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Pandemic Stories: The Voices of Older Adults

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Article

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Résumé

En vue documenter les réactions et les expériences de la population plus âgée pendant la pandémie de COVID-19, nous avons mené au cours de cette période une étude qualitative auprès de 25 personnes âgées (50 ans et plus) en utilisant des méthodes d'entretiens en série. Cette analyse rend compte des données recueillies lors des deux premières séries d'entretiens qui ont été réalisées à l'été et à l'automne 2020. L'analyse thématique a permis de dégager huit thèmes principaux : des réflexions sur les dangers associés à la pandémie, la transformation de la vie quotidienne (y compris la vie sociale) due à ce virus, les soins de santé pendant la COVID (être aidant, perdre un proche, rechercher des soins), le manque de spontanéité face à une peur existentielle, la frustration croissante, la recherche de liens par la participation civique, l'adaptation et la résilience, et les problèmes sociaux mis en évidence par la pandémie. Dans ces témoignages, s'entremêlent à la fois la solitude et les interactions humaines, l'espoir et la déception, apportant un éclairage sur les problèmes sociaux révélés par la pandémie.

Abstract

To document the reactions and experiences of older persons during the COVID-19 pandemic, we have conducted a qualitative study of 25 older adults (50 years of age and older) throughout the pandemic, using serial interviewing methods. This analysis reports on the data collected from the first two rounds of interviews – one conducted in the summer of 2020 and one conducted in the fall of 2020. Our thematic analysis found eight major themes: thoughts on the dangers of the pandemic, how the virus has changed daily life (including social life), health care during COVID (being a caregiver, losing a loved one, seeking health care), missing spontaneity and dealing with existential dread, the growing frustration, seeking connection through civic participation, adaptation and resilience, and the social ills that the pandemic has revealed. These stories describe both loneliness and connection, hope coupled with disappointment, but overwhelmingly, an insight into what the pandemic has shown us about the social ills that it has revealed.

Background

As the COVID-19 pandemic began to spread across the world, we initially saw escalating hospitalizations and death rates, especially among older persons. In Canada, and globally, COVID-19 disproportionately affected older populations. Older adults (> 65 years of age) who test positive for the virus are more likely to be hospitalized (Garg et al., 2020) and once hospitalized, are more likely to die of the disease (CDC COVID-19 Response Team, 2020; Onder, Rezza, & Brusaferro, 2020) than other age groups. In Canada, as of March 26, 2021, older adults (> 60 years of age) represented 20 per cent of the total cases, 70 per cent of those hospitalized, and 96 per cent of deaths from COVID-19 (Health Canada, 2021). In large part because of this initial high fatality among older persons, the virus was quickly framed as primarily being a concern to "the elderly". As such, public health measures began to focus on older populations. For example, in Canada, we saw some public health units advising those 70 and older not to leave their homes at all, and many stores implemented "seniors' hours" so that they could shop in a safer environment, before the crowds of younger shoppers arrived.

Those who study aging have documented these emerging age-related trends in terms of disease transmission, disease outcomes, and discourses of contagion and danger. For example, Health Canada (2021) publishes ongoing updates of COVID-19 cases, deaths, and disability by age and sex to help us understand the pandemic's spread and devastation. We also learned that earlier in the pandemic (March and April of 2020), older populations were less worried and used fewer precautions to avoid the virus than younger persons, but this changed as time progressed and the age gap regarding concern and worry about the virus (and in taking personal protections against its transmission) diminished (Jiang et al., 2020). Researchers have also documented how

concern about the pandemic varied, not between age groups, but between those with and without underlying health conditions, revealing that Canadians with underlying health conditions were more concerned about the impact of COVID-19 on their health (Ramage-Morin & Polsky, 2020). Daoust and associates (2020) analysed the attitudes of older adults to COVID-19 across 27 countries and found that those 70 and older were not more willing to self-isolate than those in their 50s and 60s. Daoust et al. (2020, p. 10) were shocked by this, stating that "it is very reasonable to expect the elderly people to be the most dutiful group in the population." That is, we should expect them to be more willing to isolate if they were told to do so, and to comply with preventative measures to a greater extent than their younger fellow citizens. In other words, older persons should be willing to be subject to greater controls than their younger counterparts because the risk for severe illness with COVID-19 increases with age. This shock at the attitudes and behaviours of older adults speaks to a greater need to understand the lived worlds of older persons.

Another concern has been ageist messaging, policies, and responses regarding the pandemic. Age-related health care rationing took place in Italy and was considered in New York (Rosenbaum, 2020), to "save" scarce resources for those (younger) persons who were considered more likely to benefit from them. These approaches were never seriously considered in Canada. However, the devastating outcomes in Canadian long-term care homes could be considered a direct result of decades of ageist policies that led to unsafe and unhygienic conditions in long-term care, which made residents vulnerable to the virus when it arrived. In addition, public health discourse had an ageist ring to it, advising "elderly persons over 70" to stay home. Such policies targeting older persons have exacerbated the social isolation of older adults (Monahan, Macdonald, Lytle, Apriceno, & Levy, 2020). In addition, we have seen ageist trends on social media (e.g., #BoomerRemover) that show lack of compassion for older persons, and also frame the virus as a mechanism for righting economic wrongs and punishing the Baby Boomer generation for depriving younger generations of wealth creation (Monahan et al., 2020). Finally, well-meaning policies to protect older persons (e.g., "Seniors Shopping Hours") may perpetrate the stereotype that all older adults are frail and vulnerable. This social discourse can, over time, impact not just the self-perception of older persons, but of future generations of older persons. This can impact vitality, quality of life, and sense of self (Monahan et al., 2020).

Some experts in aging (Troutman-Jordan & Kazemi, 2020) have warned us of the devastating impact that the pandemic will have on the mental health and suicide rates of older persons especially those impacted by the "digital divide" who do not have access to online social networks and services. The Canadian Association on Gerontology published a list of potential impacts of COVID-19 on older adults (Meisner et al., 2020), a thoughtful and concerned list, but one that could dangerously become a self-fulfilling prophecy. Others (Wister & Speechley, 2020) have argued for a framework to understand the impact of the pandemic on older persons that includes a better appreciation not just of their risks, but also of their resilience.

Our study explores the concept of resilience as an adaptive mechanism. Resilience among older persons has been well documented. The resilience literature is an important addition to the literature on "successful aging" because it focuses on the experience of, and not the avoidance of, vulnerability and adversity (Felten & Hall, 2001). Initial investigations into resilience tended to conceptualize resilience as a "trait" or "resource", whereas more contemporary approaches conceptualize it as a "process" (Wild, Wiles, & Allen, 2013) or an "outcome" (Madsen, Ambrens, & Ohl, 2019). Each of the approaches has its merit. Taylor and Carr (2021) conceptualized resilience among older persons as a trait, measured its association with health outcomes, and compared it with other traits such as mastery and optimism. They found that resilience was more highly associated with positive health outcomes. Nakashima and Canda (2005) studied the resilience of older persons in palliative care and found that their informants both relied on their external resources (e.g., care partners, and their internal resources (e.g., a positive outlook) to help them maintain quality of life during the palliative process. However, they also found that their informants' resilience was not just a pool of resources to be drawn from, but also actively generated by themselves to facilitate continued growth. As such, they found that resilience is both a set of resources and an active process. One can *have* resilience and *generate* resilience. Windle (2011) conducted a review of resilience among older populations, and defines resilience as a process, the "process of effectively negotiating, adapting to, or managing significant sources of stress or trauma" (p. 12). This process is supported by (and limited by) individual and environmental factors.

Some scholars argue that resilience can be cumulative (Wild et al., 2013). For many older adults, resilience is a "process honed by a lifetime of adaptation and hardship" (Wild et al., 2013, p. 8). If that is the case, then we should expect resilience manifested in older populations, especially during times of hardship, for it is these stressors that resilience is activated in response to. Does this mean that the very old are more resilient than the younger old, having presumably experienced and accumulated more hardship? Windle (2011) argues that resilience is individual, built from the resources within the individual, their life, and their environment. By that logic, we would expect resilience to accumulate through a life, but also to vary between individuals, and there may not be a cohort effect. López et al. (2020) measured the psychological well-being of the young-old (60–70 years) and the old-old (71–80 years) during the COVID-19 lockdowns and did not detect a difference between the two cohorts. Although they did not explore resilience specifically, this may support the Windle's (2011) assertion that resilience is highly individual.

Our goal was to learn from older adults themselves about their personal experiences of and reactions to the COVID-19 pandemic. Global pandemics are (thankfully and currently) rare, and extremely impactful. We felt it important to capture this historic moment. In the summer of 2020, staff at the Centre for Elder Research, one of Sheridan College's six Research and Incubation Centres, began interviewing older adults ($\geq$ 50 years of age) to learn about their experiences during the COVID-19 pandemic. We were interested both in their overall perceptions of the new "normal" in terms of their lives, and how the governments' responses to the pandemic have impacted them. This is a summary of select interim findings.

Methods

Our goal was to document the unfolding experience of older adults throughout the pandemic. To achieve this, we conducted serial interviews. Serial interviews involve speaking with informants more than once and are beneficial when studying complex or ill-defined issues (such as living through a pandemic) and

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exploring change over time (Read, 2018). We felt that a serial approach would help us follow the story as it unfolded, in addition to providing us with opportunities to verify information at subsequent interviews. When conducting serial interviews, depth and nuance are sought, but at the expense of understanding a breadth of experience; fewer informants are recruited, but their data are richer.

Recruitment

To understand the experiences of older persons who have been simultaneously targeted by the virus and by public health messaging, we conducted serial interviews with older adults in the Halton and surrounding regions (see Participants section for a description of Halton). In May of 2020, we recruited older adults to be part of our study through our listserv (of approximately 600). We were contacted by 35 people, although only 20 of those were nearby (others were further afield). We did not have the resources to include all persons who were interested in being in the research, so we limited inclusion based on geography. After initial contact with those 20 local people who were interested in being in the study, we decided to do additional targeted recruitment to include: men, older adults who were not retired when the pandemic hit, and newcomers (through a community organization). We were able to recruit five additional persons through targeted sampling, although additional sampling through the newcomer community organization was not successful because the organization was focusing on providing assistance to their members and did not have the resources to assist with recruitment.

Consent

Those who were interested in learning more about the study contacted the principal investigator, who described the study and its purpose, and answered any questions. Willing parties read through the letter of information and signed a consent form. Oral consent was obtained from those individuals who did not have access to a printer/scanner. This study has been approved by the Sheridan College Research Ethics Board.

Data Collection

We conducted semi-structured interviews with participants via video calling (a secured WebEx connection) or telephone, depending on the participant's preference. All interviews were recorded. Three investigators conducted the interviews. Investigators agreed to continue to collect data from the same participants, to help build rapport, ensure consistency, and reduce duplication. The data described subsequently are based on two rounds of interviews – one during the summer of 2020 (which was after Ontario's first lockdown), and the other during the fall of 2020 (when COVID cases were growing, which resulted in a second lockdown, which occurred on December 26, 2020). The study is ongoing and further data are being collected. Each of the interviews probed for different information, based on what was happening in the pandemic, and based on a deepening inquiry. The interview questions for both of the interviews are in Table 1.

Table 1. Interview questions

Interview 1
1. Do you remember when you first heard about the corona virus?
a. Where did you hear about it?
b. When approximately was that?
c. Do you remember your reaction?
2. Tell me what your life was like before the lockdown - let's say in early March.
3. What was your personal experience in the third week of March, when everything started shutting down?
4. How has your life logistically changed?
5. Tell me about the corona virus - how do people get it and what happens?
6. Are you afraid of getting the virus?
7. Have you been tested? If so – tell me about the circumstances and the result.
8. What do you do, if anything, to keep safe?
9. What worries you most about the pandemic?
10. What are your thoughts about how the governments have responded?
11. What are your thoughts about how other people have responded?
12. Have you experienced any COVID-related ageism?
Interview 2
13. How have you been since last we spoke?
14. What has been your emotional experience through all of this?
15. What have you been doing to help you cope?
16. What do you miss?
17. What have you learned about yourself?
18. How have you changed or grown through this?
19. What do you think we need to do to rebuild?
20. What lessons do we need to take forward?
21. What old habits do we need to leave behind?
22. How do you think the history books should describe this experience?

Data Analysis

Each interviewer reviewed and corrected the automatically created transcripts of the WebEx calls that they conducted, to obtain a clean and correct transcript. The principal investigator transcribed the audio recordings of the phone calls. Following transcription development and checking, each interviewer developed a summary of the participants' information to date, which contained demographic information, how the participants are coping personally, details on any major life events during the pandemic, how the participants' lives have changed, participants' remarks on how neighbours, family, friends, and governments are responding, and any other major topics covered. These summary documents also contained direct quotes about issues important to the participant. Then the principal investigator used qualitative analysis techniques to identify key themes that emerged in the summary documents, and iteratively developed and populated a code book. Another investigator reviewed the code book and made changes/additions. The code book has allowed the team to conduct rapid appraisal of major themes that emerge from the conversations. These themes are described subsequently.

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Participants

Our cohort is composed of 25 individuals (20 women and 5 men) ages 50–85 (average age is 73). We included adults 50–65 because, although many organizations and policies define "older adults" as those 65 years of age and older, some organizations define the cohort as those 60 and older, 55 and older, and even as young as 50 and older. We wanted to be as inclusive as possible, and if a potential participant identified themselves as an older adult (with 50 years being the lowest threshold), we included them. The majority (n = 17) of our respondents live in the Halton region, and the others live nearby. One participant is employed, and the others are retired (although two took an early retirement after the first lockdown in March 2020). Nine of the participants are volunteering currently, four individuals are no longer able to volunteer as they did prior to the pandemic, and two had their plans to volunteer put on hold because of the pandemic. Fourteen participants live alone and the others live with family (a spouse and sometimes a child as well). One participant lives in long-term care and the others live independently in the community. We did not collect ethnicity, education, or household income data.

Setting

The Regional Municipality of Halton region consists of urban and rural areas west of Toronto and Mississauga, Ontario. According to the 2016 Canadian household census, Halton region has almost 550,000 residents, about 82,000 (or 15%) aged 65 and older (Statistics Canada, 2017). In Halton, fewer people 65 and older fall into the low-income bracket than in the province of Ontario as a whole (14% vs. 16%). Overall, Halton residents have more education than average in Ontario; 62 per cent of Halton residents have a post-secondary certificate or degree (compared with 55% of Ontario residents). The Halton and surrounding regions have a relatively high population density and have had more restrictions than more rural and remote regions of the province.

Results

Our interim thematic analysis has identified eight major themes: thoughts on the dangers of the pandemic, how the virus has changed daily life (including social life), health care during COVID (caring for others, and helping them navigate care, losing a loved one, seeking health care), missing spontaneity and dealing with existential dread, the growing frustration, seeking connection through civic participation, adaptation and resilience, and the social ills that the pandemic has revealed. Each of these is described in the following sections.

Thoughts on the Dangers of the Pandemic

Everyone we spoke with described taking the virus seriously and modifying their behaviour to reduce their likelihood of contracting and spreading it. Some people admitted to being afraid of the virus, whereas most felt that, considering their precautions, they were unlikely to get it, and therefore were not afraid, but proactive. One informant described not being afraid of dying per se, but being afraid of dying during the pandemic.

> Because I am 77 and I've lived a good life, I'm not afraid of getting it, but I'm afraid of dying by myself and the way the situation is right now, that's what would happen and I don't want that to happen, and I don't want my kids to go through that. (F, 77)

The one informant who lived in long-term care described living through lockdowns and restrictions as the greater danger.

> I'm exhausted. How long will this be? Two years? I'd rather die than live like this. I'm not scared of getting the virus. (F, 62)

Most participants felt that, because of their age, they were at higher risk of illness and death, should they get the virus. However, some took issue with being labelled vulnerable.

> It's as if they are talking down to us because we are not only vulnerable, but idiots too, right? We know we are vulnerable. As you age, you know you are vulnerable. It's as though, through this messaging, people are trying to protect us, but it feels like it's over-protection. (F, 73)

How the Virus Has Changed Daily Life

Everyone described a less active life, with fewer (or no) social outings, shopping, vacations, or recreation (such as activities at the local Seniors Centre or in their building, or going to the gym, or swimming). Many people have replaced these activities with reading, watching movies, hobbies (such as playing an instrument, knitting, cooking), playing games online, taking online courses, meditation, and walking. Walking has become a primary source of exercise, outdoor recreation, and for some, socializing. Many people do exercise at home, following classes on YouTube or Zoom, and others have resumed going to the gym or pool in regions where gyms are open. Not everyone feels that these environments are safe, however, and some have not resumed going to them, but miss them. Almost all participants described receiving help getting groceries and other supplies at some point – usually early in the spring of 2020. For some this help was most welcome, but others were ambivalent about it, feeling that the help (along with the concern accompanying it) was not entirely necessary. For those who go out to get supplies, people have varied routines of risk management. Some describe wearing a mask and using hand sanitizer, whereas others describe a more elaborate routine of sanitization and pathogen avoidance.

How the Virus Has Changed Social Life

Everyone described a diminished social life, although some people (often self-described introverts) have adjusted to this and are content.

> I have learned that I can really entertain myself more than I thought. (F, 76)

However, many described reduced social activities as one of the hardest things about the pandemic. They report feeling lonely, bored, and sometimes sad. Hugs, in particular, were dearly missed.

> The no touching I found really hard, you know, cause I always hug my kids when I see them and you just can't do that. (F, 84)
> I've missed the hugs because I'm a hugger and so I really miss that personal contact. (M, 82)

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One woman even described giving in and hugging her sister during a driveway visit because her sister had been sobbing because she felt so bad that the woman had been alone for months. One participant described the importance of human contact (it builds trust and connection) and its return.

> Physical contact – that must return. That must return. If it doesn't, it's going to be a pretty interesting society in 20 or 30 years from now. (M, 73)

Social activity mediated by technology (telephone, e-mail, social media, or video calls) has increased. Many people felt grateful for having those technologies available to connect with friends and family. One woman reported that she had been posting daily videos of her dancing with her dog to raise her spirit and let her family and friends know that she is okay. In fact, many had used this opportunity to connect with friends and family that they had not spoken to in a long time. Relationships for many had deepened and expanded. Three women who live alone all described deliberately reaching out to others who they thought could use some emotional support. All three, interestingly, felt somewhat sad that they were the ones reaching out and felt less support from others. Some described the importance of these connections, be they over the telephone or the computer. As one woman who lives alone and rarely leaves her home, but uses her telephone to connect with family and friends, and another woman who uses her computer to connect said:

> My emotions have been like a roller coaster. You know, trying to find the positive in everything, being grateful for friends and family, provided support and lifted my spirit. (F, 80)
> But honestly, I think that being tech savvy has helped us so much. It has helped us get health care and socialize and continue to do things. (F, 68)

In-person social activities have changed, and mostly moved outdoors, or indoors with additional precautions. These in-person visits are cherished because "Zoom isn't the same", or just not a possibility for them. Some have creatively adjusted to the new situation, hosting book club meetings in the park or on a deck, having "hallway happy hour" in their building, or enjoying restaurant patios as soon as they open, before others arrive. Many people reported initially not seeing much family, but then "joining bubbles" in the summer, as the restrictions lessened, and those resumed connections were restorative.

> Finally, when we started opening up a little bit, oh, my gosh. I was able to hug my family again and hold the baby. It was killing me, not being able to do that. (F, 76)

But for some, once school resumed, they did not see their family as much or at all. Some without family have joined bubbles (i.e., combined isolated units to form a larger unit) with friends and neighbours, for physical and emotional support.

Health Care during COVID: Orchestrating the Care of Others

A number of informants described caring for or navigating the care of loved ones during COVID and the logistical and emotional complications that it entails. Six have had loved ones in hospital or long-term care. The institutional regulations regarding family care partners at each hospital and long-term care home have shifted throughout the pandemic, each location seeming to interpret the legislation and guidelines differently. Many who have been separated from their loved ones have seen them rapidly decline, and blame social isolation.

> I know that the disease [that her husband has] is progressive and perhaps this would have happened anyways. But, I thought that maybe in a year from now it would be at this stage, not a month from when I couldn't see him anymore. (F, 72)

Five of our informants had loved ones in long-term care. Three persons were living with dementia, one had both seeing and hearing impairment, and one was very ill from an accident. Our informants were all able to see their loved ones at some point during the pandemic, but in very limited and restricted ways. Those who can see their loved ones in long-term care are faced with a difficult decision – seeing them in person, but at a distance and with a mask, which can be upsetting and confusing for their loved one – depending upon their health – or not seeing them at all, which can be an enormous source of guilt and sadness.

Health Care during COVID: Losing a Loved One during the Pandemic

By the second interview, three informants had lost a loved one during the pandemic. Two of the three informants were not able to physically be with them to say goodbye. Hospitals and long-term care homes have had shifting policies during the pandemic, with regards to allowing visitors, including family care partners. Neither of these informants was able to witness their loved one's death or to say goodbye in person (both said goodbye over the phone). Both described limitations regarding funerals. One decided to wait until the pandemic was over to have a service, so that everyone who wanted to attend could attend.

Health Care during COVID: Seeking Health Care

Receiving health care during COVID was often met with barriers and delays, and was, for some, lonely and frightening. Some described receiving timely care, but were encouraged to treat at home. One woman was told to treat a bout of illness at home, and given that she was living alone, she was afraid of what might happen should the illness get worse. Some reported delays in needed surgery (for knees, hands, and eyes). As such, receiving (or in many cases, not receiving) health care was a source of frustration and annoyance. Seeking health care during the pandemic has been more complicated and the system does not seem to respond well to non-urgent health needs. This has been especially true for paraprofessional health care such as massage and physiotherapy. At the beginning of the pandemic, these services were not available, and in the summer they became available but with safety precautions. The delays and barriers to receiving these services, coupled with decreased activity, have impacted many people's mobility. However, not all care was delayed or avoided; one participant had a heart attack in June and reported receiving timely and high-quality care.

Missing Spontaneity and Dealing with Uncertainty and Dread

Both the routineness and the uncertainty have been, paradoxically, difficult for people. The routineness of everyday life, and the safety precautions required, have led some people to miss spontaneity.

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> I feel like less of a free spirit. (F, 75)
> I miss just phoning someone up for lunch. (F, 68)
> I miss the spontaneity to go out and do things. (M, 76)

Informants also described the uneasiness of having an uncertain future.

> We have no markers in this. It's just infinity in front of us. (F, 75)
> That kinda bothered me when I just saw absolutely nothing and nothing to look forward to. That was the worst part, I think. (F, 84)

Two of the people we spoke with have dealt with the lack of markers in time and the boredom by keeping a journal. It is a way to mark time and to process or at least record the day's events. Almost everyone described a sense of dread when thinking about the winter, and potential increased lockdowns, combined with colder weather and fewer safe gathering options.

The Growing Frustration

Many informants described a growing frustration of the ongoing nature of the pandemic and their continued social and physical constraints. However, this frustration was rarely aimed at the provincial and federal governments (which the vast majority of informants support), but at those who are not "following the rules" and continue to spread the virus.

> We have worked so hard to get to where we are to have it taken away again will be a heartbreaker. But people have to listen. (F, 76)
> This could have been so much better if people had behaved themselves. (M, 70)
> In order to recover we need to stop young people from having parties. (M, 76)

These and similar sentiments were common. There was a sense of frustration from informants that they were "following the rules", in part, because they were at greater risk, but also because they understood the seriousness of the situation. Meanwhile others (often referred to as being younger) were being irresponsible and selfish, and prolonging the pandemic, and the suffering of others. One informant commented on this phenomenon of blame.

> I guess people are anxious, they want to find someone to put the blame on. I'm finding I'm getting tired of that. I think there's so much shaming of people and diminishing people at this time of crisis that I find that discouraging and demoralizing. (F, 72)

Interestingly, the federal and provincial governments were given high grades for "taking the pandemic seriously" and "doing the right thing" (many begrudgingly admitted). The major exception to this was the informant living in long-term care. Her freedoms have been severely restricted (she is no longer allowed to garden or cook for others) and her discontent lay primarily with the long-term care home itself. During lockdowns, she has not been able to see the other residents, and outside of lockdowns, has been able to have some visitors, in a very limited way, but has not been allowed to leave the home. From her perspective, the rules in place have done nothing to increase safety, and only serve to make life miserable for people (for example, visitors can bring in fast food for residents, but not their own cooking).

News Consumption and Political Commentary

Politics came up in our conversations. We directly asked our participants what they thought of their local, provincial, and federal governments' responses. Additionally, the conversation often included commentary on Black Lives Matters demonstrations, the 2020 presidential election in the United States and other noteworthy news events – primarily American. Three of our informants were raised in the United States and one was married to an American. American politics dominated much of the spontaneous political discussion throughout our conversations. Regarding our informants' perspectives on local and provincial government responses during the first round of interviews, there were few negative comments, and primarily praise for these governments. Many informants admitted to not voting for the current provincial leadership but were surprised at how well they had been managing the crisis.

> But, as far as what's happened here, I think they've done what they've had to do. I'm not a fan of Doug Ford, but I can't help but be impressed with him and what he's done. (F, 75)
> I think provincial [government] has shocked me. I would never have given Doug Ford the credit that I have given him since I'm actually, seeing how he has responded. I think, I think they've done a good job. (F, 67)

Provincially, the majority of critique was directed at the state of long-term care in Ontario. Because governments and voters have known about the poor conditions and funding of long-term care for decades, our informants blamed both the current leadership, and also the previous leaders.

> It is dreadful, the way that older adults are treated in long-term care, the way staff are treated - the whole culture there. And the ageism I think allowed that to happen so much. (F, 72)

Response to the federal government's action was largely with regards to the Canadian Emergency Response Benefit (CERB) program. Respondents were of two minds – they appreciated that there was financial support for those employed in industries that became decimated overnight, but they were concerned about how it was being managed and how recipients would save enough to pay the tax owed on it.

> I think that the people who are collecting CERB are not putting away what they need to put away for taxes. I think come this time like, next year, it's gonna be, you know, horrible. I think it's gonna have long lasting repercussions. (F, 67)

> Financially, I guess they [the federal government] didn't have any choice, but to do what they've done but I don't know how we're ever gonna get out of it. And it's not going to affect us. It's gonna affect our families down the way with taxes and things and I, but I don't know what choice they have. I don't know what the alternative would have been. (F, 75)

In addition, wider social movements, such as Black Lives Matter, were commented on, and seen as indicators of positive social change, and part of the story of COVID-19.

> And then, of course, we had the situation in in Minneapolis where the, the black man, George Floyd who was killed by a policeman, and that triggered the Black Lives Matter protests. That spread to other cities and then of course to other countries too. So, when historians look back on 2020, they cannot look at the virus in isolation. It happened in the mix of all of these other things. (M, 76)

Part of the politics of COVID-19 was not just the government's response, but also that of the populace. The voices of the marginalized

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were coming through, and our informants were keenly aware of this and sympathetic to the movement's desire for equality and fairness.

> Anything that happens from now on has to include everyone. (F, 78)

Interestingly, for our informants, the closed borders and restricted movements coincided with an expanded social concern and social awareness.

Reaching out through Civic Participation

Some of our informants described continued or even expanded civic engagement throughout the pandemic. They have seen an even greater need for helping neighbours and reaching out to those who are suffering. In addition, this civic engagement has provided purpose and social connection (although often remotely). Through this civic engagement, they felt that they were actively engaging in the pandemic and helping shape the world that will come after. They also personally benefitted from being involved. One woman described her volunteering as a coping mechanism.

> It's a lot, and stressful, but it's also what is helping me make it through this crisis. (F, 50)

Another woman described her volunteer work (some of it through her church) as a source of hope and cause for celebration.

> I think of all of the different groups, the different denominations of churches that are working together, the different nationalities that have come together to provide food and cook for people who need it… It doesn't matter if you are working beside someone from another background – we are all working for the same thing – for the betterment of our neighbours. (F, 82)

Adaptation and Resilience

Both adapting to adversity and being resilient to it were major themes throughout our conversations. Many people describe adapting to their new restrictions and finding emotional resilience and strength. Informants described adapting to their new restricted lives through the following: developing routines, taking up old hobbies, spending more time in nature, finally getting to old projects, finding one good friend to stay connected with, and staying informed, but not too informed (i.e., reading and watching enough news to keep on top of things, but not so much as to have the pandemic consume them). Some people also described deliberately and intentionally influencing their emotional state through a practice of gratitude, seeking uplifting stories, listening to happy music, and seeking beauty throughout the day.

Many people also described finding strength and solace in their religious or spiritual practice, through prayer, meditation, connecting with their faith communities, or finding time to sit in silence. One participant, who is a lay pastor, mentioned that she had witnessed not only her own resilience through the pandemic, but the resilience of others.

> I have learned about the resilience of the human spirit, that people are able to cope with this. It's devastating in so many ways, so either they are more resilient than they thought they were, or the tiny pieces of hope that they have clung to are bigger than they thought. (F, 73)

Another common adaptive strategy was to focus on existing resources and support. Many described feeling lucky to have a roof over their head, friends in their lives, and family members who were still working. Some retired people felt simultaneously lucky to not be significantly financially impacted by the pandemic, and guilty for their own good fortune when so many others were not doing well. The others who needed real concern during the pandemic included: parents of young children who had to work from home while caregiving, small businesses, people in small apartments with no outdoor space, people who lived alone, and people living in long-term care. Reminding themselves of the significant impact the pandemic has had on others was a way of framing and softening their own experience. Some participants also did this by reminding themselves that generations before them experienced much more difficult things (e.g., war, famine, the 1918 influenza outbreak). Six respondents described their memory of polio as children, and that having lived through that gave them both perspective, and also ensured that they "took this pandemic seriously." This was the only cohort-related coping difference that we detected. Those who remembered the polio epidemic and the subsequent vaccine campaign, described the wisdom and perspective that they had gained from the experience.

The Social Ills that the Pandemic Has Revealed

The final, and strongest, theme that is emerging is how informants have interpreted the revelatory nature of pandemic. In particular, the pandemic has been seen by many to have revealed numerous social ills. These social ills, now that they have been revealed, can (and must) be consciously addressed. In this way, the pandemic has "shone a light" on society and made apparent the social fault lines. The primary social ills described in this way were: climate change/environmental destruction, the tragic state of long-term care in Canada, income inequality (in fact, the need for a universal basic income came up repeatedly), and racism. One informant described this wake up in a profound and striking manner.

> Have you ever had that happen when you're sort of going along and you're driving your car, you almost have an accident and you can see clearly for 100 miles. The adrenaline has your brain just fully on. That's what has happened to us. COVID hit and we can actually see everything that's in front of us. (M, 73)

Now that we can see who we are, there is an opportunity for salvation, for righting the wrongs of the past. This signifies an opportunity to be less "me me me", as one informant put it, and be more community minded, more concerned with the collective. It is an opportunity to try new ways of relating to each other and new ways of organizing socially and economically. It is also an opportunity on a personal level to open up to new ways of seeing the world. As one informant delightfully put it:

> And those who are imaginative and creative enough are more and more saying, "let's try this – why not this", and so on. That's where I'm going. Even though I'm 75, I have this desire to expand as I grow older, and not contract into being an old biddy. (F, 75)

As much as the COVID-19 pandemic has taken from us, it has also revealed opportunity for growth and connection. This is the paradox of our situation. Our slate is blank, and we need to connect with each other to rewrite our story, but connection to others continues to be challenged.

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Discussion

Our serial interviews with older adults have demonstrated some common struggles, insights, and responses to the pandemic lockdowns. The themes discussed describe the experiences and reflections of older adults in the Halton region during the first 9 months of the COVID-19 pandemic. The first interview was conducted as restrictions were beginning to relax, and the second one was conducted as restrictions were beginning to be tightened again, in response to the second wave of infections. The identified themes describe the impact of the pandemic on daily life and social life and on obtaining health care. They also describe how our informants have responded to these changes, through conscious consumption of news and media, feelings of frustration, and expressions of adaptation and resilience (including civic participation). Finally, they describe participants' interpretation of the pandemic experience and the social ills that it has revealed.

Similar to others (Goodman-Casanova, Dura-Perez, Guzman-Parra, Cuesta-Vargas, & Mayoral-Cleries, 2020; Little, 2016; Vahia, Jeste, & Reynolds, 2020), we found that on average, older adults are coping well during the pandemic. The pandemic has had limited economic impact on retired persons. Many reported feeling lucky to live where they live, in a safe and comfortable environment with some access to outdoor space. Given that their home environments were comfortable and safe, they did what they could to cope with a much more limited experience. Coping mechanisms included: exercise, socializing, education, hobbies, meditation or other forms of spiritual practice, and simply "keeping busy". As in Vahla and associates' 2020 study, the older adults we spoke with had a good understanding of their own emotional and social health needs, and therefore proactively and intentionally did things to keep their spirits up, stay connected, and provide purpose. Civic engagement was a significant theme that came through in the interviews. Many of the people we spoke with continued to find ways to engage in their communities during the pandemic, while some found the pandemic to be a catalyst for the civic engagement that they had been ruminating about. Those with ill family members, or other serious matters that were taking up most of their time and energy, did not pursue social engagement, although some said that they wished they had the time for that type of work. Civic participation provides a sense of purpose, a way to have your voice heard while also contributing to your community, and an opportunity to be socially engaged. Flett and Heisel (2020) describe the importance of mattering as we age and how mattering (the feeling of being significant to others and/or to the broader community) can have significant health and social benefits. These findings underscore the importance of keeping avenues of civic engagement available to all ages during the pandemic.

Many of our informants described themselves as "doing alright – thankfully". Our results are similar to those of Fuller and Huseth-Zosel (2021), who spoke with older adults across the midwestern United States in March and April of 2020, and found that the primary ways that they coped were through: staying busy, seeking social support, and having a positive mindset. The authors suggest that the emotion-focused strategies appeared adaptive in the early weeks of the pandemic. Staying busy was a distraction for their participants, and also helped them develop meaning and purpose in their lives. Our informants used these strategies to help them cope, but also described the importance of civic engagement. Civic engagement is not only something to occupy oneself, but also something to do in response to a social crisis and to change one's position from a passive one to a more active one. Those who felt that they were doing well during the pandemic also acknowledged that many others are struggling, and although they themselves may not be directly impacted, they felt implicated because we are all connected.

Another major finding is the increased use of technology for communication, socializing, hobbies, medical appointments, and banking. Some older adults who had been reluctant or resistant (or simply did not see the value) to moving these activities online have made the switch, in order to connect with family, friends, and care providers, and to stay engaged. Others had already been using technology for these activities, but the pandemic increased their reliance on and comfort with technology. Many described feeling grateful to have the technologies to connect with others, to make a very isolating experience more manageable. Because our primary recruitment method was through an e-mail to our listserv, it should not be surprising that our sample included many tech-savvy older adults. Only two of our informants did not use the Internet to connect with friends, family, and services.

Wister and Speechley (2020) ask, "how and why do some older adults adapt and thrive better than others?" This is an excellent question, and one that we were not able to answer. However, in our case, a more answerable question may be "what behaviours do older adults engage in to thrive?" We have found that certain behaviours can lead to better coping – social connection, exercise, and pursuing lifelong learning. The framework that Wister and Speechley (2020) use to understand the components of resilience – emotional response, social support, health behaviours, and community connectedness – are all factors that have emerged in our research. We would argue that any behaviours that amplify activity in these areas can help coping. We found, in fact, that many people used a variety of strategies, sometimes intuitively, and sometimes actively and consciously. Having potential activities in more than one of the resilience domains helps people adapt to changing situations (e.g., further lockdowns, winter weather, sickness). Perhaps the most resilient people flexibly and purposefully move among coping activities, adapting to the dynamic nature of the pandemic.

Monahan et al. (2020), writing from an American perspective, writes that "ageism during the pandemic negatively affects older adults' mental health as they face being devalued, viewed as a burden, and discriminated against." Our one informant who was living in long-term care certainly felt devalued and discriminated against. She felt that her restrictions were unfair, illogical, and draconian. The pandemic has had a negative impact on her mental health, as her world has shrunk considerably, while her movement and activities have been completely constrained in response to the virus and for fear of an outbreak in her care home. All activities stopped in the home and all energy was diverted into protecting the residents from the virus. She is relatively young (62) and cognitively well. As such, she has a very clear understanding of her situation and is able to articulate its impact on her – unlike so many others in long-term care.

The question remains – are there ways that long-term care homes can help residents maintain their quality of life, while keeping the environment safe from COVID-19? Can HEPA filters, rapid testing, and other engineering solutions, in combination, create a safe but not sealed environment? Why are these approaches not broadly implemented? We surmise that the capital expenditure required to create safe but not sealed environments is a barrier. It is much less expensive to control the movement of people, rather than to create a safe environment that supports movement and exchange. In addition, providing a safe but not sealed environment will increase the quality of life of

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residents but likely introduce some risk of COVID-19 (or at least the perception of it). Infection rates are rather simple to track, however well-being and quality of life are much more difficult to track, but arguably more important. During the pandemic, health care organizations, the media, and the government have hyper-focused on COVID-19 case counts, ignoring other important health metrics. Currently, long-term care homes with high case counts end up in the media, but those with low quality of life for their residents do not.

In addition, civic engagement provides meaning and community connection. We argue that civic engagement is an important form of "mattering". Flett and Heisel (2020) argue that mattering is fundamental to well-being as we age, and is associated with less loneliness, lower rates of depression, and greater well-being and social health. They frame the pandemic as a threat to mattering, as it cuts us off from our vocations, social connections, and civic work. Through continuing to engage in volunteering, our informants were disrupting the erosion of mattering brought on by the pandemic. The authors (Flett & Heisel, 2020) use Rosenberg and McCullough's (1981) definition of mattering, that it is composed of: the sense that others depend on us, the perception that others consider us to be important to them, and the understanding that other people are actively paying attention to us, and that we get the sense that they would miss us if we were not around. Our findings highlight the critical nature of civic engagement during the pandemic and suggest that ensuring that avenues of volunteering and community involvement remain open for older adults and do not entirely depend on the Internet. Our informants used the phone as a tool to enable their volunteerism, and cherished outdoor community activities that could be held safely. Governments (both local and regional) can encourage civic engagement by ensuring that all adults understand what avenues exist for volunteering, how important volunteering is, and how the sector is being transformed to include safe opportunities for volunteering. Our findings highlight how driven older adults are to be part of a rebuilding process and to connect with others and provide their time and resources. Tapping into this desire for meaning, purpose, and connection will support both local needs and older populations.

Our findings contribute to the literature on resilience among older populations. They support the findings of Vahia et al. (2020) that older community-dwelling adults are demonstrating resilience to the stressors of the pandemic and its lockdowns. Like the participants in the study by Vahia et al. (2020), our participants spoke of actively deepening existing relationships during the pandemic. Our findings also support previous scholarship on the ways in which resilience expresses itself in older populations. Madsen et al. (2019) conducted a rapid review of the literature on resiliency and aging. Their findings reveal three major themes about individual resilience in older populations: (1) positive reframing and agency, (2) personal meaning and purpose, and (3) acceptance and belonging. Our informants described their own strengths and coping skills in all three of these areas. As documented, feelings of being lucky and comparing one's life with the lives of others during the pandemic and with the lives of others in the past was a form of positive reframing, and allowed informants to produce a more positive narrative of their life. Our informants spoke at length about personal meaning and purpose – this came out in the discussions about civic engagement and the social ills that the pandemic has revealed. For many, the pandemic has underscored positive changes that they would like to see in the world, and has encouraged them to pursue more (or different) civic engagement. This demonstrates the reciprocity of seeking meaning and purpose – it is a driver for positive change, but it also is a coping mechanism and source of resilience and adaptation. Perhaps unsurprisingly, during such a complicated, uncertain, and emotional experience, personal meaning and purpose are emerging as basic needs and sources of resilience among our informants. Finally, our informants spoke about the difficulty of their shrinking social network, but also about their creative determination to find new connections and new ways of connecting – to other people, the natural world, and the divine. Acceptance and belonging as a form of resilience showed up not just in the Zoom calls with friends and family, but also in time spent in and with the natural world and time spent contemplating the divine. In all of these examples, informants described modifying previous activities and pursuits, or developing entirely new ones. As we have demonstrated, resilience can (and will) find a home in unexpected places.

Chen (2020) predicts that the pandemic may undermine the resilience of older persons, because of the social restrictions and reduced activity. If we conceptualize resilience as a process, our data demonstrate that resilience is in fact alive and well during the pandemic. Older adults – like all populations – are experiencing increased social isolation and reduced physical activity during the pandemic, but our data suggest that these stressors are triggering a greater resilience response.

Strengths and Limitations

Our study has captured the voices of older adults living in the Halton region as the pandemic continues to directly impact Canadians through cyclical lockdowns, restrictions, and public health measures. It has captured the cautious but hopeful stance of many older adults, and their resourceful and resilient reactions to severe social restrictions and a dangerous virus. It highlights the tensions between autonomy and dependence that older adults are experiencing, and the difficulty of "sheltering in place" during a lengthy and exhausting pandemic when many older adults are eager to enjoy their retirement.

However, our study has several limitations. First, our sample is not representative of all older adults in Halton. Those who are tech savvy are over-represented and therefore, those who are better educated, more urban dwelling, and with greater financial stability than many of their age group in the region are also likely over-represented. We also conducted all recruitment and data collection in English, which limits the applicability of the data. Regarding racial or ethnic diversity, we attempted to work with a community group to deliberatively recruit newcomers through a community organization that serves them, but, unsurprisingly, it was busy providing supports and services to community members and our request could not be prioritized. This is an indication of the major weakness in our study. Our sample does not include some of the most vulnerable older adults in the community - those without Internet and phone, and those too busy or occupied to speak with us.

Another limitation is the difficulty in determining the "trajectory" of experiences of informants. We did not seek to determine whether our informants' lives were getting better or worse, but rather, we sought to understand how they were doing and what they were experiencing at each time point. We endeavoured to document their unfolding experience. A longitudinal

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study design (in which the same questions are asked at each time point) would have lent itself to better understanding trajectory. Our series interview design and analysis uncovered dynamic resilience and hardship.

Conclusions

Our study has captured the experiences of older adults as the pandemic unfolds. Through our serial interview study design, we have had an opportunity to follow older adults as they experience the peaks and valleys of this dynamic period. We have been privy to the ongoing struggles of receiving, arranging, and providing care and the emotional and personal adjustments required to be well. We watched our informants find their resilience and deeply connect with what kind of world they want to live in – 2, 5, even 10 years from now.

Our research has revealed the deep responsibility felt by our informants – not only to their family, friends, and neighbours (as demonstrated by a commitment to wear masks, be physically distant, avoid large social gatherings, and other public health recommendations, as well as increased outreach to see how others are doing), but to the wider community (as demonstrated by the high degree of volunteerism). We have found that COVID-19 is not the only contagion; concern, community, and caring are also on the rise. There is a *reciprocal opening* that is occurring. Civic engagement and social outreach have demonstrated to our participants that hope, connection, and a better world are possible. These insights underscore and support further engagement and growth.

Our research supports a growing body of literature that documents the resilience and creativity of older persons in times of stress and upheaval. Policies and programs intended to support older persons during COVID-19 would benefit from a reminder that our elders are not passive recipients or participants. Facilitating the engagement and energy of older persons during this time would not only capitalize on their gifts and skills, but also combat ageism during a time where we have seen an increase ageist remarks and sentiments.

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