



Analysis of Psychosocial Consequences of Covid-19 Disease and Vaccination in the Elderly: A Qualitative Study

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Abstract

Introduction: The elderly are one of the sensitive groups at risk of developing Covid-19 disease. We aimed to investigate the psychosocial consequences of Covid-19 disease and vaccination in the elderly.

Methods: The phenomenological method was used in the current study. The study population included all the elderly receiving the Covid-19 vaccine in Sari city, Iran. 13 individuals were selected through purposeful sampling method who were interviewed afterwards. The Colaizzi Phenomenological method was used to analyze the data.

Results: Data analysis led to the identification of 5 main themes, 11 sub-themes, and 56 primary open themes. The first major theme was "psychological status." Psychological status included a set of reactions that included the following sub-themes: 1-Positive psychological status, 2-Negative psychological status. The second main theme was "recreational and communication status". Recreational and communication status was a set of behaviors that included the following sub-themes: 1-Health-based personal entertainment and communication, 2-Destructive entertainment and communication. The third main theme was physical and health status with these central themes: 1-Psychological and behavioral consequences of receiving the vaccine, 2-Physical complications of receiving the vaccine, and 3-Change in physical examinations. The economic status as the fourth main theme included: 1-High cost of Covid-19, 2-Career problems. Finally, the last major theme was lifestyle with the following central codes: 1-Pre-corona family plans and, 2-Post-corona family plans.

Conclusions: The results showed that it is important to pay attention to the experience of the elderly in the coronavirus crisis and that the devastating consequences of Covid-19 can be avoided.

INTRODUCTION

Coronavirus is a deadly disease that continues to affect many countries around the world [1, 2]. In such a way that the global epidemic of this disease leads to the emergence of new clinical behaviors such as lack of confidence in the health care system of countries and xenophobia [3, 4]. It also causes symptoms of psychological and physiological stress (fear, panic, tension, etc.). Psychological numbness (experience of state of disintegration and distress, feeling of inadequacy and helplessness). Thinking or talking about crisis, apostasy, neglect of personal affairs and life, taking refuge in dreams and imagination, depression, loneliness, despair in people [5, 6].

Although people of all ages are at risk for developing Covid 19 disease, the elderly are more likely to experience severe infections, complications, disability, and death [7]. Old age is a period of psychological transformation in the course of life that covers approximately 60 years of age and older and involves natural, progressive, spontaneous and irreversible physiological changes, in which both physical and mental strength are significantly decreased [8]. The U.S. Centers for Disease Control and Prevention reports that although 17 percent of the total US population is over 65 years old, 31 percent of people with Covid 19, 45 percent of inpatients, and 53 percent of the patients in ICU, and 80% of mortality due to Covid-19 are seen in the elderly. This suggests that the elderly are more likely to develop Covid 19 and experience worse consequences [CDC COVID-19 Response Team, #10]. According to a study conducted in other countries such as China, the mortality rate of the disease in the elderly was 14.8% [9]. This study suggested that 31% of cases, 45% of hospitalizations, 53% of hospitalizations in ICUs, and 80% of deaths occur in people over the age of 65, and many of the most severe complications of the disease are seen in the elderly with 85 years of age and older [10].

On the other hand, it is difficult to identify and manage infections in the elderly. Respiratory diseases usually have a U-shaped mortality curve and mortality rate is higher in children and the elderly than in other ages, but this is not the case with Covid 19 disease and the mortality rate in the elderly has increased and children are less prone to mortality [11, 12]. Because with age, the immune system undergoes many changes, which is called immune senescence [11, 12]. Immune senescence, characterized by a reduced ability to produce an adequate immune response against infection and susceptibility to a proinflammatory disease, is a major cause of vulnerability of the elderly to the Covid 19 virus [13]. In the elderly, the duration of hospitalization and the duration of clinical symptoms increase, the disease progresses faster, the mortality rate,

lung involvement, and the need to use mechanical ventilation also increase [14, 15].

In this regard, after the results of studies showed that the elderly are more at risk against the virus, the World Health Organization and governments advised the elderly to stay at home to prevent the disease, to observe social distancing and refrain from visiting friends and family [16]. While the separation of the elderly is essential for their physical safety, its implementation without supervision, management, and support has increased loneliness, worsened mental health, compromised the independence of the elderly, and affected their overall health [15]. Undoubtedly, distancing oneself from the community and quarantining oneself at home is an unpleasant experience for everyone, especially the elderly and causes stress in this group. In these situations, they may feel rejected and forgotten by others. These conditions worsen the condition of older people who already have experienced social isolation or cognitive impairments such as Alzheimer's and dementia, and may cause or exacerbate anxiety, fear, restlessness, and stress amongst them [17]. Social isolation caused by quarantine can have many consequences for the mental health of the elderly, including acute stress, irritability, insomnia, and anxiety disorders, mood disorders such as depression, fear, anxiety and stress caused by financial issues, frustration, feelings Loneliness, lack of facilities and poor communication [18].

In order to alleviate these problems, vaccination is the most important public health measure and the most effective strategy to protect people against Covid 19 [17, 19]. Given the global demand for vaccines, distinct vaccination strategies prioritize the population groups most at risk for severe disease or death. Beyond the limitations of vaccine procurement, opposition to vaccination as a strategy to combat the epidemic has become widespread [20]. A study conducted in 27 countries found that 1 in 4 people do not receive the Covid 19 vaccine because of concerns about side effects and doubts about its effectiveness, and another study indicates that about half of people prefer others to get the vaccine first which can indicate fear and consensus with others. Also, some people are more afraid of having to be vaccinated for Covid-19 than of the virus itself [21, 22]. While the advent of Covid vaccines has brought great hope and excitement to the world, various narratives about the virus itself and against the vaccine challenge vaccination strategies, which can greatly impact the coverage and time required to eliminate transmission [23-25]. Despite the uncertainties about vaccination, effective vaccination is essential in reducing disease and preventing death [26].

At the beginning of Covid-19, the lack of access to effective vaccines and drugs raised concerns about the

elderly. Extensive vaccination in Iran also began in February 2016. And the elderly were given priority for injection because of their vulnerability to the disease. Although vaccination does not mean the end of Covid-19 in the world and may have side effects, if vaccination is widely accepted and used, it has the greatest potential to end the Covid-19 epidemic [27].

The results of Nguyen's study (2021) show that Covid 19 vaccination has a positive effect on mental health. In particular, 100% increase in the number of people vaccinated per 10 million people causes people to be 24, 23, 12 and 14%, respectively, less prone to anxiety, worry, dissatisfaction and depression on a daily basis. The probability of having at least one of the four symptoms (anxiety, worry, sadness and depression) every day is 27% decreased. Thus, vaccination against Covid-19 disease not only protects people against infection, but also greatly reduces fear and anxiety about the possibility of infection, and many people will experience reduced stress by receiving the vaccine by their loved ones [23].

Considering the consequences of the Covid 19 pandemic for the elderly in different aspects and the different effects that receiving the vaccine can have on different aspects of their lives, also considering that although in some studies, some of the consequences of the COVID-19 pandemic in the elderly have been investigated, few studies have investigated the psychosocial consequences of the COVID-19 and receiving the vaccine in a qualitative and in-depth manner, the present study aimed to investigate the psychosocial consequences of Covid-19 disease and vaccination in the elderly.

METHODS

A qualitative approach was used to investigate the psychosocial consequences of Covid-19 disease and vaccination in the elderly.

Population, Sample, and Sampling Method

A qualitative phenomenological approach was used in this study. The study population included the elderly receiving the Covid-19 vaccine in Sari city, Iran. In the present study, purposeful and available sampling method was used to select the sample and 13 people were selected as the study sample. Therefore, based on the purpose of the study, participants were selected from the elderly who were willing to express their views on their experiences with the Covid-19 vaccine. Sampling was performed based on two variables of gender and age. The selection of subjects continued until the data were saturated, i.e. when no new information was obtained during the interview. Data saturation is an approach in qualitative research to determine the adequacy of sampling and occurs when no more data that cause the extension, enlargement or addition to existing concepts are entered in the research [24]. In order to minimize

the heterogeneity of the participants in the study, the inclusion criteria were considered, which were: 1- Willingness to participate in the study, 2- Being an elder between the age range of 60-80, 3- Resident of Sari, 4- No history of chronic mental illness. Exclusion criteria were also considered for the study, which were: 1- History of chronic mental illness, 2- Lack of diagnosis of Covid-19 3- Unavailability for interview.

Prior to the interview, participants were given the necessary explanations about the ethics of the research and after obtaining their consent, they were assured about the right to cancel the interview and the confidentiality of the details throughout the research process. Participants were also asked to provide consent for recording the interviews. The interviews lasted from the beginning to the analysis of the results for 3 months from January 10th to April 6th, 2022 and all the interviews were conducted between 30 and 45 minutes. In the current study, due to the exploratory nature, opportunist structured interviews were used. This type of interview, also known as phenomenological interview, is a special type of comprehensive interview based on the theoretical method of phenomenology, in which the main source of information is an in-depth interview that is conducted collaboratively between the researcher and the interviewee [25].

The interview consisted of open questions that were designed by the researchers based on the objectives and theoretical background of the research. First, the interview was started with a general question: "What psychological effects has the experience of having the Corona virus had on you, and what fears and worries have you had?" that allowed the participants to approach the topic of their illness in this area as they wished. The interviews were then carefully transcribed on paper for further analysis. It should be noted that in order to preserve the specifications of the subjects, the words (participant No. 1, 2, etc.) were used in the report of quotations.

In order to analyze the data, the Colaizzi method was used, which is one of the most widely used methods of analysis in phenomenological research [28]. According to this method, in this study, after conducting the interview and transcribing the interview on paper, the text was read several times and then, the important findings of each interview were found to feel in the same way as the participants in order to understand them, important sentences related to the under-study phenomenon were extracted, specific concepts and meanings were given to the main contents were referred to and the ideas were compared and combined, the studied phenomenon underwent a final description, and finally the description of the phenomena were returned to the participants in order to validate the results. The first author performed coding while the others supervised the coding process. In case of any disagreement about the codes, the authors discussed to

reach agreement. The MAXQDA software (v. 10.0) was employed for handling the data [29].

To evaluate the validity and accuracy of the research data, four judgment criteria including credibility, transferability, dependability and confirmability proposed by Guba and Lincoln (1985, 1994) [30, 31] were used. To ensure credibility, there was constant involvement with the subject and research data. The professors' opinions were used in connection with the interviews' processes and their analysis. Expert colleagues' supervision was used to check the dependability of the data and the transcripts of the interviews were provided to the colleagues for a more detailed review of the coding. To achieve the principle of transferability, it was tried to recruit the elderly at

different occupational, social and cultural levels. In addition, in order to ensure confirmability, researchers tried not to include their judgments and biases as much as possible, and by recording all the steps and the resulting data and preserving the documents in all stages of the research to help to ensure the researchers of this research. This research was approved by the ethics committee in the research of the faculty social work of the University of Social Welfare and Rehabilitation Sciences with the code 209/118/9912.

RESULTS

The descriptive characteristics and information of the sample group are shown in Table 1.

Table 1. Demographic Characteristics of Participants

Code	Age	Gender	Education	Job	MaritalStatus
1	76	Female	Post-diploma	Retired teacher	Widow
2	72	Male	Diploma	Retired governor	Married
3	83	Female	Post-diploma	Retired teacher	Widow
4	73	Female	Middle School degree	Housewife	Widow
5	76	Female	Post-diploma	Retired teacher	Married
6	71	Male	Diploma	Retired teacher	Married
7	70	Female	Middle School degree	Housewife	Married
8	69	Male	Middle School degree	Retire weaver	Married
9	68	Female	Middle school degree	Service job	Married
10	71	Female	Primary school	Housewife	Widow
11	61	Male	Middle school degree	Housewife	Married
12	60	Female	Middle school degree	Service job	Married
13	71	Female	Middle school degree	Housewife	Widow

Table 2. Open, Pivotal, Selective Coding of Categories

Selective Coding / Pivotal Coding	Open Coding
Psychological status	
Positive psychological status	Adjustment with conditions/positive psychic energy/resiliency
Negative psychological status	Mourning for spouse due to coronavirus / Feeling sad / Depression / panic / Feeling lonely / Aggression / Stress and mental pressure/ Affected by others' death due to covid-19 / Fear of disease transmission / Fear of losing loved ones / Laziness in receiving vaccination
Recreational and communication status	
Health-oriented personal recreation and communication	Home quarantine / Social distancing / relationship with God and belief in God's wisdom / Vows and recourse / Restrictions on communication / Studying / Plant care / Daily exercise
Destructive recreation and communication	Mourning without hug / excessive use of cell phone / being trapped at home
Physical and health status	
Psychological and behavioral consequences of receiving vaccine	Feeling safe / feeling at ease / trusting the vaccine / returning to a normal life / life expectancy / feeling worried / reducing anxiety / following post-vaccination protocols / washing equipment / promoting general health
Physical complications of receiving vaccine	Pain in hands / fever and chills / feeling numb
Change in physical examination	Refraining from visiting doctor / Visiting the doctor in absentia / Delay in seeing a doctor / Observing protocols and seeing a doctor
Economic status	
High treatment costs of Covid-19	Transportation costs / physical treatment costs / food costs
Career problems	Unemployment / market recession
Life style status	
Family plans prior to Covid-19	Holding Quran-reading sessions / Regular attendance at religious places / Frequent communication with friends / Traveling / Monthly shopping schedule / Weekly get-together meetings
Family plans after Covid-19	Restrictions on shopping for necessities / online shopping / not going out with family and friends

As can be seen in the data in Table 1, the mean age of participants was 70.84 years, 69.23% women and 30.76% men. In terms of education, 7.69% are elementary, 53.84% have middle school degree, 15.38% are diplomas and 23.07% are post-diplomas; 38.46%

were housewives and 61.53% were employed. Also, 38.46% were widows and 61.53% were married. The following are the results of experience and data analysis in Table 2.

Data analysis led to the identification of 5 main themes, 11 sub-themes, and 56 primary open themes. The first major theme was "psychological state". Psychological status included a set of reactions that included the following sub-themes: 1- Positive psychological status, 2- Negative psychological status. The second main theme was "recreational and communication situation". Recreational and communication status was a set of behaviors that included the following sub-themes: 1- Health-oriented personal recreation and communication, 2- Destructive entertainment and communication. The third main theme with the central themes of psychological and behavioral consequences of receiving the vaccine included these sub-themes: the physical complications of receiving the vaccine and the change in physical examinations. The economic status as the fourth main theme included the 1- High cost of Covid-19 and 2- career problems. Finally, the last major theme was lifestyle status with the central codes of pre-corona and post-corona family plans.

The First Main Theme: Psychological Status

In this section, we will explain the examples of selective and central themes.

Positive psychological status: One of the themes was positive psychological status with the subcategories of adjustment with conditions, positive mental energy, and resiliency. The following is an example of a quote from participants.

"I try to be normal, to give myself positive energy and the positive energies that I do through mobile are very effective for me and I try to use them." Participant no 1.

Negative psychological status: Another psychological condition experienced by the elderly was negative psychological status with the following codes: mourning for spouse due to Covid-19, feelings of sadness, depression, panic, loneliness, aggression, stress and psychological pressure, grieving because of mortality of people due to Covid-19 pandemic, fear of transmitting the disease, fear of losing loved ones and laziness in getting vaccinated.

"I'm still at home, the kids will not let me go out at all, my son is doing my shopping, so it's probably because I'm a little depressed." Participant no 13.

The Second Main Theme: Recreational and Communication Status

Health-oriented individual recreations and communications: Among the themes obtained are health-oriented recreation and personal communication with the sub-themes of home quarantine, social distancing, relationship with God and belief in God's wisdom, making vows and appeals (to God), restrictions on communication, studying, caring for plants and daily exercise.

"I've been exercising every morning since I have known myself. My son sent me a file. There are special exercises for the neck and back, and other stuff, I do these exercises every

day, and I have a lot of flowers and plants that calm me down." Participant no 8.

Destructive recreation and communication: In contrast to health-oriented recreation and communication, some elderly were involved with destructive recreations and communications. This category included mourning without hug, excessive use of cell phone, being trapped at home.

"My husband died of Covid-19. He had not been vaccinated. He could not stand the crowds. We did not hold a funeral for him. It was very difficult that no one came to offer condolences. "You know one gets sad to see friends, family members, and acquaintances developed Covid-19 and died, but you have to get along with destiny, you just have to cope and there is no other choice. That is, there is no choice but to endure." Participant no 1.

The Third Main Theme: Physical and Health Status

Psychological and behavioral consequences of getting vaccinated: This theme includes the open themes of feeling safe, feeling at ease, life expectancy, trusting the vaccine, reducing anxiety, returning to a normal life, feeling worried, following post-vaccination protocols, washing equipment and upgrading general health.

"It has some side effects. When you get vaccinated, you get some relief. You have less stress. All human beings are like that. They are looking for less stress. Now that I received vaccine, I have to watch out you know." Participant no 6.

Physical side effects of the vaccine: Another sub-theme of the physical and health status was the physical side effects of the vaccine with the open themes of pain in the hands, fever and chills, and a feeling of lethargy.

"After the first vaccine, I hands ached for a day or two I had a little headache, a day or two I was lethargic, I felt like I had a small fever." Participant no 12.

Change in physical examinations: Change in physical examinations was another theme that underwent changes due to Covid-19. These changes manifested themselves in four open themes: not visiting the doctor, visiting the doctor in absentia, delay in visiting the doctor, and observing the protocols and visiting the doctor. In other words, the elderly needed to be examined annually or monthly by a doctor and to monitor their specific diseases.

"I used to go to the doctor at the center, but now I'm not going. Because I'm afraid to develop Covid-19 in the office. I'll not go at all. I ask my questions on phone." Participant no 3.

The Fourth Main Theme: Economic Status

High costs of Covid-19: Covid-19 has also affected the economic status and the high cost of Covid-19 is one of the themes obtained. This cost is manifested in the three themes of transportation cost, physical treatment cost and food cost. The following is an example of a quote from participants.

"When you want to buy a carrot for a sick person, 30.000 tomans per kilogram, a kilogram of pear, 50.000 tomans. All these costs cannot be ineffective."

Economic problems: Among the other themes mentioned by the participants was economic problems with the sub-themes of unemployment and market downturn. In addition to the high costs, other economic issues also affected the lives of the elderly or their children. The following is an example of a quote from participants.

"I was very upset when I saw that with the arrival of Corona, the work and business of my children and wife had deteriorated and it was not like before, and it was with all that loss." Participant no 9.

The Fifth Main Theme: Lifestyle Status

Pre-Corona family plans: Covid-19's disease, in addition to the above, also changed people's lifestyles. Pre-Corona family programs included Qur'anic meetings, regular attendance at religious places, frequent contact with friends, travel, a monthly shopping program, and weekly get-togethers. Participants acknowledged that all that was said disappeared with the emergence of the coronavirus, which was replaced by home quarantine. The following is an example of a quote from participants.

"We used to be happier, we used to see our friends and colleagues, we had Quranic meetings, we used to have meetings with our colleagues once a week and our spirits would open up, it's very effective, but now everyone is observing the protocols and we have to do the same." Participant no 2.

Post-corona family plans: The elderly in the study stated that post-corona family plans included restrictions on shopping, online shopping, and not traveling with family and friends. Thus, Corona has affected both family and social relationships.

"I cannot go to the market; I call the kids to buy the stuff for or we buy it online" Participant no 11.

DISCUSSION

The results of the present study showed that there are 5 main themes, 11 sub-themes, 56 primary open themes in relation to the psychosocial consequences of Covid-19 disease and vaccination in the elderly. The first major theme was "psychological status." Psychological status included a set of reactions that included these sub-themes: 1- Positive psychological status, 2- Negative psychological status. The second main theme was "recreational and communication status". Recreational and communication status was a set of behaviors that included sub-themes: 1- Health-oriented personal recreation and communication, 2- Destructive recreation and communication. The third main theme was physical and health status with the central themes: 1-psychological and behavioral consequences of receiving the vaccine, 2-the physical complications of receiving the vaccine, and 3- the change in physical

examinations. The economic status as the fourth main theme included the high cost of Covid-19 and career problems. Finally, the last main theme was lifestyle status with the central codes of pre-corona and post-corona family plans. In the following, each of the main themes is explained.

The First Main Theme: Psychological Status

In addition to the stress associated with the risk of Covid-19, the prevalence of Covid-19 has placed many limitations in many countries, which in turn can have a devastating effect on the health and psychological dimensions of the elderly. Social alienation and home quarantine is an unpleasant experience that has a negative psychological effect on the elderly, during which time disruptive support systems and social isolation can make the elderly vulnerable to acute stress reactions. Research shows that even for people who already have a mental health condition, a pandemic can cause anxious thoughts and obsessive behaviors and increase negative emotions such as anxiety, depression, anger and sensitivity to social risks, while scores of positive emotions such as happiness and life satisfaction decrease [32]. In a study conducted by Olyani and Peyman [33] to evaluate the psychological well-being of the elderly during the outbreak of Covid 19, the results showed that 71.2% of the elderly have low mental well-being and factors such as loneliness, chronic illness and lack of physical activity were related to low well-being. If we consider Covid 19 disease as a psychological crisis with a transient and perhaps severe state of disorder and disorganization of the individual, its main feature is on the one hand the inability to deal with it and the inefficiency of the usual methods of problem solving until the condition exists. On the other hand, the individual is prone to change and the underlying consequences are positive or negative. When faced with crises, people are forced to use their own coping resources and, accordingly, choose a specific response and cope with such challenging situations in different ways. In this regard, some of the elderly in the present study tried to deal with various mechanisms to reduce mood symptoms and increase their adaptation to the conditions [34, 35].

The Second Main Theme: Recreational and Communication Status

The spread of this pandemic forces people to face some damage, such as: loss of sense of security, social communication and individual freedoms. People are experiencing the grief of losing a life. Social support can be a support in overcoming grief, which is a problem during the physical distancing that the elderly is in their homes and away from loved ones and those around them. The elderly is more concerned about their health and family and less concerned about their leisure time and friends. Elderly people communicate with their social networks through cyberspace, phone calls, text

messages, video chat and social media [36]. Participants mentioned the following activities to pass the quarantine time: staying active, healthy sleep and eating patterns, managing stress by listening to music, watching movies, exercising at home, talking to professionals if needed, and having a healthy diet, talking to loved ones about worries, doing fun and enjoyable activities, connecting with credible sources for news (being positive), doing things that can be done and not grieving about what is lost, paying attention to the transience of the situation and connecting with God and belief in God's wisdom.

The Third Main Theme: Physical and Health Status

Covid-19 vaccine can reduce the psychological burden of the pandemic. Because poor mental health can disrupt daily life, provoke antisocial behaviors, and increase the risk of cardiovascular disease, Covid 19 vaccination may have significant long-term consequences for improving mental health. Vaccination, as an important tool for pandemic control, is likely to reduce severe non-pharmacological measures such as quarantine, which has been shown to adversely affect mental health. As a result, the mental health of the population can be increased in response to higher levels of Covid 19 vaccination. Since the Covid vaccine is not a definitive cure, it needs to be combined with other non-pharmacological interventions to effectively prevent the spread of the disease and increase general well-being [23].

The point to keep in mind is that the vaccine stimulates the human immune system, so it can cause some side effects or complications after vaccination. The most common complications after vaccination are fever, pain, redness and slight stiffness at the injection site. Fortunately, these side effects are usually very transient and spontaneous. The important thing to consider when using vaccines is that their benefits in maintaining the health of the elderly are hundreds of times greater than the potential side effects of vaccination or the risk of not getting vaccinated and getting the disease [37, 38].

Due to the closure of day care centers and clinics that helped rehabilitate the elderly, as well as limited access to health services, especially for the elderly with chronic illness, this is a major blow to those who need in-person services and counseling [39].

The Fourth Main Theme: Economic Status

The outbreak of coronavirus has had a negative effect on the economic situation of the elderly. Since the outbreak of the corona, part of their income has been spent on health supplies to prevent Covid-19, and the corona has thus affected their economic situation [40].

The deteriorating economic status of some of the elderly was another negative consequence of the outbreak of the Corona virus. Although some of these elderly people were retired and did not have much economic concern about it; But for the elderly who worked as daily-paid

workers for a living, the outbreak of the coronavirus had put them under great economic pressure. The allocation of a portion of the income to the provision of Covid-19 preventive drugs was another factor that affected the economic status of the elderly. Thus, as the evidence shows, the closure and quarantine caused by the corona has caused many manufacturing industries to shut down and many businesses to suffer severe losses; And this huge blow to the economy has caused insecurity and stress among people, which can indirectly have consequences for their health. And this economic shock can be experienced more severely by the elderly, who also have problems regarding their physical abilities. The provision of social support packages by welfare organizations may also be considered.

The Fifth Main Theme: Lifestyle Status

The corona crisis has made positive and negative lifestyle changes. This pandemic has not only disrupted the body, but also manipulated the body of society, and the least form of this manipulation is to remove some elements from relationships and add other elements to our relationships. Many elements of the relationship, such as hugging, kissing, shaking hands, sitting together, carefree eating in public, group exercise, etc., didn't use to be so frightening to us. The corona epidemic was a flip that on the one hand called on human beings to re-read and rethink their lifestyle and on the other hand, created the conditions for a new way of life to forcibly rule human societies [41].

The results of research showed that if the physical distancing in human life continues, part of the properties of social relations will be lost. Contrary to popular belief, physical distancing and social distancing are not completely separate concepts, but intertwined. There can be no physical distance between people, so that social relations do not change and in particular intimacy is not restructured. Emotional relationships are transformed based on physical relationships. If physical relationships lose their place, our relationships will take on a new formulation. The findings show that the more people stay home, the more we will see an increase in watching TV and online videos and using cyberspace. New biosocial practices in the context of cyberspace have become more and more prominent, and today new styles such as reconciliation, conversations, funerals, economics, culture, scientific and work meetings, etc., are affected by the pandemic and humans have changed their social relations in the context of networks and cyberspace, in accordance with this new lifestyle [41, 42].

One of the limitations of the study was that the duration of the interviews was short in order to observe the condition of the elderly. In addition, the short answers of some participants to the interview questions were other limitations of this study. Also, the specific type of sample was associated with difficulties in accessing them

due to the special conditions of the corona pandemic created in the community. It is suggested that in future studies, while lifting the limitations of the present study, this study be repeated in other areas, in the gender of men and women separately and in different ethnicities of Iran, in order to have a more accurate and comprehensive model the psychosocial effects of Covid-19 and its vaccine in the Iranian culture and it will be presented to organizations and specialists in the field of aging. It is also suggested that the credibility of the identified components be assessed among a larger group of older people.

CONCLUSION

The results of this study show that the covid-19 disease and vaccination in the elderly is not just a negative experience like the results of some studies. Rather, Iranian elderly consider Covid-19 Disease and vaccination also as a good opportunity for intellectual and mental maturation, developing a strong identity, and closer companionship with their children. Of course, they suffer from different physical and mental problems and miss some opportunities; yet they can receive strong social support and adequate healthcare services. For example, based on the results of this study, it is necessary for the responsible institutions to take appropriate interventions in order to reduce the

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