

A different side of the COVID-19 pandemic: Narratives told by older adults

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Abstract

The present study investigated the nature and meaning of the experiences of older adults who lived through the SARS-CoV-2/COVID-19 pandemic and the lockdown periods in Portugal. Narrative Research was used to explore the lived stories of two community-resident female older adults, recruited through convenience sampling. Data was collected through a semi-structured interview and thematically analyzed. Participants' testimonies revealed a somewhat positive experience and no overwhelming difficulties were expressed. A positive and close relationship with family and personality traits such as optimism and hope emerged as the main coping strategies and resources to overcome challenges. Participants' stories also highlighted constructs still scarcely studied among older adults: acceptance, self-compassion, and event centrality. Our findings, therefore, highlight the importance of acknowledging the idiosyncrasies of this population, rather than envisioning them as a homogenous at-risk group. Future research should use qualitative methodologies to give voice to older adults with different life stories.

Keywords: qualitative study, narrative research, life stories, older adults, COVID-19.

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Um outro lado da pandemia COVID-19: Narrativas contadas por adultos idosos

Resumo

O presente estudo investigou a natureza e o significado das experiências de adultos idosos que viveram a pandemia SARS-CoV-2/COVID-19 e os períodos de confinamento social em Portugal. A Investigação Narrativa foi utilizada para explorar as histórias de vida de duas participantes idosas residentes na comunidade, recrutadas através de amostragem por conveniência. Os dados foram obtidos através de entrevista semiestruturada e posteriormente trabalhados através de Análise Temática. Os testemunhos das participantes revelaram uma experiência relativamente positiva da pandemia, sem relato de dificuldades significativas. Uma relação próxima e positiva com a família, bem como traços de personalidade como otimismo e esperança, emergiram como principais estratégias de *coping* e recursos para enfrentar os desafios mencionados. As narrativas das participantes também salientaram construtos psicológicos ainda pouco estudados na população idosa: aceitação, autocompaixão, e centralidade do evento. Os nossos resultados salientam, assim, a importância de reconhecer as idiosincrasias desta população, em vez de encarar os adultos idosos como um grupo de risco homogêneo. Investigação futura deverá recorrer a metodologias qualitativas para dar voz a adultos idosos com narrativas de vida diferentes.

Palavras-chave: estudo qualitativo, investigação narrativa, histórias de vida, adultos idosos, COVID-19.

INTRODUCTION

The health crisis caused by the SARS-CoV-2/COVID-19 pandemic has impacted societies worldwide and, despite the progress in the vaccination process, the return to “normal life” must be taken cautiously. To date, over 200 million cases and over 4 million deaths have been reported in total, with Portugal reporting over 1 million cases and over 17 thousand deaths (Worldometer, 2021). COVID-19 symptoms and consequences are particularly dangerous among older adults (e.g. WHO, 2020), making this population one of the main at-risk groups. Likewise, the specific healthcare recommendations established for older adults were, at times, stricter than for younger populations.

Some of the main recommendations to slow down infection rates were social distancing and lockdown periods. Despite its irrefutable importance, these strategies have been associated with potentially negative experiences such as separation from family and friends, restrictions in individual freedom, uncertainty about one’s health status, and sentiments of boredom and tedium that may trigger or

exacerbate mental health disorders (Brooks et al., 2020; Rubin & Wessely, 2020). According to Santini et al. (2020), social isolation may be particularly detrimental to older adults and increase the risk of anxious and depressive symptoms.

Portugal has a gradually ageing population and, as estimated in December 31st 2018 by Statistics Portugal (INE), 21.8% of the population were aged 65 years or older (INE, 2019). According to Ferreira et al. (2021), Portuguese older adults reported higher levels of anxiety and lower health-related quality of life whilst undergoing the first lockdown, in comparison with younger adults under the same conditions and with adults assessed before the pandemic. Similar findings were reported by de Maio Nascimento (2020), who found that some older adults expressed difficulties adjusting to the changes in daily routines that were required to comply with healthcare recommendations, resulting in manifestations of anxiety.

Nonetheless, some literature suggests that, despite considered an at-risk group due to their age, older adults may not have lived through the pandemic crisis in a more negative way than their younger peers, but rather have maintained their well-being and psychological health (e.g., de Bruin, 2021; Ceccato et al., 2021; Chemen & Gopalla, 2021; García-Portilla et al., 2020; López et al., 2020; Wilson et al., 2020). On the other hand, categorizing older adults as “at-risk” simply because of their age may give rise to other questions, as explored by Rahman and Jahan (2020). The researchers discussed how considering older adults as a homogenous at-risk or vulnerable group, whilst ignoring the role of cultural, social, and contextual differences, may be taken as an oversimplification and even an ageist approach. Potential consequences of this categorization (e.g., exclusionist discourses toward older adults, risk of social isolation, increased levels of psychosocial distress) were also discussed. A research alternative, therefore, would be to understand the idiosyncrasies of how older adults have lived through the pandemic by allowing them to tell their own stories.

Among this population, the experience of living through the pandemic crisis and the lockdown periods has been scarcely studied using qualitative methodologies. Two noteworthy exceptions are the work by de Maio Nascimento (2020), who used interviews to investigate the impact of social isolation on the mental health of Brazilian older adults, and the work by Chemen and Gopalla (2021), who used a lifeworld hermeneutical approach to explore the experiences of older adults during the lockdown period in Mauritius. The qualitative research paradigm emphasizes the participants' perceptions and experiences and the way they make sense of their lives. By focusing on the process as much as on the outcomes, it allows an understanding of how phenomena occur. Additionally, data collected through qualitative methods is interpreted regarding the particulars of a case, rather than generalizations (Fraenkel et al., 1990; Merriam, 1988). This paradigm may be use-

ful to understand idiosyncratic life stories, as it provides a detailed and complex understanding of a problem or issue and helps to explain the processes experienced by individuals, why they responded the way they did, the context of these responses, and the underlying cognitions and behaviors (Creswell & Poth, 2013).

The objective of our study was to explore the nature and meaning of the experiences of two Portuguese community-resident older adults who lived through the SARS-CoV-2/COVID-19 pandemic and the successive lockdown periods. We formulated the following research questions: (1) How did these participants experience the pandemic and the lockdown periods?; (2) What were the main difficulties and challenges they experienced?; and (3) What coping strategies and resources were used to deal with those difficulties and challenges, and with what results?

METHOD

Participants

We used a convenience sampling method based on availability to be contacted. Two participants were recruited based on the following criteria: age ≥ 65 years, community resident, went through the lockdown periods, no diagnosed psychiatric impairment, and capacity to give informed consent. Sociodemographic characteristics of the participants are summarized in Table 1. To protect the participants' identity, fictitious names are used.

Table 1

Sociodemographic characteristics of the participants

Participant	Age	Gender	Marital status	Education	Professional situation	Main profession
Heather	89	Female	Widow	Graduated in Germanic Languages	Retired	Teacher
Rachel	66	Female	Widow	High school	Retired	Civil servant

Procedure

Ethical approvals were obtained from the Ethics Committee for Health of the Portuguese university hosting this research project, with the reference CES-UPT-01/05/21.

To answer our research questions, we used the Narrative Research approach, which allows for the exploring of experiences according to the lived and told stories (i.e., narratives) of the participants. These stories may help to understand the identities of these persons and how they see themselves within specific places, situations, or contexts (Creswell & Poth, 2013; Czarniawska, 2004). To this purpose, we created

a semi-structured interview script and used a thematic approach to collect and to analyze the data, respectively. These materials are available in Supplementary Material 1 (interview questions and additional prompts) and Supplementary Material 2 (hierarchical coding frame).

The sample recruitment and data collection occurred during July 2021. Potential participants were contacted personally or telephonically to provide information about the study and assess willingness to collaborate. Two participants consented to collaborate (see more details below) and also consented to the interviews being recorded in video format. After this initial verbal consent was obtained, a date was scheduled for the interviews, which were conducted via *Skype* or *Zoom*. At the start of the video recording, the researcher read the informed consent in its full form to each participant and collected sociodemographic data. The interview was then conducted in a flexible manner, following the script but allowing the participants to tell their stories of the pandemic in as much detail as they wished and without interruptions. Whenever the researcher considered it pertinent, additional prompts were given to the participants in order to delve deeper into a particular experience. For example, when exploring coping strategies to deal with pandemic-based restrictions, the interviewer would (if needed) ask the participant to talk about the impact of those strategies to better understand if they were, in fact, useful. One of the interviews lasted around 20 minutes, and the other lasted around 35 minutes.

The data collection, analysis, and interpretation were conducted by the lead author whilst supervised by the other authors. This option was made to reduce bias, as the other authors personally knew the participants. Additionally, and to account for this one-coder limitation, we used the triangulation strategy (Creswell & Poth, 2013), i.e., all authors discussed the findings together and, whenever discrepancies occurred, they were worked through until consensus was reached.

Data Analysis

Data analysis was based on the recommendations by Braun and Clarke (2006), and the process of inductive coding was conducted manually. The interviews were conducted in Portuguese, the native language of the participants. The video data was transcribed verbatim, also in Portuguese, after the researcher watched the recordings a few times. Only the transcripts used in the Results section to illustrate participants' experiences (see below) were then translated to English. Initially, the researcher conducted a first reading to obtain a general sense of these lived stories and repeated this step a number of times, whilst annotating ideas. Next, the researcher searched the transcripts for systematic patterns of thoughts and experiences, which were structured into codes. Subsequently, these codes were structured

into overarching themes. After identifying the emergent themes that were common to both participants, the researcher reread the transcripts and focused on identifying differences in the experiences. Finally, the researcher named, organized, and explored these themes. Once the codification and interpretation processes were concluded, the results/findings were discussed together by all three authors, and discrepancies were worked through until consensus was achieved.

RESULTS

Four themes emerged from the content analysis of the data: “Everyday life during the pandemic”, “Fear of own infection”, “Coping strategies and resources”, and “Centrality of the pandemic event”. Our findings will be presented next in four sub-sections, each corresponding to the respective theme, and excerpts of the participants’ responses will be used to illustrate our analysis.

Everyday life during the pandemic

This theme contextualized how our participants generally lived through the pandemic crisis and explored two different poles: what changed *versus* what remained the same. Both participants agreed that the most notorious change in their daily life and routines was in relation to outdoor activities. Heather expressed that, as a member of an association for retired people in her city, they were forced to suspend their meetings and planned activities, and Rachel mentioned having to stop going out for a coffee or for a walk. Despite these changes, however, both participants also agreed that the periods of lockdown did not have a big impact on other activities and hobbies that could be done on their own and/or at home. For example, whereas Heather mentioned she missed some level of in-person social interaction, she was able to continue to do other cherished activities:

In my free time, usually I write poetry [...] but that I continued to do, because I’m at home all the time. [...] I love reading, I’ve been reading a lot. I love painting [...] I like solving puzzles as well. All these activities that I used to do already, I keep doing them and I have nothing that deprives me of them. They don’t require contact with anybody... although I do like contacting with other people!

Rachel shared a similar experience of the lockdown, in the sense that she also enjoys staying at home and that compensated for the loss/restriction in outdoor activities. In particular, Rachel frequently helped to take care of her grandchildren

and play with them, something that she greatly cherishes, and she was able to continue to do so during the lockdown periods:

I stopped going out, stopped going for my walks, stopped going for a coffee... But, no, I didn't really feel that [change] too much... I really enjoy being home, that wasn't a problem for me. [...] I could stay with my grandsons for three months, which was great for me.

On the other hand, there was an interesting dichotomy regarding changes in personal contact with significant others such as family and friends. Heather was more negatively affected by the necessary restrictions, since, in addition to stopping the meetings with friends in the retirement association, she also stopped being able to host big family reunions like she was used to do. In fact, Heather expressed this as the biggest challenge she faced during the lockdown periods:

This pandemic period did not allow me to be with them [her family] during days such as Christmas, New Years [...] About my well-being, yes, I must say that I felt much better when I could reunite my family whenever I wanted [...] I have one of my granddaughters and one of my great-granddaughters here at my home, but it's not the same thing as reuniting the whole family, I miss that.

Rachel reported a rather opposite experience, which was described as somewhat positive, in the sense that the pandemic crisis allowed her to spend more time with her close family. Nonetheless, and at the same time, this experience produced a different sort of worry. Concretely, Rachel felt often concerned that her grandsons might get infected:

I thought more about my grandsons, always worried. I never went anywhere, whenever I left [my daughter's home] I'd go home directly and then back here again, always more worried about them than about myself [...] Even nowadays, when I go out for a coffee or so, I stay outside the establishment and I wear my mask, but I'm still a bit worried because I'll be with my grandsons later.

Additionally, Rachel identified the change of schools and kindergartens having to temporarily shut down due to the pandemic, therefore creating new services-related concerns. This implied, for example, that her youngest grandson had to wait a few months before starting at kindergarten.

We can conclude that, whereas the pandemic crisis did bring some notorious changes to the everyday life of our participants, particularly concerning outdoor activities and in-person social interaction, neither participant expressed significant

troubles. Heather felt more negatively affected by the imposition of social isolation, yet she was nonetheless able to accommodate the restrictions in a constructive manner and to maintain her mental health and well-being. And, in Rachel's case, some changes were actually perceived as positive. Despite the aforementioned changes and limitations, both Rachel and Heather were able to maintain cherished activities while staying at home, and did not feel the need to engage in new activities nor felt negative feelings such as boredom.

Fear of own infection

This theme is associated with the previous one, but our participants expressed a deep contrast between the fear of own infection and the fear of loved ones being infected. In fact, both participants vehemently expressed that they were not scared of being infected by the virus. However, this is not to say they were careless or unaware of the seriousness of the situation, as both were also equally emphatic when mentioning that they always complied with all the recommended health measures. For example, Heather mentioned that, despite the fear of infection that some members of her association showed:

I was never afraid! I obey every recommendation that they [the Portuguese government] give us [...] Sometimes people come here to visit me and I welcome them, with all the necessary care and health measures, but I always welcome all my guests [...] Years ago, we did not have the media talking about this kind of thing so frequently, the impact was not so big. Which, honestly, sometimes I think is too much. I think it's exaggerated. There's no need for all that.

Despite not exploring this theme as in-depth, Rachel shared a similar experience in regard to not being afraid of being infected with the virus and to always complying with the necessary health measures. Interestingly, both participants not only were very mindful of following the health measures, but they also mentioned having an influence on others and encouraging them to stay at home or wearing mask. We can conclude that, despite being well aware of the seriousness of the situation, both participants did not feel vulnerable nor fearful for their own health condition.

Coping strategies and resources

This theme explored how the participants dealt with, and eventually overcame, the difficulties and challenges expressed previously. We identified external and internal coping strategies and resources used to face the pandemic crisis.

External strategies and resources emerged as very important for our participants, given their positive and close relationship with family. For example, whereas Heather identified the impossibility to be with her family as the main pandemic challenge, she also explored the strategies used to lessen this negative impact:

They [my children and grandchildren] call me on the phone and I call them as well. [...] Many of my friends are always calling me and sometimes they even visit me [...] My way to deal with [pandemic-related changes] is, exactly, to talk to them whenever I can.

Additionally, Heather identified religious practices as a very important external resource: “I’m religious, I still teach the Catechism to the children [at the church] [...] I go there frequently to pray.”

Rachel, who was able to spend time with her family, often spoke of how enjoyable this opportunity was for her and how it, inclusively, turned the pandemic crisis into a somewhat positive experience:

Being with my grandsons helped me a lot. My daughter and my son-in-law were working and I was taking care of the children, it helped me to take my mind off of things [...] To me, this impact was positive. I shouldn’t even say this, but... to me it was good, I was with them and it was very good. I’d wake up and have that to do, I had that purpose.

As mentioned above, both participants not only cherished these external coping strategies and resources, but they also acted, themselves, as helpful resources to others. Heather, for example, besides teaching the Catechism, also often talked to other members of that religious community and tried to cheer them up:

Some of my friends actually call me on the phone to complain about this, about that... And I try to give them courage, try to help them dealing with this and a lot of times I succeed [...] When I go there [to the church], I also talk to [...] everyone and give them courage and try to tell them about things that will cheer them up [...] To me, all of these were useful strategies and that make me happy. Because, every time I can do something to make someone else happy, I also feel happy.

Rachel, likewise, tried to comfort her friends whenever needed and encouraged them to stay safe and healthy:

Sometimes they call me on the phone saying they're tired of being home, they can't stand this anymore [...] I always tried to have this influence on them, tell them to not invite so many people over, to protect themselves.

Both participants also mentioned similar internal resources and strategies. For example, it was helpful to them that they enjoyed staying at home, and both of them spoke of this in terms of being something that is part of their personality, along with other traits such as being optimistic and hopeful. Heather's experience showed this very clearly:

Everyone always saw me with a smile on my face, but I already had the habit of not complaining. I never really complain about things. Thank God, I am a happy person [...] We must go through this and wait for it to end, of course this will still take time and we have to keep this in mind in order to not break down. It is the way it is, we also have to do our part and keep fighting. I don't stress easily! [...] [being optimistic] also helps with dealing with this.

Likewise, Rachel's experience highlighted similar internal resources:

I like being home, it wasn't a big deal to me [...] Of course, I also took care of myself [...] but I've always been like this, this wasn't a COVID-19 thing, I think this is something that has to do with the person. We have to cheer up ourselves, nobody is to blame for our problems. [when I'm feeling down] I start remembering the happy things and there we go! [...] I'm very optimistic.

Both participants were also similar in their capacity to accept the circumstances, i.e., to understand that the pandemic was a new and exceptional life event and, therefore, the acceptance of the new and exceptional measures needed to face it as necessary, without evoking sentiments of frustration. Once more, Heather expressed this as something that is part of her personality:

I felt much better when I could be with my family whenever I wanted. But, regarding the rest, I didn't feel bad because this has to do with the personality and I'm someone who accepts things [...] This wasn't entirely negative because I accepted the situation.

Rachel shared a similar experience: "I accepted that things had to be like this. I accepted it then and I still accept it now, and I think people should accept it for the greater good of all of us."

Accordingly, this acceptance helped our participants to realize that the difficulties and challenges they were experiencing were something in common with everyone else in the world. This, in turn, seems to have helped them to live through it with a kind and gentle attitude towards themselves, even during the more challenging times. For example, when exploring her strategies and resources, Heather also reflected about the experience of bad days and negative thoughts and emotions: “I have my moments, like everybody else, when I worry about this or that, though usually I can deal with this without much of a problem.”

Similarly, Rachel emphasized that: “I have bad days like everybody else, for example when there’s certain dates that remind me of some things... but I try to live my daily life in the best possible way.”

We can conclude that both participants had access to, and were able to activate and use, external and internal coping strategies and resources that were of great help to uphold their well-being and mental health during the pandemic crisis. In the next theme, we explore these implications with more detail.

Centrality of the pandemic event

Finally, this theme explored the manner in which our participants gave meaning to the pandemic event and integrated it in their life narrative. Overall, the pandemic crisis did not seem to be interpreted by our participants as a discontinuity in their life. Whereas Heather and Rachel acknowledged the seriousness and danger associated with the pandemic, this negative event did not become a central one in their narratives. For Heather, the oldest participant, this was not the first pandemic crisis to be experienced, which greatly contributed to her sense of continuity and resilience. Likewise, she had experienced other very difficult and challenging times in her life, before:

I never lost my hope. I’m always hopeful that this will end eventually, especially because I’ve gone through other pandemics before and they always ended. Like after the Second Great War and so... [...] At age 54, my mother was already paralyzed. And I had to leave behind my home and my life in another city and move here to the village, to help her.

Rachel also shared difficulties and challenges of her past, which were distinct from Heather’s but similar in the way they provided Rachel with a sense of resilience:

A lot has happened to me already, including health problems, and I’ve had a severe depression in the past... and yet I always tried to come out of it on top

[...] I think to myself: no, this can't be, I have to get out of bed, I have to react! I'm not pessimistic, not really... I live one day at a time, in the best possible way.

Neither participant interpreted the pandemic as a particularly traumatic event, and they were able to integrate it in their life narrative in an adaptative manner. This, in turn, may help us to understand the participants' attitude regarding the future. Heather, in particular, emphasized that her sense of resilience should not be mistaken for a sign that she thought everything will suddenly be all right:

I hope that everything will go back to normal, but I can also understand that this won't happen very quickly [...] When the pandemic started spreading, I told my children: right now, our health is the most important thing, but then we'll have to worry about the economy, like it has happened after every pandemic. And that won't be easy to deal with...

Rachel, who had expressed that the pandemic was a relatively positive experience to her, also did not show fear or concerns when thinking about returning to life as before:

No... I think I'll actually feel a bit relieved, I won't have to worry about my grandsons possibly being infected anymore [...] I don't think it'll change a lot for me. Maybe I'll start again going to shopping centers, to restaurants, to the supermarket. Maybe I'll even go on vacation with my friends, to relax a bit! [laughter]

It is also noteworthy that this capacity to give meaning to the pandemic and to integrate it in their life narrative, without it becoming a central event that might cause a negative discontinuity, seemed to protect the participants' mental health and well-being at a deeper level. Without being prompted, both participants briefly explored the topic of death anxiety and, for example, Heather directly mentioned that: "I ask God to conserve me here... but I'm also prepared to go, whenever God wills it."

Rachel, also without being prompted, used a metaphor to express a similar sentiment: "We don't die of COVID-19 only. I even joke sometimes, saying that we arrive at this world with a round trip ticket [...] with an expiration date."

We can conclude that the participants' coping strategies and resources, along with their previous life experiences, contributed to an adaptive integration of the pandemic event in their life narrative. The pandemic did not seem to have become a central or traumatic event for these participants and they were able to accommodate it among the experiences of "life before" (e.g., how they were able

to continue to do most of their preferred activities) and “life after” (e.g., neither participant expressed fear to return to “normal”) in a continuous and coherent manner. Creating such meaningful life narratives, in turn, seems to have fostered Heather’s and Rachel’s mental health and well-being to the point where even the topic of death anxiety was explored with relative serenity.

DISCUSSION

This study explored the stories of two older adults who lived through the SARS-CoV-2/COVID-19 pandemic and the successive lockdown periods in Portugal, intending to understand how these participants experienced such life events, what were their main difficulties and challenges, and what were their coping strategies and resources. The currently available literature studying the effects of the pandemic crisis on older adults is still scarce and has shown somewhat contradictory results regarding their mental health and well-being. Moreover, most of these studies assume that older adults are a homogenous group, generally categorized as at-risk, and disregard how idiosyncratic life stories might impact and contextualize such effects. By detailing our participants’ individual experiences, we sought to understand how and why older adults lived through the pandemic crisis the way they did.

The stories told by Heather and Rachel illustrate a relatively positive experience of the pandemic, given that no overwhelming challenges were expressed and, whenever difficulties arose, these participants were able to successfully overcome them by using different coping strategies and resources. Among these, a positive and close relationship with family members emerged as the main external resource, whereas personality traits such as optimism and hope emerged as the main internal resources.

In this regard, our findings are quite dissimilar from those reported by de Maio Nascimento (2020) and by Ferreira et al. (2021). Our participants did not express significant difficulties in dealing with the lockdown periods nor did those experiences seem to have a negative impact on Heather’s and Rachel’s mental health. It is plausible to assume that our participants’ life stories, idiosyncrasies, and resources allowed them to live through the pandemic crisis in a more positive way. However, this difference may also be explained by the fact that our study was conducted during a time when the COVID-19 crisis was relatively under control in Portugal, unlike the context in which those two previous studies were conducted.

On the other hand, our findings are in line with the literature demonstrating that, although considered an at-risk group, older adults may not have lived through the pandemic in a negative way. For example, our findings resemble those reported by Chemen and Gopalla (2021), using a lifeworld hermeneutical approach. The

researchers explored the lived experiences of community-resident older adults who had endured the lockdown period in the island-state of Mauritius, and identified themes similar to our own. Those participants expressed positive experiences such as increased and deepened family bonding, increased value after the initial apprehension about the lockdown, and a renewed sense of purpose. Our study revealed similar findings regarding the positive experiences, especially the importance of the family, and Rachel, inclusively, also spoke of this sense of renewed purpose when she was able to care for her grandsons. However, unlike in the lived stories reported by Chemen and Gopalla (2021), our participants did not express fear of own infection nor fear of deprivation. This difference may be explained by our participants reporting a comfortable lifestyle, with no perceived financial troubles. Portugal, unlike Mauritius, also did not suffer problems such as the shortage of daily-life resources throughout the pandemic. Additionally, our participants did not express fear to return to “normal life”. This may be explained by the fact that both Heather and Rachel already had a close connection with their family prior to the pandemic crisis, and also had the opportunity to engage in other activities that contribute to their psychological well-being and sense of purpose.

Furthermore, specifically regarding the theme “Fear of own infection”, both our participants expressed not feeling afraid of being infected (rather, they were concerned that it might happen to family members) and, whereas this did not emerge as a theme, Heather also expressed not being concerned about her personal finances, as the pandemic crisis did not affect her retirement value. Similarly, de Bruin (2021), using a large sample of North American citizens aged 18–100 years, concluded that, except for the perceived infection-fatality risk, the older participants reported a more optimistic outlook (i.e., perceiving lower risks of getting COVID-19 and of experiencing negative economic consequences) and better mental health (i.e., lower depressive and anxious symptoms) during the early stages of the pandemic.

Regarding the theme “Coping strategies and resources”, our findings can generally be contextualized within the Selection, Optimization, and Compensation framework (e.g., Freund & Baltes, 1998). Accordingly, older adults who manage to select and optimize their significant interpersonal relationships, whilst compensating for the restrictions to personal contact (e.g., by using long-distance communication methods such as phone calls or Skype), would be able to experience the pandemic crisis in a more adaptative manner. This seems to have been true for our participants, who were able to activate their internal and external strategies and resources in order to overcome such difficult times – even in Heather’s case, who greatly missed being reunited with her family.

Still within this theme, our findings highlighted two constructs still scarcely studied among older adults: psychological acceptance and self-compassion. Butler

and Ciarrochi (2007) demonstrated that older adults with higher levels of acceptance reported higher quality of life regarding health, safety, community participation, and emotional well-being, as well as less adverse psychological reactions to decreasing productivity. Heather and Rachel expressed an accepting attitude towards difficult and unpredictable life events and seemed to have lived through these experiences without shunning, opposing, or suppressing the associated challenges and negative feelings. It is plausible to think that such capacity for acceptance may underlie their positive stories of those difficult times. Furthermore, the scoping review by Tavares et al. (2020) concluded that, among older adults, self-compassion was positively associated with beneficial mental health constructs (e.g., psychological well-being) and negatively associated with psychopathology symptoms (e.g., depression). In that same study, self-compassion was also suggested as a protection factor of older adults' mental health in the presence of life stressors. Heather and Rachel expressed the capacity to be kind and gentle towards themselves even when experiencing bad days, which may reflect the Self-Kindness facet of self-compassion, and also expressed an awareness that such negative moments are part of the human nature rather than personal failures, which may reflect the Common Humanity facet (Neff, 2003). Acceptance and self-compassion, therefore, seem to have played an important role in our participants' lived stories of the pandemic.

Another construct that emerged as a theme in our data analysis was the "Centrality of event" – in this case, the pandemic crisis. This concept proposes that our personal experiences, and subsequent memories of these experiences, not only provide structure and meaning to our life narrative but also contribute to defining our self-conceptions. If experiences and memories of intensely negative life events become central in one's narrative, i.e., if they become the reference points around which other life experiences are organized, this may have a harmful impact on mental health (Berntsen et al., 2003). Within this framework, Chukwuorji et al. (2019), using a sample of temporarily displaced individuals in Nigeria aged 45–95 years, demonstrated that a traumatic event that became central in one's narrative and identity impacted core beliefs about the self, others, and the world, which in turn resulted in increased post-traumatic stress disorder symptoms. A pandemic crisis and displacement due to violence are not equivalent events in their potential to become central, negative life markers. Nonetheless, both events are still highly negative, unpredictable, and rare. From Heather's and Rachel's stories, it is plausible to assume that the experience of previous difficult times and the participants' meaningful life narratives greatly contributed to the pandemic event not becoming a marker, nor causing a negative discontinuity, in said narratives. In turn, this contributed to explain their relatively positive experiences and the capacity to uphold their mental health and well-being.

On the other hand, still regarding the “Centrality of the pandemic event” theme, whereas exploring death anxiety was not part of our initial research objectives, this topic emerged spontaneously in our participants’ narratives. The majority of fatal victims of COVID-19 is aged ≥ 65 years (e.g., WHO, 2020), which might lead older adults to experience increased death anxiety throughout the pandemic crisis. Nonetheless, the stories told by Heather and Rachel seemed to express relative tranquility regarding this topic. Among Chinese older adults, Zhang et al. (2019) found a negative correlation between death anxiety and meaning in life, and demonstrated the mediating role of self-esteem in the relationship between meaning in life and death anxiety. Our participants explored death anxiety briefly and we did not formally assess constructs such as meaning in life and self-esteem, yet the study by Zhang et al. is useful to contextualize our findings. Heather and Rachel seemed to perceive themselves as a cherished part of this world and to see their life as valuable and meaningful, which may explain their reduced death anxiety even during a pandemic crisis.

Finally, still within this theme but regarding the specific topic of returning to the “normal life”, both Heather and Rachel, despite their hope and optimism for the future, were aware that this process will take time and will not be simple. This is in line with the work of Ceccato et al. (2021), who examined age-related differences in emotional experience, cognitive attitudes, and behavioral response during the COVID-19 emergency in Italy. The authors demonstrated that, compared to the younger age groups, older adults anticipated a longer time for the pandemic emergency to be resolved.

Limitations

Our study has three main limitations. First, due to the other authors personally knowing the participants, the data collection and analysis steps were conducted by the lead author only. Second, interviews were the only data collection method used and the transcripts were interpreted only by the lead author, which may have introduced bias in our findings. To minimize these methodological limitations, we relied on the triangulation strategy (Creswell & Poth, 2013). Third, our sample consisted of two participants from the same geographic area and who had similar sociodemographic characteristics.

Qualitative methodologies, in general, and Narrative Research, in particular, are less concerned with the generalization of results and instead focus on capturing idiosyncratic experiences (Fraenkel et al., 1990; Merriam, 1988). Accordingly, in such research, Creswell and Poth (2013) recommends recruiting a purposeful sample, i.e., to recruit participants able to purposefully inform an understanding

of the intended research problem. In the present study, this implied recruiting participants able to purposefully express how they lived through the pandemic and its consequent lockdown periods. Nonetheless, the life stories told by our participants cannot be assumed to represent the overall pandemic-related experiences of all older adults. For example, Heather expressed that the pandemic-related changes had no negative financial impact (e.g., retirement value), but this may not have been the case for other Portuguese older adults pertaining to an unstable and/or impoverished socioeconomic background. Likewise, whereas the opportunity to care for her grandchildren and to spend more time with them was seen as positive by Rachel, older adults living in a turbulent family environment might instead have perceived the same experience as something stressful. Furthermore, Portugal is a generally collectivist society where a close and intimate relationship with family and friends, with frequent in-person contact, is expected and fostered. This cultural background may have influenced how increased family time was experienced as something positive (e.g., Rachel) and how the need for social isolation was experienced as something negative (e.g., Heather). As such, the lived stories of these Portuguese participants may not represent older adults in other countries and cultures, especially individualist societies.

Conclusions

The present study gave voice to older adults with very interesting lived stories of the pandemic crisis. Where it might have been expected to find narratives overtaken by negative experiences, we instead unveiled tales of family bonding, acceptance, positivity, and hope. Our findings show a different side of the SARS-CoV-2/COVID-19 pandemic and illustrate the opportunities that can be found even during a global crisis. Heather and Rachel were able to make use of their resources and strategies in order to overcome challenges and maintain their mental health and psychological well-being, and were capable of helping friends and family. Despite the successive lockdown periods in Portugal, these participants were able to strengthen and nurture their family bonds, and maintain the structure, routines, and activities of their daily life for the most part. This, in turn, allowed them to foster the sense of a meaningful and valuable life.

The lived stories told by our participants cannot be assumed to illustrate the experiences of all older adults, and future qualitative research would be useful to unveil pandemic-related experiences of older adults coming from diverse cultural and socioeconomic backgrounds and with distinct sociodemographic characteristics. Notwithstanding, our study challenges the mainstream perspective of older adults' experiences of the pandemic and highlights the relevance of personal experiences

and idiosyncrasies in shaping these persons' narratives. Furthermore, our findings foster a positive perspective of ageing, where older adults emerge not as a risk or a burden for younger populations but, on the contrary, are a valuable asset to society as they can act as role models of wisdom, resilience, and positivity.

REFERENCES

- Berntsen, D., Willert, M., & Rubin, D. C. (2003). Splintered memories or vivid landmarks? Qualities and organization of traumatic memories with and without PTSD. *Applied Cognitive Psychology, 17*(6), 675–693. <https://doi.org/10.1002/acp.894>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet Public Health, 395*(10227), 912–920. [https://doi.org/10.1016/s0140-6736\(20\)30460-8](https://doi.org/10.1016/s0140-6736(20)30460-8)
- de Bruin, W. B. (2021). Age Differences in COVID-19 Risk Perceptions and Mental Health: Evidence From a National U.S. Survey Conducted in March 2020. *The Journals of Gerontology: Series B, 76*(2), e24–e29. <https://doi.org/10.1093/geronb/gbaa074>
- Butler, J., & Ciarrochi, J. (2007). Psychological acceptance and quality of life in the elderly. *Quality of Life Research, 16*(4), 607–615. <https://doi.org/10.1007/s11136-006-9149-1>
- Ceccato, I., Palumbo, R., Di Crosta, A., La Malva, P., Marchetti, D., Maiella, R., Verrocchio, M. C., Marin, A., Mammarella, N., Palumbo, R., & Di Domenico, A. (2020). Age-related differences in the perception of COVID-19 emergency during the Italian outbreak. *Ageing & Mental Health, 1*–9. <https://doi.org/10.1080/13607863.2020.1856781>
- Chemen, S., & Gopalla, Y. N. (2021). Lived experiences of older adults living in the community during the COVID-19 lockdown: The case of Mauritius. *Journal of Aging Studies, 57*, 100932. <https://doi.org/10.1016/j.jaging.2021.100932>
- Chukwuorji, J. B. C., Ifeagwazi, C. M., & Eze, J. E. (2019). Event centrality influences posttraumatic stress disorder symptoms via core beliefs in internally displaced older adults. *Ageing & Mental Health, 23*(1), 113–121. <https://doi.org/10.1080/13607863.2017.1396580>
- Creswell, J. W. & Poth, C. N. (2013). *Qualitative Inquiry and Research Design. Choosing Among Five Approaches* (3rd ed.). Sage Publications, Inc.
- Czarniawska, B. (2004). *Narratives in social science research*. Sage Publications, Inc.
- de Maio Nascimento, M. (2020). Covid-19: U3A students' report on the impacts of social isolation on physical and mental health and access to information about the virus during the pandemic. *Educational Gerontology, 46*(9), 499–511. <https://doi.org/10.1080/03601277.2020.1795371>
- Ferreira, L. N., Pereira, L. N., da Fé Brás, M., & Ilchuk, K. (2021). Quality of life under the COVID-19 quarantine. *Quality of Life Research, 30*(5), 1389–1405. <https://doi.org/10.1007/s11136-020-02724-x>
- Fraenkel, J. R., Wallen, N. E. & Hyun, H. H. (1990). *How to design and evaluate research in Education*. McGraw Hill Publishing Co.
- Freund, A. M., & Baltes, P. B. (1998). Selection, optimization, and compensation as strategies of life management: Correlations with subjective indicators of successful aging. *Psychology and Aging, 13*(4), 531–543. <https://doi.org/10.1037/0882-7974.13.4.531>

- García-Portilla, P., de la Fuente Tomás, L., Bobes-Bascarán, T., Treviño, L. J., Madera, P. Z., Álvarez, M. S., Miranda, I. M., Álvarez, L. G., Martínez, P. A. S., & Bobes, J. (2020). Are older adults also at higher psychological risk from COVID-19? *Aging & Mental Health*, 25(7), 1297-1304. <https://doi.org/10.1080/13607863.2020.1805723>
- INE. (2019). *Portal do Instituto Nacional de Estatística* [Online]. https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=354227526&DESTAQUE_Smodo=2&x
- López, J., Perez-Rojo, G., Noriega, C., Carretero, I., Velasco, C., Martínez-Huertas, J. A., López-Frutos, P., & Galarraga, L. (2020). Psychological well-being among older adults during the COVID-19 outbreak: A comparative study of the young-old and the old-old adults. *International Psychogeriatrics*, 32(11), 1365-1370. <https://doi.org/10.1017/s1041610220000964>
- Merriam, S. B (1988). *Case study research in Education: A qualitative approach*. JosseyBass.
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85-101. <https://doi.org/10.1080/15298860309032>
- Rahman, A., & Jahan, Y. (2020). Defining a “risk group” and ageism in the era of COVID-19. *Journal of Loss and Trauma*, 25(8), 631-634. <https://doi.org/10.1080/15325024.2020.1757993>
- Rubin, G. J. & Wessely, S. (2020). The psychological effects of quarantining a city. *British Medical Journal*, 368, m313. <https://doi.org/10.1136/bmj.m313>
- Santini, Z. I., Jose, P. E., York Cornwell, E. Y., Koyanagi, A., Nielsen, L., Hinrichsen, C., Meilstrup, C., Madsen, K. R., & Koushede, V. (2020). Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): A longitudinal mediation analysis. *The Lancet Public Health*, 5(1), e62-e70. [https://doi.org/10.1016/s2468-2667\(19\)30230-0](https://doi.org/10.1016/s2468-2667(19)30230-0)
- Tavares, L. R., Vagos, P., & Xavier, A. (2020). The role of self-compassion in the psychological (mal) adjustment of older adults: A scoping review. *International Psychogeriatrics*, 35(4), 179-192. <https://doi.org/10.1017/s1041610220001222>
- Wilson, J. M., Lee, J., & Shook, N. J. (2020). COVID-19 worries and mental health: The moderating effect of age. *Aging & Mental Health*, 25(7), 1289-1296. <https://doi.org/10.1080/13607863.2020.1856778>
- World Health Organization (WHO). (2020). *Coronavirus disease (COVID-19): Risks and safety for older people*. <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-risks-and-safety-for-older-people>
- Worldometer. (2021). *COVID-19 Coronavirus Pandemic*. <https://www.worldometers.info/coronavirus/>
- Zhang, J., Peng, J., Gao, P., Huang, H., Cao, Y., Zheng, L., & Miao, D. (2019). Relationship between meaning in life and death anxiety in the elderly: Self-esteem as a mediator. *BMC Geriatrics*, 19(1). 19:308 <https://doi.org/10.1186/s12877-019-1316-7>