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How we survived: older adults' adjustment to the lockdowns due to the COVID-19 pandemic

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Abstract
Older adults were found to be the most susceptible group to suffer the physical health consequences of a COVID-19 infection and were considered vulnerable to the negative effects of the lockdowns due to the COVID-19 pandemic, yet unlike many young adults did not generally experience an increased rate of mental health problems. Our study explored the strategies older adults in Portugal deployed during the mandatory lockdowns in 2020 and 2021. Qualitative interview data were collected with 22 older adults in relatively good health (aged between 66 and 92 years old; 36% women). Three main themes were identified via thematic analysis: (1) Finding things to do and activities that can protect me; (2) Identifying how my thoughts can protect me; and (3) Counting myself lucky – me and my home advantages. Some of the thematic strategies identified by older adults to manage pandemic and lockdown-related stresses related to meaning-centered coping could be further developed via cognitive behavioral therapies of the third wave.

Keywords COVID-19 · Lockdown · Older adults · Coping · Psychological well-being

Introduction

Compared to their younger adult counterparts, older adults were more at risk of being hospitalized due to COVID-19, suffering harsher health consequences, and dying during the pandemic (Shahid et al., 2020). Various measures were undertaken to prevent and limit the transmission of COVID-19, such as lockdowns, social gatherings restrictions, and vaccination (the vaccination program organized by the European Union was rolled out in Portugal in December 2020). Nonetheless, the social restriction measures had some concerning and abrupt consequences for the physical and mental health of the population (Cavazzoni et al., 2023), especially in countries with aging populations (Finlay et al., 2021), such as Portugal (Eurostat, 2023). Several of these measures were potentially impactful on psychological well-being as they may have contributed to the inhibition of social support systems, hampered access to services, and increased levels of anxiety, insecurity, and loneliness (Ernst et al., 2022; Usher et al., 2020).

Previous research performed with older adults in the context of the COVID-19 pandemic focused primarily on the impact of the successive lockdowns on this population and reported mixed findings. In most studies, older adults showed signs of moderate to high levels of distress, impaired cognitive function, and feelings of sadness, anxiety, and stress (Castellano-Tejedor et al., 2022; Doménech et al., 2022; Strutt et al., 2022). In contrast, longitudinal studies revealed that older adults consistently reported less psychological distress (Best et al., 2023) and lower rates of mental health problems (Benatov et al., 2022; Breslau et al., 2021) than younger adults. Some authors have attributed this to the relative balance between positive and negative emotions during lockdowns that were reported by older adults (Facal et al., 2022). Nevertheless, the field is still lacking evidence on how older adults were able to be relatively successful

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in coping with COVID-19-related stress during lockdowns, and what protective well-being resources older adults identified in their lives that may have contributed to this.

According to the transactional model of stress, coping can be defined as cognitive and behavioral endeavors to control, reduce, or endure the demands arising from a stressful situation (Lazarus & Folkman, 1984). The adopted strategies can be directed at solving the underlying cause of the problem, i.e., problem-focused coping, or at regulating emotions brought on by the problem, i.e., emotion-focused coping. To extend this model, Park and Folkman (1997) introduced meaning-focused coping, namely coping strategies that correspond to two processes of meaning-making. The first process is assimilation: changes in appraised or situational meaning in the context of a particular event to match global meaning (i.e., individuals' beliefs, goals, and subjective feelings). The second process of accommodation happens when change has taken place in an individual's global meaning system. Both the transactional model of stress (Lazarus & Folkman, 1984) and the meaning-making model (Park, 2010; Park & Folkman, 1997) posit that people will experience different levels of stress based on their assessment of the stressors and the coping resources available to them. Thus, older adults may have an advantage, compared to younger counterparts, because attentional, assessment, and behavioral strategies of emotion regulation become stronger with aging, as postulated by the Strength and Vulnerability Integration (SAVI) model (Charles, 2010). Moreover, in contrast to younger adults, older adults tend to adopt strategies that prevent or alleviate negative emotions: avoiding or disengaging from unpleasant conditions, organizing their social activities to enhance social satisfaction, directing their focus towards more positive experiences, and attempting to assess situations in more positive ways (Charles, 2010).

Recent cross-sectional quantitative studies have focused on the coping strategies employed by older adults to manage the lockdowns and COVID-19-related stress. For instance, one study (Strutt et al., 2022) found that relative to pre-pandemic levels, older adults spent more time doing domestic chores and gardening, reduced walking time, and maintained the same relationship quality with their grandchildren. Another study revealed that older adults engaged in resilient coping (i.e., showing resilience and actively solving the problem) during the lockdowns (Facal et al., 2022). Nevertheless, these quantitative studies failed to assess the personal subjective experience of older adults or how they consciously managed the daily challenges faced during the pandemic.

Qualitative research can reveal and explore the attributions made by participants within the social context they experience (Alexander, 2000), thus revealing insights that are usually missed in quantitative studies. Although some qualitative studies have been reported regarding older adults' adjustment to the COVID-19 lockdowns (e.g., Finlay et al., 2021; Gonçalves et al., 2022), those studies only portray older adults' experiences during the initial stages of the pandemic in 2020. For instance, specifically between April and May 2020, the older adults in Finlay and colleagues' study reported using more frequent cognitive coping strategies, such as trying to find humor in the face of adversity, as well as behavioral coping strategies, such as taking COVID-19 precautions. Social support seeking was another coping strategy identified by other studies at the onset of the pandemic (Finlay et al., 2021; Fiocco et al., 2021; Gonçalves et al., 2022). Interviews with participants during the later phases of the COVID-19 pandemic may thus reveal longer-term, or perhaps more premeditated strategies, which older adults deployed to deal with COVID-19-related stress (Goins et al., 2021; Rotenberg et al., 2021). Furthermore, existing qualitative studies fail to simultaneously consider the coping strategies employed by older adults during lockdowns and the factors identified by participants as possibly protective of their psychological well-being. The present study sought to understand how older adults survived (i.e., got through) the pandemic, by exploring how older adults interpreted their experience of lockdowns, how they coped with the stress associated with such lockdowns, and what they identified as personal protective factors that promoted their psychological well-being during the pandemic.

Method

Participants

Older adults living in Portugal were recruited from the general population via advertisements on social media (e.g., Facebook), contacts with different organizations (e.g., council offices, senior houses), or through an invitation from a wider series of survey studies conducted by the research team (Jarego et al., 2023a, b). Data for this study came from an observational qualitative study addressing the subjective experience of adults residing in Portugal being under a lockdown due to the COVID-19 pandemic, retrospectively. Two papers have already been published using the same sample (Jarego et al., 2023c, 2024), and others are planned. However, none of the published or planned papers tackle the same research questions present in the current paper. Eligibility criteria were: (a) living in Portugal between March 2020 and May 2021; (b) being 18 years old or older; (c) being able to understand Portuguese; and (d) being able to give consent to voluntary participation in the study. A total of 93 participants agreed to participate and met the general

inclusion criteria. However, for the current investigation concerning older adults, only those entitled to a state pension in Portugal were deemed eligible and a further two participants were excluded during the interview transcription process due to inadequate audio-recording quality. The final sample comprised 22 participants: eight women (36%) and 14 men (64%) between the ages of 66 and 92 years old ($M = 76.6$; $SD = 8.6$).

The majority of participants were married ($n = 13$; 59%), with a minority of widowed ($n = 6$; 27%), single ($n = 2$; 9%), or divorced ($n = 1$; 5%) people. Educational level was assessed according to the 2011 International Standard Classification of Education (UNESCO Institute for Statistics, 2012): two participants (9%) had level 0 of ISCED, including one illiterate participant; 14 participants (64%) had level 1 of ISCED; and six participants (27%) had level 6 of ISCED. By the time of the first lockdown, almost the entire sample had retired ($n = 19$; 86%), while the remaining participants were still working ($n = 3$; 5%). Regarding region of residence, seven participants (32%) were from the northern region of Portugal, three (14%) were from the metropolitan area of Lisbon (MAL), seven (32%) were from the southern region of Portugal, and five participants (23%) were from the Portuguese islands. Participants lived in either rural ($n = 13$; 59%) or urban areas ($n = 9$; 41%) and either in the inland ($n = 6$; 27%) or littoral areas of Portugal ($n = 11$; 50%). Half of the sample ($n = 11$; 50%) lived with their spouse/partner, one participant (5%) lived with his daughter, two participants (9%) lived in care homes, five participants (23%) lived alone, and three participants (14%) lived with two or more family members. Almost the entire sample ($n = 20$; 91%) had children, varying from one to three children. Thirteen individuals (59%) had grandchildren, with most ($n = 11$) having at least two grandchildren.

Regarding health conditions, most participants ($n = 14$; 64%) did not report any physical health condition. Eight participants (36%) reported respiratory problems, a heart condition, a previous stroke, gallstones, glaucoma, cataracts, mobility issues, and/or unspecified health problems. No participant had a diagnosis of a dementia-related condition or showed signs of this during their interview.

Materials

Materials for this study included a sociodemographic questionnaire (e.g., age) and a semi-structured interview developed to explore factors associated with the psychological well-being of Portuguese adults during the COVID-19 pandemic and associated lockdowns. Portugal had two distinctive periods of mandatory lockdowns, the first lockdown from March through May 2020, and the second from January through April 2021. Prospective participants were invited to answer several questions, such as: (a) what do you think about COVID-19? (e.g., disease transmission, illness severity, adherence to governmental health guidelines); (b) how was your lived experience of lockdown between March and May 2020? (e.g., routines, financial status, social relations, psychological well-being); and (c) how was your lived experince of lockdown between January and April 2021? Since the interview script was semi-structured, the sequence of the questions was flexible. For the purposes of this study, only the interview data that concerned appraisals of the lockdowns, coping strategies, or factors that promoted psychological well-being during lockdowns were considered in the present analysis.

Procedures

Ethical approval was attained by the internal Ethical Review Board for Research from Ispa (reference I/033/04/2020). After expressing an interest in participation, prospective participants were contacted. Individuals then received a complete description of the study's aims and procedures, as well as reassurance of their voluntary and confidential participation, agreement to withdraw from the study up until the end of the interview session, and acceptance of their refusal to answer any questions that they did not want to. After giving their written consent, participants filled out the sociodemographic questionnaire via an online survey platform (Qualtrics) and were afterward invited to schedule an individual interview at their convenience. Audio and video recordings were transcribed, and participants' names were replaced with pseudonyms.

Interviews were conducted by the first author between January and September 2022, either in person ($n = 4$; 18%) or via online videoconference ($n = 18$; 82%), depending on participants' preference, as well as on government guidelines regarding prevention of COVID-19 dissemination. For face-to-face interviews, the interviewer and the participants met in quiet places chosen by the participants, namely, public parks, offices, or participants' homes. All interviews included in this study were audio-recorded and lasted between 15 and 60 min, with an average duration of 35 min. For online interviews, participants were sent a link via Zoom. Interviews were transcribed by undergraduate students under the supervision of the first author. Participants' quotes are presented to illustrate the themes and subthemes, and square brackets have been added where material has been omitted, nonverbal gestures are used, or words have been added to aid readability. At the end of all interviews, participants' details were entered into a lottery for a 50€ gift card.

Data analysis

Data were analyzed using codebook Thematic Analysis (TA), as defined by Braun & Clark (2022). This codebook TA was based upon an inductive approach (i.e., themes and subthemes were identified based on the raw data, without the use of a pre-existing coding scheme or theoretical framework), following a critical realist paradigm. The primary goal of TA was to find significant patterns in the data, both to summarize its content and to clarify the general message that participants conveyed. The analysis was divided into two phases. First, all interviews were read, analyzed, and open-coded to identify any information that could hint at how older adults appraised their experiences of lockdown. This seemed an important step to take since coping strategies are context-depend. Second, to explore coping strategies and self-identified personal protective factors, two subsamples of 11 interviews were randomly drawn from the total sample and analyzed to create a flexible but structured coding framework for conducting the analysis. Initially, the first author read, analyzed, and open-coded five interviews from the first subsample. The codes were interactively reviewed and discussed with the second and third authors. Initial themes and subthemes were identified based on these early interviews. Then the remaining six interviews in the first subsample were read, analyzed, and coded by the first author to refine the initial set of codes further. Subsequently, all the codes from the first subsample of 11 interviews were reviewed, refined, and further arranged into potential themes and subthemes based on their similarity, interconnection, and difference to form a series of thematic maps that were interactively reviewed with the second and third authors. This process allowed the clarification of each theme's specificity, as well as the interactions between them. Subsequently, the remaining interviews ($n = 11$) were analyzed using the codebook developed from the initial analysis, albeit with the freedom to allow both theme and subtheme refinement and the development of new subthemes or themes (Braun & Clarke, 2022). Lastly, an integrated thematic map was constructed by the first author, which was further developed through discussion with the other authors into the final thematic map displayed in Fig. 1.

A quality control step was introduced to audit the themes identified in the interview data (Tasker & Delvoye, 2015). A third of the interviews ($n = 7$) were randomly selected and rated by a postgraduate research volunteer with experience in qualitative research to indicate the presence or absence of each theme in the audited sample of transcripts. Before auditing the transcripts included in this process, the independent auditor was trained by the first author on one interview transcript external to the subsequent audited sample. The agreement between the auditor and the first author's ratings was calculated as a percentage of agreement per theme. As percentage agreements ranged from 86 to 100%, no further changes were made to the final thematic map. In the results section below the percentages of agreement are presented together with each theme.

Results

Data were organized in two sections: (1) appraisal of the pandemic lockdown periods; and (2) coping strategies and personal protective factors. The first part describes the participants' overall appraisal of the lockdown periods. The second part comprises the coded thematic analysis conducted to analyze how participants said they coped with the experience of the lockdowns, as well as what factors were perceived by them as beneficial for their well-being.

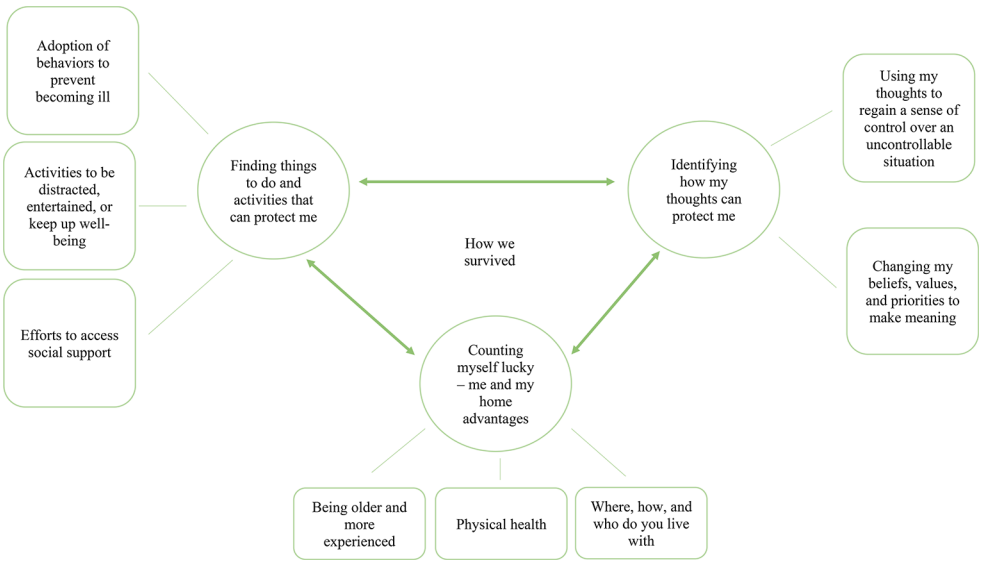

Fig. 1 Thematic map depicting the themes and subthemes of coping strategies adopted by older adults during lockdowns due to COVID-19 pandemic and their self-identified protective factors

Appraisal of the pandemic lockdown periods

As coping strategies depend on the context, older adults' appraisals of their lockdown experiences were analyzed to ascertain whether different appraisals might result in different coping strategies or outcomes. Participants' appraisal of the lockdowns was quite homogenous, with almost all participants (20 out of 22) perceiving the experience of lockdowns as 'an interruption of life', where their freedom was stolen, and they could not do their normal activities (e.g., go to group classes, visit their children and grandchildren). One participant said: 'We were free as a bird and we were living our lives normally, and then find ourselves unable to do so, we find ourselves forbidden [to live our lives] […].' (Hermínia, 82 years, southern littoral urban region, L203). Notwithstanding the sadness and some anger and frustration engendered by the lockdowns, these 20 participants mostly trusted the Portuguese government and acknowledged that the implementation of the lockdowns and other safety measures were essential to the successful management of the COVID-19 pandemic. In contrast, the remaining two participants, both women from the southern littoral urban region, viewed the lockdown experience almost with indifference. These two participants acknowledged that the limitations were restrictive. However, due to health conditions already spent most of their time at home before the pandemic and thus did not perceive the lockdowns as interfering as much with their daily lives as most did.

While this is a general appraisal of participants' experience in lockdown, subtleties can still be discerned. This subset of 20 participants can be mainly classified in two distinctive ways: accounts characterized by 'fatalism' or accounts characterized by 'stoicism', albeit with a few miscellaneous or unclassifiable responses. On the one hand, some individuals ($n = 8$, of which 5 were men) framed the beginning of the pandemic in a fatalistic manner and expressed their sadness and anxiety during the first lockdown (March-May 2020). This group expressing elements of sadness believed that COVID-19 would prove fatal to them, which was exponentiated by the uncertainty and novelty of the situation, as described by Adelino: 'What did I think? I thought that when [people] started dying, that we were all going to die.' (82 years, southern littoral rural region, L102). Consequently, when facing the existential shock, fear, and insecurity they felt, these older adults were left unresponsive and lost their desire and willingness to engage in their usual activities.

On the other hand, under half of the sample ($n = 7$) evolved a sense of stoicism during the pandemic by gradually adopting behavioral and cognitive coping strategies that contributed to their overall adjustment, reaching its peak during the second lockdown (January-April 2021). This was partly due to accumulated experience from the first lockdown, as well as a greater understanding of the disease and how it could be prevented (e.g., adequate masks, vaccination), allowing them to improve previously adopted coping strategies and adopt new strategies. Thus, the combined gains of earlier personal experience of the first lockdown, plus acknowledgement of the improvements in medical knowledge around infection transmission, promoted a stoical approach as older adults experienced a greater sense of control in being able to protect themselves physically and psychologically against both the uncertainty and anxiety that surrounded COVID infection and lockdown. For example, João reflected on both periods of lockdown:

> [The second lockdown] was different, of course, because having gone through the experience of the first lockdown, […] hum… The concern returned but in a slightly different way, because we already knew more, everyone was already talking about vaccines. Hmm… And the concerns started to be different, even as a result of previous experience. […] Already knowing [what a lockdown was], we already came from the first one and [the second] is just another one. We already know that we have to live carefully again for a while longer. (João, 68 years, northern inland rural region, L169)

Coping strategies and personal protective factors

Three main themes were identified regarding the psychological well-being accounts of older adults as they spoke about keeping themselves well during the pandemic: (1) Finding things to do and activities that can protect me; (2) Identifying how my thoughts can protect me; and (3) Counting myself lucky – me and my home advantages. The respective themes and subthemes identified are discussed in the following subsections. Although different themes were identified, they are interdependent and not mutually exclusive (i.e., the same participant can and usually used different coping strategies, while identifying factors perceived as protective of their well-being, thus facilitating our understanding of the overall sense of how older adults survived the pandemic).

Finding things to do and activities that can protect me

The first theme – Finding things to do and activities that can protect me – included efforts made by the participants to manage the stress associated with the lockdowns by modifying their actions or adopting new behaviors. This theme encapsulated three subthemes: (1) Adoption of behaviors to prevent becoming ill; (2) Activities to be distracted,

entertained, or keep up well-being; and (3) Efforts to access social support. The audit yielded an agreement of 100% on this theme.

Although some participants mentioned becoming unresponsive at the beginning of the pandemic, all participants mentioned having endorsed specific behaviors to avoid contracting COVID-19 and spreading the virus (e.g., wearing masks, keeping a safe distance from people), activities performed during the lockdowns to be distracted, entertained, and maintain psychological well-being (e.g., physical exercise, watching TV), and most mentioned social support as key. This notion of taking action to protect oneself was present in nearly all participants' transcripts. The behaviors adopted were different across participants, but they all cultivated a sense of protection, distraction, and attempts to maintain or improve psychological well-being.

Regarding the first subtheme (adoption of behaviors to prevent becoming ill), Artur (71 years, northern inland rural region, L39) explained the self-protective behaviors that he adopted: 'I always, always disinfect my hands, wash my hands, I wore a mask, even today when I'm indoors I wear a mask'. It is important to note that at the beginning of the pandemic, the use of masks was only recommended for certain groups (e.g., health professionals, risk groups) because of the insufficient number of masks available. Therefore, it is possible that not all participants had access to this protective measure from the beginning, as mask use only became mandatory and available to all after the first lockdown. Additionally, participants mentioned being vaccinated against COVID-19, which was an important measure during the second lockdown both for individual protection and at a collective level.

Avoidance was another strategy employed by certain participants, as noted by Célia (90 years, southern littoral urban region, L139): '[…] Any danger can come to harm me more. So, what I can avoid, I avoid!', and like others, Célia avoided 'contact […] with a lot of people […]'(L110). Other participants spent 'most of the time […] indoors […].' (Joel, 78 years, southern littoral rural region, L59). More than half of the participants also talked about complying with the health guidelines to prevent both contracting COVID-19 themselves and spreading the virus: '[…] we had to adapt to the situation and… that's it. With more limitations, within the framework of the law, […] avoiding certain contacts, etc. […]. I will say [this], but we survived [laughs].' (Joaquim, 71 years, southern inland rural region, L203). While most participants complied with rules to avoid being infected by COVID-19, aggravating the pandemic situation, and obtaining peace of mind and tranquility, four men and one woman reported complying with rules but in a flexible way to protect their psychological well-being (e.g., going outside against government guidelines). Thus, some participants expressed divergent views on the topic of compliance with mandatory social restrictions. On the one hand, rule compliance was deemed as an important and protective measure by most participants, both for their physical health and psychological well-being. On the other hand, for some, blind and rigid compliance exacerbated a sense of disorientation and disempowerment engendered by the pandemic that had already threatened the routine sanity of everyday life. As Joaquim (71 years, southern inland rural region, L219) explained:

> Because sometimes the rigidity in things is too much and doing the minimum also doesn't… […] Because it also sometimes provokes other things in us. We can if we have a great rigidity […] we can be aggravating our mind, right?

All participants described engaging in activities to be distracted, entertained, or keep up their well-being (the second subtheme synthesized from the data). Physical activities, such as 'running, gymnastics, cycling' (Carlos, 83 years, MAL littoral urban region, L61) were often reported as key activities facilitating the ability of participants to clear their minds. Nevertheless, the pattern of engagement in physical activities changed across the pandemic timeline. When recalling the first lockdown period, some participants remembered their reluctance to engage in outdoor physical activities. For instance, Marlene said: 'At that time I didn't really have the desire … to go [outside].' (89 years, island urban region, L141). However, after the initial pandemic shockwave more than half of the participants engaged in 'daily walks' (Mariana, 66 years, northern littoral urban region, L21) allowing them to spend time outside and avoid being closed in at home for extended periods. Doing gardening a simply walking down the street was protective of their psychological well-being in the sense that participants would '[…] go out… […] to be distracted.' (Melina, 67 years, island urban region, L148). Engaging in these activities was sometimes specifically labeled by participants as therapeutic. For example, José (73 years, island rural region, L83) said: 'I spent time […] in my […] little vegetable garden […]. It was also a great therapy too.'. Participants tried to keep themselves busy by doing household chores, home repairs, cooking, or sewing, to pass the time. Additionally, watching TV, reading, spending time online, and writing were activities highly endorsed by most participants to fight off boredom and to be distracted from the pandemic: 'To get […] through the day. I watched television, to distract myself…' (Marlene, 89 years, island urban region, L189).

The third subtheme (efforts to access social support) represented the emotional and instrumental support that social networks (either face-to-face or online) could offer regarding

assistance in coping with stress and managing the practical constraints of the lockdown periods. The lockdowns forced individuals to stay at home, reducing in-person encounters. Therefore, several people reported attempts to maintain regular or occasional virtual interpersonal exchanges to cope with isolation and to stay connected to others. These participants used virtual platforms such as phone calls, web-based video chats (e.g., Skype, WhatsApp), or social media (e.g., Facebook). For instance, Célia (90 years, southern littoral urban region, L246) stated that she frequently called friends to lift up their spirits during difficult times: 'Yes, by phone. Hmm, I talked to them, encouraged them… I was never a very negative person. Always more positive than negative. And so, I was always able to help, [even] over the phone'. Nevertheless, participants also often recognized that online interpersonal interactions were not the same, or as personally satisfying, as in-person contact. Thus, online interpersonal interactions were seen as the best option available not the optimal choice, as Abelardo (74 years, MAL littoral urban region, L143) outlined:

> It was unsettling not being able to hug my son, not being able to kiss my son, not being able to see my grandchildren, that I spent several months, a few long months without being able to see them, just by phone, well, talking and that.

Further, some participants reported engaging in limited in-person encounters, either in outdoor settings or with a limited number of persons. Actually seeing a loved one and knowing that they were fine seemed to be more important for some participants than just communicating with them over the phone or online. For some participants, such as António, this formed an important piece of the protective armor that he donned against mental health deterioration:

> I have family here who live here in the parishes outside our municipality and I, from time to time, would get in the car, go outside "so, is everything okay?" and such. […] I remember […] of doing that. At least showing myself and people showing themselves too, right? Just a hello, yes. Being in contact, just, just visually, right? (67 years, northern inland rural region, L171)

Additionally, beyond simply gaining from the interpersonal interactions, four participants reported needing or using social support in an instrumental way, such as grocery shopping, going to the pharmacy, or helping with household tasks.

Identifying how my thoughts can protect me

The second theme – Identifying how my thoughts can protect me – encompassed strategies used by the participants to manage the stress associated with the lockdowns through cognitive endeavors and mental activity. The theme is divided into two subthemes: (1) Using my thoughts to regain a sense of control over an uncontrollable situation, and (2) Changing my beliefs, values, and priorities to make meaning. The audit yielded an agreement of 86% on this theme.

During the interviews, almost all participants ($n = 18$) conveyed specific ways of thinking during the lockdowns to alleviate the mental burden of the pandemic. Most participants attempted to regain control of any intrusive thoughts that they had in an organized manner throughout the pandemic. However, a few participants appeared to have conflicting or oscillating thoughts about processing information concerning the pandemic by simultaneously searching for information on COVID-19 to keep updated, while also saying that they tried to avoid thinking about the subject. The specific cognitive strategies adopted may have been somewhat unique to each participant, but they all fostered a sense of safeguarding while buckling down and enduring the ongoing stress.

Using my thoughts to regain a sense of control over an uncontrollable situation (subtheme 1) was evident among some participants, mostly men, through two opposing perspectives. On the one hand, older men appeared to be more engaged in cognitive processing, by actively thinking about the pandemic and seeking information – on TV, media, or newspapers – to be protected and better prepared to manage COVID-19's consequences: 'And the news I heard, the information that was transmitted to us on television and all that, which helped me a lot to concentrate more, have more respect for things and do the best that was within my power.' (Abelardo, 74 years, MAL littoral urban region, L69). Sometimes, Abelardo and other participants spoke about having *respect* for the pandemic as a synonym for a state of fearfulness: 'I had a lot of respect […]. I have always had respect, but I was a little scared.' (Carlos, 83 years, MAL littoral urban region, L334). Casimiro (69 years, MAL littoral urban region) even confessed to having an Excel spreadsheet where he updated daily information about COVID-19-related deaths and infections globally, as this helped him feel more informed and, consequently, safe and in control.

On the other hand, some older adults occasionally also felt overwhelmed by intrusive thoughts. Some mentioned attempting to control these intrusive ideas by avoiding activities that could exacerbate them. Specifically, participants would sometimes avoid watching the news or worrying about family members, as it would be detrimental to

their psychological well-being. As Célia (90 years, southern littoral urban region, L230) explained:

> Because I'm not someone who thinks too much, not knowing what I'm going to do or not do, let me see! Come on, let's let things be guided according to what comes up. No, no, I don't think too much. If I'm going to think too much, I get sick. So, it's not worth hurting myself more than I already do.

The second subtheme, changing my beliefs, values, and priorities to make meaning, included cognitive processes used by the participants that often made a positive meaning out of their own experiences during the pandemic and the lockdowns. This included cognitive restructuring, making downward comparisons, and reframing ordinary events with a positive meaning. As Mariana (66 years, northern littoral urban region, L73) explained:

> Perhaps what also led me, …to be able to, to understand and to manage and therefore, being here without having … fortunately, [to] end up at the psychiatrist's office was… This perception that at the end of all this, my losses are relatively… small, aren't they? They are individual, I mean… Because if you think about the collective, there are those who have lost much more than me.

Participants also engaged in meaning-making processes relative to COVID-19-related stress, which resulted in the acceptance of the current situation: 'I accepted, that's it, things happen, and we have to accept them […].' (Célia, 90 years, southern littoral urban region, L348). Additionally, older adults pointed to hopefulness and optimism for the future – sometimes facing the pandemic and lockdowns with laughter and joy: 'We even laugh and I'm like when we take the masks off, we won't even recognize each other anymore [laughs]' (Hermínia, 82 years, southern littoral urban region, L79).

Counting myself lucky – me and my home advantages

The third theme – Count myself lucky: me and my home advantages – encompassed characteristics such as accumulated wisdom, physical health, or housing conditions that were beneficial for maintaining psychological well-being during lockdowns and included three subthemes: (1) Being older and more experienced; (2) Physical health; and (3) Where, how, and who do you live with. The audit yielded an agreement of 86% on this theme. During their interviews, almost all participants ($n = 20$) commented on at least some self-characteristics that were perceived as beneficial in some way for maintaining their psychological well-being during lockdowns. This notion of advantageous contextual factors seemed to underlie most of the participants' comments.

Although being older can present an increased risk of contracting COVID-19 and suffering more severe physical health consequences, participants discussed their age as a protective factor against stress and fear during the lockdowns and the pandemic (subtheme 1). Apparently contrasting ideas about the relative risks and benefits of aging were entertained by some participants. On the one hand, as older adults, they realized they were more physically vulnerable to COVID-19 (individuals older than 70 years were considered a risk group since March 2020); on the other hand, they felt more psychologically prepared to handle the negative consequences of COVID-19 and the pandemic. Hermínia (82 years, southern littoral urban region, L43) reflected:

> People, especially, those [who] have lung or heart disease, hmm it's quite… Well, we're afraid, aren't we? We know they can be more affected, but it's like I say if I was very young maybe I would be more afraid, but at this age, it seems that we are more prepared for everything that comes [laughs]. It's the law of life [laughs].

Other participants, mostly healthy participants, referred to monitoring their general physical well-being (subtheme 2), feeling relief at not having symptoms, or having only mild symptoms after contracting COVID-19 (most participants reported only contracting COVID-19 in 2022, after the mandatory lockdowns). A couple of participants also made explicit reference to the conferred benefits of not being a smoker nor a drinker as 'a relief' (Carlos, 83 years, MAL littoral urban region, L134). Somewhat surprisingly, one older adult also speculated upon the specific physical health benefits of immunity accrued over their lifetime.

The third subtheme, where, how, and who do you live with, summarized characteristics related to the living situation of the participants having contributed to an easier experience of well-being in lockdown than they had imagined previously. This subtheme encapsulated the reassurance gained by being close to family members, the relief of being simultaneously isolated from the general population, plus the gain from having safe access to outdoor spaces. Some participants explained that they felt safer and not trapped in their homes because they lived in rural areas, with few people around, and lots of open space. They also stated that the experience of being in lockdowns in the city must have been worse than theirs was:

> Here in the inland, […] in the villages, you don't notice much, you know. Therefore, I did not follow the

> rules of being closed at home […], completely closed at home. Because if I lived in a city […] I would [stay at home] […]. But here in the villages, we have a space that has nothing to do with a city, right? A city or […] a very, very intense population cluster. […] We have a lot of space here… (Joaquim, 71 years, southern inland rural region, L223).

Many participants referred to their family circumstances and felt fortunate in this respect. As Artur (71 years, northern inland rural region, L19) said: '[I have been] lucky not to have had such big problems, not to have family members die and all that'. Although this protective factor may have been relevant throughout the whole duration of the pandemic, it may have been more relevant during the second lockdown, in 2021, as the number of cases in Portugal increased exponentially. In fact, Portugal evolved from having 7,443 confirmed cases and 160 deaths by March 31st, 2020, to 26,664 confirmed cases and 16,648 deaths by March 31st, 2021.

Other participants referred to feeling better during lockdowns because of living with (or nearby) family members. Lastly, some participants mentioned their general living standards or the comfort of their homes when talking about factors that had helped them maintain their peace of mind during the pandemic. For instance, João (68 years, northern inland rural region, L111) briefly mentioned his stable financial situation: 'fortunately, there were no salary changes […].'. Jorge (66 years, island rural region, L97) simply stated: 'being used to being at home'.

Discussion

Data from the present qualitative study explored uncharted territory by asking older adults in relatively good health to reflect upon the coping strategies they used during two distinctive lockdown periods (the first lockdown from March to May 2020, and the second from January to April 2021). Our study explored what maintained participants' psychological well-being and examined what participants considered to be personal protective factors during these times. Generally, older adults appraised the mandatory lockdowns as periods of temporary interruption in their lives, albeit with some nuances regarding having to use coping strategies during that time. Indeed, the elderly participants in the current study proved to be stoic and, despite the first strong negative impact of the COVID-19 pandemic on their well-being and motivation, they generally acclimatized and became able to implement several coping strategies over time. The thematic analysis revealed a range of deliberately used behavioral and cognitive coping strategies that highlighted what older adults referred to as their personal good fortune in a way that boosted a sense of personal well-being in the face of pandemic adversity. Thus, our findings emphasized how the use of coping strategies can be encouraged by awareness of self-identified protective factors.

Participants used behavioral coping strategies, such as complying with health recommendations, doing physical exercise, or gardening, as well as cognitive coping strategies, such as attempting to control intrusive thoughts, cognitive processing, facing the pandemic with optimism, or positive reframing. Further, factors perceived as promotors of good psychological well-being were identified by the participants, such as being older and more experienced, having good physical health, and living conditions (e.g., living in rural areas, having financial stability). Behavioral coping strategies, cognitive coping strategies, and protective factors were interdependent and allowed us to understand how older individuals 'survived' the pandemic.

Based on the variety of coping strategies outlined in the interviews, adopting both behavioral and cognitive coping strategies may have been critical to offset the negative effects of pandemic stress on psychological well-being. At the initial stages of the pandemic, around half of the sample felt overwhelmed. However, these individuals were quickly able to adopt behavioral and cognitive coping strategies that were critical for their overall adjustment, reaching a peak of success during the challenging second lockdown period in Portugal. This may have been due to the accumulated experience from the previous lockdown, to having more available information about the virus and how to prevent it, and to a greater access to effective preventive measures (e.g., masks). For instance, Portugal is one of the countries with the highest COVID-19 vaccination rate, with 34% of its population with (at least) one dose of the vaccine by the end of the second lockdown, and 9% with the vaccination complete (Direção-Geral da Saúde, 2021). All these accumulated factors possibly lead to lower levels of uncertainty and a higher sense of control.

When discussing behavioral coping strategies, the entire sample mentioned adopting protective behaviors to prevent contagion, as found in other studies (Greenwood-Hickman et al., 2021; Park et al., 2020; Rotenberg et al., 2021), probably because older adults are more vulnerable to a COVID-19 infection (Shahid et al., 2020). Moreover, older adults may also have adopted preventive behaviors as they reported having '*respect'* for COVID-19 as a potential threat to life, perhaps because they grew up under a highly repressive dictatorship (1933 to 1974) in which strict rules were imposed with noncompliance punishable by harsh penalties, including ultimately the penalty of execution. Specifically, during this period a Portuguese political police force (i.e., International and State Defense Police [PIDE])

was created to control and discipline population members that went against the interests of the state. The existence of PIDE resulted in a climate of fear that discouraged the transmission of ideas that were contrary to the regime and constrained the exchange of ideas. Literature shows that individuals raised under authoritarian regimes are thought to internalize attitudes of obedience, which can persist over time (Neundorf & Pop-Eleches, 2020). Although no participants specifically mentioned their early lives spent under the dictatorship, it may have been the case that many of them internalized the need to conform to regulations and norms, resulting in their compliance and adherence to the mandatory public health policies during the COVID-19 pandemic. Another possible explanation for this high adoption of preventive behaviors may be associated with culture-related characteristics. Hofstede's model of national cultures (Hofstede, 2011; Hofstede Insights, 2024) characterizes Portugal as having a very high preference for avoiding uncertainty, meaning that there is a high emotional need for rules, even if rules are perceived as not being effective, as a mean to feel secure and in control of the future.

While participants generally complied with health authorities' rules, five participants stated that they were not 'rigid' in following health guidelines at all times, as they felt the need to access outdoor space to protect their psychological well-being. Nevertheless, this was only possible with living conditions that allowed such access, revealing the linkage between coping strategies and self-identified protective factors. Furthermore, accessing outdoor space may itself have contributed to the employment of cognitive strategies, e.g. attempting to control intrusive thoughts by actively distracting oneself, thus highlighting how behavioral and cognitive coping strategies can be intertwined. This is congruent with findings from previous research, which revealed that time spent outdoors, say gardening or when engaging in physical activity, was critical to maintaining physical and psychological well-being among older adults (Fiocco et al., 2021). It has been suggested that spending time outdoors was effective in maintaining individuals' well-being by facilitating the adoption of more adaptative coping strategies – both behavioral and cognitive – and the flourishment of more positive emotions (Pouso et al., 2021).

In addition to the behavioral coping strategies available to older adults, an ability to draw upon social support – either emotional or instrumental – may also have been a key element in their psychological well-being (Finlay et al., 2021; Fiocco et al., 2021; Gonçalves et al., 2022). In our study, as in others (e.g., Pérès et al., 2021), most participants living in rural areas maintained face-to-face interpersonal interactions, while maintaining some safety measures (e.g., wearing masks, physical distance). If older adults living in rural areas are more likely to resort to in-person interactions as a way of obtaining social support, it is vital to provide people with information about the risks of face-to-face contact when there is an air-born disease and, simultaneously, to detail how risk can be minimized. Additionally, as online social interactions were less satisfactory, older adults with more limited chances of having in-person contact became correspondingly more at risk of feeling lonely and isolated. Online social support was mainly obtained through phone calls, but in our sample, it was those who were younger (aged < 70 years) who used video calling more than did those who were older. The lack of use of video technology by older adults may be explained by the fact that they believe that they were too old to learn new skills (Fiocco et al., 2021) or could be simply attributed to a lack of equipment. In the current sample, those who were under 70 years old tended to be recently retired or still in employment, enhancing their chances of familiarity with communication technologies. It can also be hypothesized that turning to social support, specifically emotional support, contributed to participants' use of cognitive coping strategies, such as being positive and optimistic, to help others and, consequently, themselves (Conversano et al., 2010).

Besides adopting new behaviors, older adults also identified a panoply of cognitive and meaning-focused coping strategies used by them during both lockdowns. Participants attempted to regain a sense of control over the pandemic, either by making efforts to control their intrusive thoughts or by attempting to make sense of them by seeking out and reading relevant information on COVID-19. This finding is consistent with Park and Folkman's (1997) suggestion that unexpected events tend to disrupt people's sense of control, leading individuals to engage in different attempts to regain control and reduce the stress associated with their perceived lack of control. Attempting to control intrusive thoughts by avoiding the activities that prompted them may protectively have shifted their attention away from what was beyond individual control (e.g., deaths due to COVID-19, measures imposed by governments) onto aspects that were more readily under personal control (e.g., emotional regulation, adoption of preventive behaviors). In turn, the increased sense of control may then have benefitted the older adult's physical and psychosocial well-being (Hong et al., 2021). Thus, the shift from an attentional focus towards those factors that are perceived to be under one's personal control is likely to have enhanced psychological resilience in the face of pandemic-related stress. Here again, our findings were congruent with those from previous studies showing that older adults were generally skilled in side-stepping negative emotions by steering clear of distressing news about the COVID-19 pandemic (Goins et al., 2021). Our results also highlighted the interdependence between behavioral and cognitive coping strategies, revealing that the older adults we sampled had

become adept at deploying a range of different types of coping tailored to their own personal style and needs.

It seemed that when participants encountered pandemic-related stress they ultimately engaged in the types of meaning-making processes identified by Park and Folkman (1997). Meaning-making resulted in modification of the meaning attributed to the COVID-19 pandemic, associated lockdowns, and social constraints. In Park and Folkman's terms, older adults could be seen as assimilating events into their belief systems, or occasionally modifying their beliefs, values, and priorities to engage in accommodating their beliefs to the events they encountered when assimilation was deemed impossible. These changes in meaning appeared to result from the use of a variety of meaning-making strategies identified by Park (1997, 2010), such as cognitive restructuring, positive reframing, humor, and making downward comparisons with less fortunate others. Consistent with the basic tenets of Park's (2010) meaning-making model, our participants' meaning-focused coping efforts seem to have resulted in beneficial outcomes as participants delivered these meanings alongside expressions of acceptance, hope, and optimism.

Aside from Park's (2010) meaning-making model, the successful employment of diverse cognitive and meaning-focused coping strategies to manage COVID-19-related stress during lockdowns appears to be in line with the SAVI theoretical approach to older adulthood (Charles, 2010), as described previously. Several mechanisms associated with aging may be responsible for the skillful deployment of emotional regulation by older adults as exemplified in the current study, namely the accumulation of experience and knowledge over time, plus the realization that life is shortening. For example, our participants outlined that being older can be an asset in the sense that being older meant having lived through hard situations (e.g., times of war and conflict) thus providing them with valuable life lessons in perspective-taking and soothing to withstand any negative consequences of the lockdowns (see also Rotenberg et al., 2021).

Nevertheless, the older adults in the current study often tended to attribute avoiding the worst of the pandemic to their own good fortune and listed several personal protective or contextual factors that promoted their psychological well-being during stressful times. For example, participants who were relatively physically fit and in good health often pointed to these factors as standing them in good stead in the face of the pandemic. Fiocco and colleagues (2021) also found that some older adults in Canada reported lower levels of concern regarding contracting the virus because they felt their good physical health and robustness would help them tackle it. Although the initial government health warnings during the pandemic contained a particular emphasis on protecting the elderly and those vulnerable to respiratory illnesses, as the pandemic continued the level of health threat receded as gains in knowledge regarding treatment and the widespread vaccination programs and increasing knowledge about the virus began to protect the population against severe illness. Thus, the COVID-19 virus became only a substantial threat to those with an underlying health vulnerability. Lastly, living in rural areas and having safe access to outside open spaces were much appreciated by participants, since these allowed them to connect with others while maintaining physical distance (Fiocco et al., 2021; Pérès et al., 2021), and to engage in adaptive active outdoor behavioral coping strategies, such as walking or gardening. This perception of good fortune can be interpreted through social comparison theory whereby older adults made downward social comparisons to reduce discrepancies between appraised and global meaning to their advantage to diminish self-perceptions of health problems and psychological distress (Park, 2010; VanderZee et al., 1995). Once again, the interconnection between behavioral coping, cognitive coping, and protective factors is evident here.

Limitations and suggestions for further research

Our exploratory qualitative study had important strengths in terms of identifying the factors that older adults perceived as maintaining and enhancing their psychological well-being during the pandemic and associated lockdowns. Nevertheless, the study had some limitations. First, the study was conducted via exploratory semi-structured interviews with some interviews taking place in-person, but most happening online via a video platform. Online interviews expanded data collection both from participants from parts of Portugal who otherwise would not been able to participate and from accommodating those whose preference was for a video call. While recent studies have suggested that online and face-to-face interviews share similarities (Szolnoki & Hoffmann, 2013), and generate the same volume of data and thematic content (Namey et al., 2020), the absence of in-person contact may have hampered rapport and inhibited participants from spontaneously expressing themselves.

Second, the study was limited by data collection from a convenience sample, and thus cannot necessarily be applied to the general population without further investigation. Our study depicted the experience of Portuguese older adults during the COVID-19 pandemic and associated lockdowns. These findings may also apply to the experiences of older adults in other countries depending upon the local conditions of the pandemic and how mandated social restrictions or lockdown periods were used, for example, in Germany, Spain, or the UK. Third, the interviews were retrospective, in a few cases requiring participants to remember their

general impressions of a series of events in the pandemic that happened between March 2020 and April 2021 and in a few cases over two years previously. Thus, these participants' recollected impressions may differ greatly from what they would have thought and reported at the time.

One last important consideration to keep in mind when contextualizing the findings from the current study is that there were no discernable differences between coping strategies based on participants' appraisal of the pandemic and lockdowns. This uniformity in terms of coping strategy usage seemed somewhat surprising at first glance. However, this apparent uniformity was perhaps because our sample was homogenous in viewing both the pandemic and lockdowns in pragmatic terms as an imposition or interruption to their normal life course that needed to be stoically endured and managed by them. Most of the older adults in the current sample also enjoyed relatively good physical and mental health and so were not directly challenged by illness implications assuming they avoided infection. Future studies should aim to include older adults with more varied appraisals of the pandemic to explore the linkage between the interpretative approach and the use of particular cognitive strategies. Furthermore, future studies with a mixed-method design could systematically examine whether certain coping strategies yielded different outcomes in addition to exploring whether certain coping strategies were linked to particular appraisals. A mixed-method study could also consider whether certain appraisals were more readily available to some groups of older adults rather than others, depending on participants' sociodemographic contexts.

Implications for clinical practice with older adults

Building resilience appears to be a valuable tool for strengthening the resolve of older adults and promoting well-being during public health crises (Madsen et al., 2019). Based upon our results older adults can benefit from referrals to therapies that not only enhance personal resilience through reflection on experience but also promote a sense of meaning and purpose, in addition to encouraging the development of in-person social support networks. Indeed, our qualitative study has enabled us to understand older adults' experience and appraisal of the mandatory lockdowns due to COVID-19, while allowing us to understand what coping strategies they adopted to protect themselves and the factors they perceived as protecting their well-being. By doing so, we attempted to assess and interpret how older adults made sense of and managed through the COVID-19 pandemic (Cypress, 2015).

Our findings indicated that older adults of different ages and socioeconomic status, and from different urban and rural areas of Portugal, spontaneously mentioned deploying a series of behavioral and cognitive coping strategies that they identified as helping them cope with the lockdowns. These coping strategies can be fostered through meaning-making therapy practices, such as meaning-centered psychotherapy or cognitive behavioral therapies of the third wave (Hayes & Hofmann, 2017; Thomas et al., 2014). Coping strategies can promote changes in situational meaning - such as endorsing positive reframing or helping older adults to reflect upon their past experiences and personal resources – both of which can be valuable resources in building personal resilience. Furthermore, our results suggest that our participants were able to sustain these meaningful coping strategies (both behavioral and cognitive) over the two-year period of pandemic threat, suggesting the possible long-term efficacy of such coping strategies. It would be useful to explore ways to enhance these coping strategies as these may be important strategies to protect psychological well-being when used in times of greater health risk. For example, engaging in meaning-making could be an attractive way to boost coping strategy usage during reduced immunity periods encountered in some health conditions, or following medical treatments such as chemotherapy. Since losing a sense of personal control is common when events are unpredictable (Park & Folkman, 1997) promoting the use of coping strategies that can restore a sense of control, in addition to preventing the spread of infection.

Keeping in contact with people within their usual social support network seemed to be a key element for older adults in our study as they coped with the various stresses generated by the COVID-19 pandemic. Given the restrictions imposed on in-person social interactions imposed by the lockdowns, it would seem crucial to promote the use of new technology among older adults to enhance communication with loved ones (Fiocco et al., 2021). Nevertheless, our findings also revealed that online interactions were not as satisfactory as in-person interactions in either reassuring older adults or helping them manage daily living.

Conclusions

This qualitative study has contributed to understanding how older adults survived the pandemic and associated lockdowns by adapting and coping with COVID-19-related stress. As such the study has given us key insights into the factors that older adults themselves identified as being protective of their psychological well-being throughout the pandemic. During the early stages of the pandemic, some participants reported feeling overwhelmed by the situation and being unresponsive. Nevertheless, they managed to recover and adapt gradually over time through the adoption of different coping strategies that were refined and reached

their peak during the challenging second lockdown period. Knowing the everyday strategies used by older adults and factors that they rely upon to maintain their psychological well-being in times of stress has provided useful information for developing interventions promoting psychological well-being in later life. Our thematic analysis indicated that individuals engaged not only in behavioral coping strategies (e.g., adoption of behaviors to prevent becoming ill) but also cognitive coping strategies such as using thoughts to regain a sense of control or make meaning. Furthermore, some participants additionally identified personal advantages or resources in their particular circumstances that were protective of their well-being: being able to draw upon previous life experiences, possessing good physical health, and living in places where they had access to outside spaces and family living close to them. In general, older adults were shown to be stoic and drew upon different coping strategies at different times depending on their needs. Older adults who are unable to claim these personal advantages may need more support from professional psychotherapy services to develop and sustain cognitive coping strategies to manage stressful conditions than do those who can access them spontaneously.

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Data availability The data presented in this study are available on request from the corresponding author.

Declarations

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