailored essential restrictive measures are combined with psychosocial support measures to reduce the impact on residents' mental health and improve their quality of life.

O'Caoimh et al (2020) investigated the effects of COVID-19 visiting restrictions on measures of perceived loneliness, well-being, and caregiver quality of life among visitors of residents with and without cognitive impairment in an Irish residential care center. COVID-19 has disproportionately impacted the elderly. Visiting restrictions implemented in residential care facilities since the outbreak's inception may have a negative impact on visitors, including close family and friends. According to the findings of this survey, many residential care visitors experienced low psychosocial and emotional well-being during the COVID-19 lockdown.

Visitors to residents with cognitive impairment report significantly lower levels of happiness than those who do not. Additional research is required to understand the importance of disrupted caregiving roles resulting from visiting restrictions on well-being, particularly on visitors of residents with cognitive impairment and how residential care homes and their staff can support visitors to mitigate these.

Mo and Shi (2020) reviewed existing research on the psychological effects of COVID-19 on nursing home residents and staff. Loneliness and emotional anxiety were identified as the most significant psychological consequences for nursing home residents, whereas uncertainty, hopelessness, work overload, and role conflicts were the most significant psychological challenges for nursing home staff during the pandemic. They then summarized the existing strategies and interventions to address the aforementioned challenges. They suggested that this overview could help nursing home administrators understand the major psychological challenges and how to deal with them during a crisis.

During the pandemic, the most common symptoms among the elderly were anxiety, loneliness, and social isolation. Koverova et al. (2020) investigated the role of socio-demographic and psychological characteristics in predicting anxiety, stress, and worry in older adults during the first and second waves of the COVID-19 pandemic. Their findings indicate that older adults had moderate levels of anxiety, stress, and concern about the COVID-19 infection. Helplessness, intolerance of uncertainty, optimism, and coping self-efficacy explained the most variation in anxiety and stress. The perceived danger of COVID-19 was the best predictor of fear of infection.

Parpalani et al. (2020) investigated the psychological responses of older adults during the pandemic's acute phase. The pandemic of COVID-19 has imposed a psychological burden on people all over the world, including fear and anxiety. During public health emergencies, older adults are thought to be more vulnerable. During the quarantine, the elderly's vulnerability to loneliness was quickly highlighted. Research that identifies factors that may contribute to loneliness during a public health emergency makes it easier to implement supportive interventions. Being prepared to address and manage loneliness in older adults can help to limit this harmful emotional response both during the pandemic and after COVID-19.

The risk of morbidity and mortality associated with COVID-19 has been identified in institutionalized older adults in nursing homes and long-term care facilities. According to the findings, the major issues identified by the elderly, residents, and caregivers in homes were fear and anxiety, social disconnection, and economic difficulties. The findings revealed that the COVID-19 pandemic's physical health impact is not a major issue in homes. However, the main issues identified by older residents and caregivers in the homes were fear and anxiety, social isolation, and economic hardship (Ekoh 2021).

In their study, Oguzhan et al (2020) looked at the anxiety and loneliness levels of the geriatric population in home quarantine during the COVID-19 pandemic. The elderly are more likely to die from COVID-19. Access bans have been imposed on people over the age of 65 in order to reduce contact with others. They wanted to know how anxious and lonely people who were quarantined at home felt, as well as other factors. They believe that quarantine increases anxiety and loneliness in the elderly population, and that there is a positive relationship between anxiety and loneliness. Anxiety levels were also associated with a chronic illness and a history of psychiatric disorder. The majority of their worries are about their family members and their future social and economic lives. It has been observed that television has become an essential source of information in the pandemic for the geriatric population. Authorities should respond to the psycho-socio-economic needs of the elderly and correct information should be provided.

Guner et al (2021) also studied the effect of loneliness on death anxiety in the elderly during the COVID-19 pandemic. According to their results, it was found that the elderly experienced acceptable levels of loneliness and moderate death anxiety.

Das et al. (2021) investigated anxiety and depression in the elderly in the aftermath of the COVID-19 pandemic. The elderly is a vulnerable segment of the population who are vulnerable to physical, mental, social, and economic deprivation. COVID-19 has had a worldwide impact on all age groups, with an especially high mortality and morbidity rate among the elderly. Their research sought to ascertain the psychological morbidity of the geriatric population during the COVID-19 pandemic. Anxiety and depression affected 8.7% and 15.2% of the elderly, respectively. Their findings revealed that the elderly had lower levels of anxiety and depression. Greater resilience in older people, as well as strong family support, could explain this unexpected finding.

Mowla et al. (2021) wanted to compare symptoms of depression and anxiety in elderly survivors of COVID-19 with a control group. In their findings, they point out that the rate of depression and anxiety symptoms in older COVID-19 survivors and controls was found to be elevated during the pandemic. However, the survivors of COVID-19 suffered significantly more.

Research is beginning to focus on the directions and lines that will need to be followed in similar situations in the future. The 2019 coronavirus pandemic (COVID-19) is affecting all aspects of society, including mental and physical health. Holmes et al. (2020) investigated the psychological, social, and neuroscientific effects of COVID-19 and identified immediate and long-term research priorities in mental health science. The collection of high-quality data on the mental health effects of the COVID-19 pandemic across the population and vulnerable groups, as well as brain function, cognition, and mental health in COVID-19 patients, is an immediate priority. There is an urgent need for research into how to mitigate the mental health consequences for vulnerable groups during pandemic conditions, as well as the impact of repeated media consumption and health messages surrounding COVID-19. The development, testing, and refinement of mechanistically driven interventions to address the pandemic's psychological, social, and neuroscientific aspects are required.

Wu stated in 2020 that the world was in the midst of a historic moment with an unprecedented challenge during the global COVID-19 pandemic. The COVID-19 outbreak will have far-reaching and long-term consequences for the health and well-being of older people. One of the most detrimental health outcomes is social isolation and loneliness. Social isolation and loneliness are major risk factors for poor physical and mental health. He discusses several approaches to addressing the issues of social isolation and loneliness. These approaches include promoting social connectedness through public health messages, mobilizing resources from family members, networks, and community resources, developing innovative technology-based interventions to improve social connections, and involving the health system in the process of developing methods to improve social connections.

According to Marston et al. (2020), community participation is critical in the collective response to coronavirus disease 2019 (COVID-19), from lockdown compliance to steps to be taken as countries ease restrictions to community support through volunteering. Communities are clearly eager to assist. Every society has community groups that can help co-create a better response to the pandemic, and health services and politicians must be encouraged to include these voices. Such public participation will highlight policy gaps and potential negative consequences of any response, as well as ways to address them collaboratively. Community engagement has the potential to mitigate the immediate damage caused by the COVID-19 pandemic while also building future resilience.

3. Research

The research had two distinct stages: the first stage took place between March and June 2021, and the second stage in June 2022. In the first stage, we were requested to intervene in the care center for the elderly in Arad, due to the reporting of an acute increase in anxiety people in care. In the second stage, June 2022, we performed a new assessment of the level of anxiety in the same batch of subjects as in the first stage.

Research questions

What is the main way in which we can on long term reduce anxiety in seniors, by counseling?

Objectives of the study

- Finding ways in which counseling can be available in social assistance among seniors;
- Recognizing the importance of counseling in the field of social assistance;
- Researching the area of anxiety in elderly care centers, post Covid.

4. The importance of counseling in the social assistance field

Counseling can play a crucial role in social assistance programs by providing support and guidance to individuals who are facing difficult challenges or life transitions. Social assistance programs are designed to help individuals and families who are experiencing financial or other hardships, and counseling can be an important tool in helping them overcome these challenges and improve their overall well-being.

Here are some of the ways in which counseling can be beneficial in social assistance:

- Emotional support: Many individuals who receive social assistance may be experiencing significant stress, anxiety, or depression due to their circumstances. Counseling can provide emotional support and help them develop coping strategies to manage their emotions.
- Goal setting and planning: Counselors can work with individuals to set goals and develop plans to achieve them. This can help people feel more empowered and motivated to take control of their lives and work towards a brighter future.
- Skill development: Counseling can help individuals develop the skills and tools they need to overcome challenges and navigate difficult situations. This may include communication skills, problem-solving strategies, and coping techniques.
- Community connections: Counselors can also help individuals connect with community resources and support services that can help them address their needs and improve their quality of life.
- Overall, counseling can be an important component of social assistance programs, helping individuals overcome their challenges, build resilience, and create a better future for themselves and their families.

Sample

The batch included a number of 12 elderly people from the Arad Elderly Care Center, 7 women and 5 men, aged between 66-75 years. Due to the restrictions imposed by the pandemic (which still existed in March 2021), the intervention was done individually, counseling groups could not be organized and the number of patients with whom the amputee worked was thus limited.

Research objective

In the initial stage, the main objective was to reduce the anxiety level of the subjects by using a specific counseling method. In the second stage, our main objective was to see if the techniques learned for managing stressful situations and the way of positive thinking are maintained in the long term (one year after learning them).

Methodology

In the first stage, two types of methods were used: *anxiety assessment methods*: the Hamilton Anxiety Scale and *anxiety reduction methods* - individual counseling was used.

The counseling was mainly based on learning some methods and techniques to help the subjects to sort and correctly analyze the information regarding the pandemic, the virus and its mode of action and spread; to understand the necessity of vaccination and to know the

positive effects of the vaccine; to find new activities to distract them from ruminations regarding the increased risk and increased mortality of the virus in the case of their age category; to maintain telephone or online connections with friends and possibly family, in the case of subjects who had family; learning relaxation techniques. At the end of the counseling, the Hamilton Anxiety Scale was administered again in order to correctly assess the progress made in reducing anxiety (Breaz, 2022).

In the second stage of the research, only the Hamilton Anxiety Scale was applied to determine the degree of anxiety compared to last year and a Likert scale to assess the degree to which what was learned during counseling was helpful during this year, in managing other stressful situations they faced.

4. Results and discussion

The 12 subjects who were selected in the initial research presented the highest scores on the Hamilton Anxiety Scale (Breaz, 2022). Table 1. Shows the shares of the 12 subjects regarding the level of anxiety compared to the first evaluation and after the three months of individual counseling.

Table.1: Comparative results on the Hamilton Anxiety Scale March-June 2021

	Odds Hamilton Anxiety Scale			
	easy	moderate	severe	very severe
March	0	0	5	7
June	1	7	3	1

Source: Breaz, 2022

Anxiety refers to states of restlessness, worry, premonitions of unpleasant events, states of insecurity, irritability, anticipated fears.

A qualitative analysis of the answers of the subjects included in the batch, shows that they obtain maximum ratings for anxiety, the feeling of fear being present so often that it can be said that it is part of the subject's daily life and being very difficult to control. The highest scores are also obtained for items that indicate a somatization of anxiety such as: muscle pain, cardio-vascular, respiratory, gastrointestinal symptoms, vegetative symptoms, insomnia.

Some depressive elements were also associated with 8 subjects, in the table presented at the initial assessment, and which refers to the verbal / non-verbal communication of sadness, depression, despair, lack of help, loss of interest, lack of pleasure in entertainment.

The counseling started with learning some methods by which the subjects manage to sort the correct information about the pandemic. Being in a closed environment and unable to perform other activities, the subjects listened to the radio or watched television, which continuously broadcast alarming news about the pandemic, the alarming evolution of daily infections and the increase in the daily number of deaths. This information listened to and viewed throughout the day ended up oversaturating the subjects who could no longer differentiate between correct and exaggerated information transmitted by the mass media and received by them.

The next problem addressed was that of the anti-Covid-19 vaccine. For our subjects, it was necessary to explain to them, in their understanding, the necessity of the vaccine and its importance in reducing the number of infections or in reducing the intensity and severity of the symptoms induced by the virus. All the negative information about the vaccine heard on some media sources or, unfortunately, even from some of the center's employees, had to be combated. Official data were presented with the real effects of the vaccine attested by the decrease in the number of infections and deaths, as well as with the possible adverse reactions

that the vaccine could have. In this way, an attempt was made to reduce the ruminations related to the danger represented by the virus and the fear of death, which many of the subjects thought was imminent.

Then we moved on to finding some activities that would give them a different concern and divert their thoughts from the actual pandemic situation. For this, the individual discussions focused on the preferences and possible hobbies of the subjects in order to choose those activities that could be carried out under conditions of maximum safety. They were offered various activities such as: reading, solving crosswords, sudoku, crocheting or knitting, drawing, etc. Although they are individual activities they can provide a lot of satisfaction when they are completed, leading to the reduction of anxiety and the centering of concerns in other directions. By performing various activities during the day, which they could alternate, the subjects could significantly reduce the somatization phenomena of anxiety and no longer focus only on possible somatic symptoms and their exaggeration (Breaz 2022).

One of the big problems that all of our subjects had was a strong sense of excessive isolation. This was due to the gates and the ban on visits from outside the center during the pandemic, which made them feel much more alone and abandoned than before. In addition, they no longer had the right to go out in the city, so they could no longer meet friends outside the center or participate in some cultural events that they could participate in before the pandemic. This fact only increased their feeling of isolation and abandonment. That is why, in the continuation of the counseling process, the subjects were taught how to get in touch with friends outside and possibly with some members of their family, not only by phone, but also online. In this way, the subjects had the impression that, thanks to the conversations they had with those they knew and were close to, they were not as isolated as they had felt before.

In the final part of the counseling, the learning of some gymnastics exercises was used to contribute to maintaining the tone of the subjects and increasing the feeling of well-being. In addition, simple relaxation techniques were learned, taken from the Schultz autogenous training technique, with even the introduction of intentional formulas such as "I feel good, getting better". The purpose of learning these techniques was to equip subjects with means to help them relax and reduce the negative effects of anxiety on physical and mental health. In fact, the entire counseling activity had the ultimate goal of increasing and improving the quality of life of the residential elderly during the pandemic.

From table 1 it can be seen that out of the 12 subjects, who at the initial assessment were in the categories of severe and very severe anxiety, only 4 remain in these categories after the end of the counseling. We had only one subject who remained in the very severe anxiety category and three subjects who were in the severe anxiety category. The remaining 7 subjects (almost 2/3 of our group) were enrolled in the moderate and mild categories: 7 subjects were classified in the moderate anxiety category and 1 in the mild anxiety category.

These results clearly highlighted the utility and effectiveness of the counseling program used in reducing anxiety in residential subjects. Practically, the subjects regained some of their pre-pandemic disposition and learned how to better manage the existing situational conditions in order to improve their lifestyle.

The qualitative analysis of the subjects' responses highlights a significant reduction in the anxiety, somatizations and insomnia that the subjects complained about at the beginning of the research. Muscle pain, cardiovascular, respiratory and vegetative symptoms were almost completely reduced, and sleep improved significantly, reducing insomnia and nightmares during the night.

After a year, in June 2022, I applied the Hamilton Anxiety Scale again to the same 12 subjects to see to what extent what they learned during counseling helped to keep their anxiety at a tolerable level and helped them overcome other stressful situations they faced during this period. The results are presented in table 2.

The results show us a very good situation of the evolution of the subjects in the last year. We have no subject with very severe anxiety; 2 subjects still remain in the category of

severe anxiety; 6 subjects are included in the moderate anxiety category and 4 subjects in the mild anxiety category. The two subjects in the severe anxiety category each had a very close person die due to the COVID-19 virus and still have insomnia and nightmares related to this event. For most of the subjects, anxiety decreased considerably within a year, not only because the pandemic ended, but also because they were able to use what they learned during counseling. Many chose various activities for entertainment and relaxation: painting (3 subjects, reading 5 subjects, crocheting 3 subjects, computer game 1 subject).

Table 2: Comparative results on the Hamilton Anxiety Scale June 2021-June 2022

	Hamilton Anxiety Scale			
	easy	moderate	severe	very severe
June 2021	1	7	3	1
June2022	4	6	2	0

Source: generated by the author

Moreover, they continued to perform all this time the learned gymnastics exercises as well as the relaxation techniques, which, according to their statements, helped them to keep in shape and to detach themselves from the stress of everyday life. That is why they were less psychologically affected by other social events that deeply marked the population of the country: the war in Ukraine, the increase in the price of food and energy, the fear of a nuclear war, etc. The positive way of thinking, acquired during counseling, helped them sift through the multitude of information in these fields and analyze them relatively objectively, without exaggeration.

In order to appreciate the effect of what was learned during counseling during the period of one year, we asked the subjects to appreciate these aspects on a Likert scale (where 1 = very much and 5 = very little) (see table 3).

Table 3: Assessing the effect of long-term counseling

	Degrees Likert scale				
	1	2	3	4	5
positive thinking	8	3	1	0	0
hobbies	10	1	0	0	0
relaxation exercises	7	4	1	0	0
information analysis	8	2	2	0	0

Source: generated by the author

The subjects appreciated that the effects of counseling were especially evident when they had to deal with catastrophic news about various social events. One of the great shortcomings of the mass media is that it repeatedly broadcasts the same information about negative social events. For the elderly in residential centers who have no other entertainment, listening to the same news all day leads to a catastrophic and disastrous attitude, which increases panic and anxiety about the future. They have no other information possibilities than those offered by television and the endless discussions with other fellow residents about the ongoing events. So, it is not surprising that these events take on huge proportions in their minds and represent severe threats to the progress of their daily lives.

Our subjects were able to objectively analyze the information and give it its real value, not the one obtained from rumors or general hysteria. In this way, the events remain at their

real value and do not acquire exaggerated dimensions that affect their mental or physical well-being.

Although the acute phases of the pandemic have passed, there are still many problems that need to be studied: the sequelae of getting sick with COVID-19, the long-term effects of social isolation (especially on children and adolescents), readjustment to everyday life, the loss of close people, etc. All these aspects require complex research to help people overcome them and contribute to finding solutions and ways to improve the quality of their physical and mental life.

5. Conclusions

The two-stage study backs up the idea that an appropriate counseling model can help reduce the anxiety of elderly people in nursing homes not only immediately, but also in the long run. The effectiveness of the counseling method was demonstrated not only objectively (by the obvious and progressive reduction of short- and long-term anxiety), but also subjectively (by the subjects' personal assessments) (see Likert scale). More research is needed to validate these findings on a larger population before the general implementation of a specific counseling program that will contribute to the physical and mental well-being of the elderly and increase their quality of life in the residential environment. In addition, the application of these counseling methods could lead to the prevention of other mental disorders that may appear post-COVID-19 or in case of other social events with a major impact on the population.

Acknowledgment: We hereby state that the subjects involved in our research were informed about the voluntary character of participation in this research, about the understanding of information and of the fact that withdrawal from research is possible at any time without negative consequences upon the participant. The research complied with all ethical research standards, the research participants/participants' guardians giving their consent to participate in the research.

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