

## **Lessons in Resilience: Initial Coping among Older Adults during the COVID-19 Pandemic**

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**Funding:** This work was supported by funds from the College of Human Sciences and Education and the Office of Research and Creative Activity at North Dakota State University.

**Conflict of Interest:** The authors have no conflicts of interest to report.

**Acknowledgements:** We would like to thank our participants who graciously and openly shared their experiences with us during this stressful time. We also would like to acknowledge research assistants Shawn Carlson, Brittany Hoffman, and Emily Sturn for their contributions to data collection, without which this study could not have been completed.

**Contributions:** Both authors designed the study, collected data, conducted data analysis, and wrote the paper.

## Abstract

**Background and Objectives:** In addition to increased physical health risks, older adults may also experience risks to their mental health and social wellbeing due to COVID-19. Yet, older adults may be uniquely able to cope given their life experiences and coping mechanisms. This study explores older adults' coping experiences and strategies during the initial weeks of the COVID-19 pandemic.

**Research Design and Methods:** A Midwestern sample of 76 older adults aged 70-97 completed a phone interview about their experiences with social distancing due to COVID-19. Interviews were conducted during early weeks of regional social distancing (March 28–April 20, 2020). Participants rated their level of perceived coping and responded to open-ended questions about their daily life and coping.

**Results:** Mean perceived coping level (on a scale from 1-10) was 7.9, with 87% of participants rating their coping positively. Primary themes that emerged included: 1) staying busy, 2) seeking social support, and 3) having a positive mindset. These emotion-focused coping strategies appeared adaptive in the early weeks of the pandemic for most older adults.

**Discussion and Implications:** Contrary to predominant messaging about the vulnerability of older adults, these findings highlight the resilient nature of older adults in terms of their psychological coping and adaptability during COVID-19. Future research should build upon these findings to better understand and promote late-life coping during crises. Practitioners should seek to support older adults' engagement in such proactive coping, and social policies should be developed to acknowledge the variable needs of older adults.

*Keywords:* Coronavirus, Social Distancing, Optimism, Social Support, Mixed methods

## Introduction

The COVID-19 pandemic is a public health crisis requiring interventions to curb the spread of the disease, including social distancing and isolation (Wilder-Smith & Freedman, 2020), introducing a stressful situation that may challenge individuals' coping abilities. As older adults are particularly encouraged to practice social distancing and self-quarantine given their greater risk of hospitalization and mortality due to COVID-19 (Promislow, 2020), it is important to understand how they adapt and cope with this social isolation. It is possible that, given their wealth of life experiences, older adults may be uniquely able to adjust well during this unprecedented crisis (Lind et al., 2020). This paper will examine levels of coping among older adults during the initial weeks of recommended social isolation due to COVID-19 and provide context as to the coping mechanisms and strategies used (or lacking) to successfully cope.

### Coping in Later Life

Coping is described as activities one does to tolerate or decrease mental strain (Lazarus & Folkman, 1984). The presence of adequate coping skills has been found to be protective of physical and mental health among older adults (Boerner, 2004; Yancura & Aldwin, 2008). Moreover, socio-demographic factors have been found to be predictive of better coping, including increased age (Chen et al., 2018) and greater education level (Ouwehand et al., 2008); whereas, other factors, such as gender (Rubio et al., 2016), race/ethnicity (Bhui et al., 2008), and marital status/living alone (Berry et al., 2017), have more nuanced associations with coping.

Theoretical perspectives on coping suggest that increased age may be advantageous for coping due to an accumulation of life experiences that foster the refinement of coping skills (e.g., Aldwin & Igarashi, 2016; Neupert et al., 2019). Additionally, according to the strength and vulnerability integration (SAVI) model older adults have greater emotional regulation as compared to younger individuals (Charles, 2010), which can be conducive to coping well (Skinner & Zimmer-Gembeck, 2007). Recent research suggests older adults are more skilled at coping than younger

individuals (Neubauer et al., 2019). Aldwin and Igarashi (2016) argue that the process of coping with stress can create resilience, and older adults are likely to have increased coping resources and strategies to draw upon from their past experiences. Relatedly, Ouwehand and colleagues (2007) proposed proactive coping as an essential characteristic of successful aging. Proactive coping is theorized as a multi-step process through which people identify potential stressors and act to minimize or prevent their negative impact (Aspinwall & Taylor, 1997). The COVID-19 pandemic presents a variety of stressors, including social distancing, but it is conceivable that older adults apply their accumulated coping skills to adapt.

### **Coping and Unexpected Life Events**

Previous research on the impact of unexpected incidents, such as Hurricane Katrina and the SARS outbreak of 2003, identified coping mechanisms used among older adults, including behaviors and cognitive regulations, which were beneficial in managing the stressful circumstances (Kamo et al., 2011; Shenk et al., 2009; Yeung & Fung, 2007). Several coping strategies used by individuals dealing with epidemic-related stress (i.e., SARS) included wishful thinking, support seeking, and empathetic responding (Lee-Bagglely et al., 2004). For example, Lee-Bagglely et al. (2004) found that individuals who felt susceptible to contracting the illness were more likely to use wishful thinking (e.g., hope the situation would change) and support seeking (e.g., using emotional, information, or tangible support from friends or family to comfort them) (Lee-Bagglely et al., 2004).

Other types of coping styles used during traumatic events by older adults can be divided into two categories: emotion-focused and problem-focused coping (Shenk et al., 2009). Emotion-focused coping mechanisms target reducing emotional suffering associated with stressful experiences; whereas, problem-focused coping is centered on solving a problem by participating in activities to alter the situation (Yeung & Fung, 2007). In their SARS-related research, Yeung and Fung (2007) found that older adults were less likely to use problem-focused coping mechanisms but more likely to use emotion-focused coping strategies to cope with the epidemic-related stress. Henderson and colleagues (2001) found that older adult survivors of Hurricane Katrina used distracting behaviors to

redirect their thoughts from the disaster, including such things as crafts, knitting, writing, and playing music.

Further coping-related responses to stressful events focus on positive thinking or experiencing positive emotions (Henderson et al., 2001; Shing et al., 2016). Henderson et al. (2001) discovered that after Hurricane Katrina older adults would change their thought processes to cope with the events. In their qualitative research, they identified themes focused on “moving on, accepting the situation, and having a determined spirit” (p. 63). Positive emotions during such a significant stressful event may protect the individual from “becoming overwhelmed and developing undesirable psychophysiological outcomes” (Shing et al., 2016, p. 1295). Coping strategies associated with managing the stress and anxiety of COVID-19-related social isolation have not yet been widely studied (Guo et al., 2020), particularly among older adults.

### **Coping and COVID-19**

The COVID-19 pandemic is a significant life stressor (Sands et al., 2020). It is unknown how long the pandemic will persist, or how much longer older adults will need to socially isolate to avoid contracting the disease. Both gerontologists and behavioral health specialists have expressed concern that increased stress and isolation due to the pandemic could negatively impact older adults' well-being (Sands et al., 2020). For instance, loneliness resulting from social isolation has been linked to negative health outcomes for older adults and increased mortality (Shankar et al., 2011). It is vital that we study the impacts of such events on older adults to better understand how they cope and whether lessons learned from their experiences can help prepare individuals of all ages for similar future events.

In this study, we aimed to examine levels of self-rated perceived coping among older adults, as well as explore ways older adults are coping with the sudden need to socially isolate. The objectives of the current study were two-fold: 1) to ascertain how older adults rated their level of coping during the initial weeks of the COVID-19 pandemic social distancing recommendations, and, 2) to determine qualitative themes related to their experiences, perceptions, and strategies of coping

with social distancing during early stay-at-home requirements due to the pandemic. We hypothesized a variety of levels of coping within our sample, with trends towards better coping, and expected themes evidencing emotion-focused coping, anticipating participants would identify both struggles and successes in their experiences coping.

## **Methods**

### **Design and Participants**

This interview study was designed to assess acclimation and coping among older adults during the early weeks of social distancing due to the COVID-19 epidemic. A sample of 76 individuals between the ages of 70 and 97 were recruited from an upper Midwest region encompassing Minnesota (N=28) and North Dakota (N=48). The inclusion criteria were being aged 70 or older, English-speaking, and having an ability to participate in an interview over the telephone. Participants were recruited through solicitations in local newspapers, flyers distributed through regional aging-focused organizations and social media, and word of mouth.

To collect data at the start of pandemic precautions, interviews were conducted between March 28–April 20, 2020, dates which aligned with the onset of social distancing recommendations and shelter-in-place for both states. Community spread of COVID-19 was first detected on March 15 in Minnesota and March 18 in North Dakota (Beer, 2020). Minnesota’s governor implemented a stay-at-home order from March 25–May 18 (Kaiser Family Foundation, 2020). While North Dakota never implemented an official stay-at-home order, non-essential businesses were ordered closed from March 28–April 29 and state government recommendations were proffered to stay home whenever possible (Kaiser Family Foundation, 2020).

The semi-structured interview questionnaire was designed to quantitatively assess aspects of quality of life and well-being using validated and established measures as well as qualitatively explore experiences related to COVID-19 including daily life, social connections, and coping. Procedures were approved by the Institutional Review Board of North Dakota State University. As a mixed methods design, all study participants completed a phone interview consisting of both closed- and

open-ended questions. Trained research team members participated in the data collection process, which included describing the study, clarifying questions, securing consent, and conducting the interviews. Interviews were between 30 and 90 minutes in length, audio recorded, and later transcribed verbatim. Interviewers reviewed transcriptions for accuracy before finalizing for analysis.

## Measures and Questions

**Coping rating and questions.** Participants were asked open- and closed-ended questions related to coping. First, a quantitative, one-item assessment labeled *perceived coping rating* was used. Participants were asked: “How well do you feel you are coping with this current social distancing? On a scale of 1 to 10, where 1 is “not well at all” and 10 is “extremely well” – how would you rate yourself?” Responses were used as a continuous score. Additionally, they were encouraged to provide their open responses to “How well do you feel you are coping with this current social distancing?” and were asked to explain in detail why they provided their specified score. As a follow-up, they were asked to reflect upon things they are doing to cope and what coping strategies are helpful to them during the ongoing pandemic. In addition to these two open-ended coping-related questions, during the interview participants were asked to describe the following: their daily experiences and perceptions of current quality of life, how their life had changed as a result of the pandemic, their perceptions of social support and interpersonal connections during the pandemic, and their expectations for the future. Though these open-ended questions were not explicitly about coping, participants often provided responses indicative of experiences, feelings, and strategies related to coping that were selected for the current analyses.

**Demographic measures.** Various demographic factors were assessed including age, sex, education level, race, marital status, living arrangements, and state. *Age* was calculated in years based on reported birthdate. Participants identified their *sex* as male (1), or female (2). Participants reported their highest *level of education* categorized into 5 categories: 1=less than high school, 2=high school graduate/GED, 3=some college or associate/technical degree, 4=Bachelor’s degree, 5=graduate education. Participants indicated their *race and ethnicity* with instructions to select all that apply.

Options included White/Caucasian, Black/African American, Asian American, Hispanic/Latino, American Indian/Native, and Other with an option to specify. A dichotomous variable of non-Hispanic White (1) or non-White (0) was later created. Participants reported their *marital status* with 5 categories: 1=married, 2=living with partner, 3=widowed, 4=divorced/separated, and 5=never married, which was later recoded to married/partnered (1) or other (0). For *living arrangements*, participants reported the number of people living in their home. This was subsequently dichotomized into lives alone (1) or not (0). *State* of residence was coded as Minnesota (1) and North Dakota (2).

### **Analysis Strategy**

**Quantitative.** Basic descriptive statistics and a Pearson's Correlation matrix of quantitative variables were used to summarize participant demographics and distribution of perceived coping ratings. Quantitative analyses were conducted using SPSS Version 26.0 (IBM SPSS, 2019).

**Qualitative.** A systematic, thematic content analysis following a framework methodology was employed for qualitative analysis (Miles et al., 2019; Ritchie & Sands, 2002). The initial step following interview transcription and cleaning was a post-interview reflection session with the entire research team to discuss tentative, initial themes within the interviews (See Supplementary Table A in Online Supplementary Material). Each interviewer brought notes from their completed interviews to this meeting for discussion of their initial perceptions of potential themes. Based on this group reflection session and a review of the interviewer notes, the two lead researchers next developed an initial coding scheme. The initial coding scheme was reviewed by the entire research team for feedback and then revised. Next, two of the researchers were trained on a consistent coding procedure and coded all transcripts independently using the predetermined coding scheme to determine salience of the initial themes. As next steps, the two lead researchers independently reviewed the coded themes to process and identify patterns of salience and cohesion between the two coders and determine if new themes emerged. The lead researchers then met to come to a consensus on a final formalized thematic framework. They developed a procedure for collapsing similar concepts together and resolving disagreements about themes. Similar concepts were collapsed under a broader theme when there were



few occurrences of each and the researchers could agree upon a broader theme that encompassed them. For instance, emergent themes of *prayer* and *attending Bible study* were collapsed together under the subtheme *faith*. For the most salient themes, disagreements between the two coders were resolved by having one of the lead researchers serve as a tie-breaking third coder and review the line of the transcript where the theme was identified. One lead researcher (first author) then developed a merged and collapsed framework identifying the finalized major themes to include in the resulting overarching thematic scheme for the entire set of interviews. This was reviewed by the other lead researcher (second author) and discussed before finalizing the overarching thematic scheme. For the findings presented in the current study, the lead researchers next identified the themes among those final overarching themes that were relevant to coping, and worked together to review and clarify the defined coping-related themes included in this study. As the final step, the lead researchers reviewed all transcripts one last time to identify exemplar quotes for each specific coping-related theme identified.

## Results

### Demographic Description

A demographic description of the sample (N=76) is provided in Table 1. The mean age of the sample was 81.6 years, and 47.4% had a Bachelor's level education or higher. The majority were female (72.4%) and White (96.1%). More than half of the sample were widowed (51.3%), whereas 38.2% were married or partnered. More than half of the sample (53.9%) lived alone, 39.5% lived with their spouse/partner, and the remaining participants lived with other relatives, friends, or in a congregate setting.

Table 2 presents the matrix denoting Pearson's Correlation Coefficients for perceived coping rating with demographic variables. Perceived coping was not significantly correlated with age, sex, education, race, marital status, living alone, or state, indicating that coping did not vary by sociodemographic characteristics.

### **Quantitative: Rating of Perceived Coping**

With our first research question we sought to examine how older adults rated their coping during the initial weeks of the COVID-19 pandemic. Descriptive statistics and the distribution of the perceived coping ratings are provided in Table 3. The mean perceived coping rating was 7.92 with a range from 3 to 10. The distribution of scores skewed towards positive perceived coping ratings, with more than two-thirds of participants rating their perceived coping at an 8 or higher. Given the scale from 1 to 10, with 1 labeled as “not well at all” and 10 labeled as “extremely well”, the center of the scale which would represent a neutral response rests between 5 and 6. Using this split, 13.3% of participants rated their perceived coping lower than neutral ( $\leq 5$ ), whereas the vast majority (86.7%) rated their perceived coping as better than neutral ( $\geq 6$ ).

### **Qualitative: Experiences of Coping**

Three primary themes emerged from the thematic analysis process of the open-ended responses: 1) staying busy, 2) seeking social support, and 3) having a positive mindset. Each of these themes has subthemes that are summarized in Table 4 and described below. Moreover, while the majority of participants described positive coping within these themes, negative coping or lack of coping within each theme is also described.

**Staying Busy.** The first theme that emerged, *staying busy*, focused on engaging in activities or staying active as a coping strategy. The majority of participants described engagement in activities to keep themselves busy as a way to cope with the social distancing required by the COVID-19 pandemic. The following quotes exemplify *staying busy*:

*Well, you know what? I try to keep busy, because I don't want to sit there and think about poor me...I try to keep busy, I like to do Sudoku puzzles, some reading, and I also have crafting. But I say I just make myself busy, I find things to do. And I think that's what we need to do otherwise we're going to go bonkers, you know? (88-year-old woman)*

*I stay busy...watching news, being on an iPad, reading a lot of articles, doing housework. I fix meals for myself. I made myself a comfort casserole...so I do fresh cooking and household and make my bed and do my laundry, change my sheets, just the regular household things*

*when you own your own home. I will be out there mowing the lawn once the grass starts growing. So, much of how I'm coping is part of what my life would have been before, but I'm coping by trying to stay busy...keep my mind occupied and my body occupied. Let's put it that way. (80-year-old woman)*

As an integral aspect of staying active and busy, many participants mentioned engagement in projects. For many, staying busy is about setting goals and finding tasks to accomplish at home.

*My daily life is pretty much centered around, "Okay, what project will we do today?" (78-year-old man)*

*Well, that would be nice to relax, but there is so much to do. I am a person with a hundred unfinished projects. So I have lots of things to do. (88-year-old woman)*

*I try to have one thing to do every day, one little job to accomplish before I go on to reading or working on that quilt. (77-year-old woman).*

The theme of staying busy also encompassed maintaining a routine as a way of coping and participants described how these routines helped them cope. When asked about what they were doing to cope, some participants reflected on their ability to maintain normalcy and routine as helping them to adapt to the pandemic, as evidenced by the following quotes:

*[What helps you to cope?] I've established a routine. (92-year-old man)*

*I guess we're coping with it...we get into a routine, we go to bed, we sleep, we get up, we have breakfast, we watch TV, we read the paper, we have lunch... (81-year-old man)*

Some mentioned that their routine had not really changed that much because of the pandemic, and did not feel much adjustment was needed to accommodate the social distancing recommendations.

*My daily life hasn't changed that much considering my circumstances, so I'm doing just fine. (89-year-old woman)*

While the majority of participants described staying busy as an important and helpful coping strategy, there were also a minority of participants who indicated that an inability to stay busy and lack of

activities outside of the home greatly challenged their ability to cope, as indicated by the following quotes:

*Well, one of the biggest things is I don't have anything that says I should get up in the morning. So I'm finding myself still not dressed at noon sometimes, which is not good because there's absolutely no schedule to what I'm doing. And I feel best when I have something that I have to do, and can fill in for the rest of the day. (87-year-old woman)*

*Well, because when you're used to doing things and going places and all of a sudden you can't, and I think... How should I explain this? If I were home and I wasn't under quarantine, I probably wouldn't even think about it, but because we're under quarantine and I can't do it, I think about it more. I would liken it to be somebody that had their freedom and their home, and then all of a sudden have to go to a nursing home and having all that freedom taken away. (74-year-old woman)*

**Seeking Social Support.** A second theme that emerged was coping through *seeking social support*. Participants described how engaging with and maintaining high quality relationships with family and friends helped them cope with social distancing requirements. The majority of participants described engagement with their social support network as helpful to their ability to cope, with many reporting increased communication with loved ones:

*It seems like we're talking a little more. Some of us, not everyone in the family. But those of us who normally talk anyway, we're checking in on each other. And actually it seems like the younger people in the family have more time now, because they're home all the time. So they're looking for something to do, and so they have more time to communicate, which is nice. (78-year-old man)*

*I have been calling some of my friends from church just to see how they are doing because I think it helps to get a phone call. I like it when somebody calls me. So I'm trying to do that with my friends, reach out to them. (96-year-old woman)*

*I take one day, and I write to all my different friends that are in the nursing homes now. So I guess I'm using that more. Writing a little "Thinking of You" note every Monday for them, since I can't get down to see them. I thought, "Well, they'll appreciate getting a note in the mail." (77-year-old woman)*

Some coped by connecting with people – such as friends, family, or neighbors - with whom they do not regularly interact.

*I think I've called more people since this has happened, and talk to some people that I usually don't call very often. I've made a point of seeing how they're doing. (77-year-old woman)*

*I had decided a couple of weeks ago that I was going to call one person each day that I hadn't talked to or seen in a long time. So that's been really nice reaching out and chatting with friends that I probably would not have called because I would have felt like I was too busy otherwise (79-year-old woman)*

*I'm reaching out more to people that I don't usually reach out to and have been sort of renewing relationships. Like with my brother, for example, which has been kind of wonderful. And some of the friends that I don't talk to that often or I write to or email, because life gets too busy. Now I have time for this and it's been rewarding. (77-year-old woman)*

Many older adults in this study indicated they were adapting to new technologies in order to maintain good communication with their loved ones.

*Thank God for technology. I've thought so many times how different this would all be if we didn't have the technology that we have now....It has been a life-saver for a lot of us, I think. (82-year-old woman)*

*With the young people, you have to [text them] otherwise I could call them on the phone and they wouldn't answer, but if I text them, they're right there. I'm finding that out. (77-year-old woman)*

*By now everybody knows what Zoom is. Even us at our age, we know what Zoom is. Yeah. I have friends that are teachers and nurses and stuff. So we get together by Zoom twice a week. We try to do that. And it's quite different than being together, but it's catching up and seeing each other and that's the way we do it. (70-year-old woman)*

*I Snapchat every day. And my grandson and granddaughter-in-law often record their two little kids, my great grandkids, and so I get to even see them. So that's pretty nice. Technology has done wonders. (75-year-old woman)*

On the other hand, some participants seemed to struggle with adapting to communicating at a distance, and expressed that their social support needs were not being met due to being unable to connect face-to-face. Our participants did not often indicate that social distancing was causing increased strain in their relationships, though they did report negative consequences and worries about not being able to connect in their preferred manner.

*I think older people need to have people around them. We aren't hermits. We need to be out and about. I think the separation of not being able to be physically with them is what's really hard because we're quarantined right now. With the family, we almost feel like we have the plague or something because they can't be with you. We're pretty much all just little islands with water in between that we can't get to each other, the way it feels. Like you lost your boat, it sunk, and you're just stuck. (74-year-old woman)*

*Although we can talk on the phone, we can do Zoom meetings...it's not the same. You don't get as much satisfaction that way...You can't really, you can't always see their expressions, you can't read their body language as well. (78-year-old man)*

*It has... adversely affected the quality of our relationships. Because my preference is for face-to-face relations, face-to-face conversations and I don't like doing that by phone. As opposed to actual faces in the same room. (75-year-old man)*

**Positive Mindset.** The final theme that emerged focused on *having a positive mindset*, and was a very salient coping strategy among these older adults. For some, characteristics of a positive mindset were implicit in their interview responses, but many explicitly identified ways they were consciously focused on staying positive. Participants described different perspectives and attitudes that helped them maintain a positive mindset, and many of these perspectives were based on life experiences as well as future outlook. Many older adults expressed a sense of acceptance that was helpful for their coping:

*Why worry about something you can't control? (75-year-old woman)*

*My attitude is this, if I can't change it or do anything about it, then I change my mind and accept what it is, and do the best you can with what you have. (87-year-old woman)*

*That's not to say that you don't get tired of it, but I mean, I'm old enough. I've lived through a lot of things that it's just something you have to accept. I don't let this one really bother me that much. (80-year-old woman)*

*If there's things I can't do anything about, I'm not going to worry about them because I can't do anything about it. If I can do something about it, I'm going to do something. (72-year-old man)*

Participants spoke of coping by looking at the positives in the current situation and focusing on the future with recurrent references to seeing the 'cup as half-full' or remembering 'this too shall pass'.

They often evidenced a sense of optimism:

*I am content and, you know, pleased with how I'm adjusting to it. I'm not upset. This is the way it is and this is what we have to deal with, and we're going to come through this. (87-year-old woman)*

*I try to look at the positives rather than the negatives. (80-year-old woman)*

*It doesn't look like this is going away...but you can plan, and that doesn't cost anything. (93-year-old woman)*

*We just have to have faith that it's going to all work out. Stay positive and keep the faith, is what I keep telling myself. (77-year-old woman)*

*I'm content. I don't complain. I've got a good life and I don't let too many things bother me. I just decided I'm not going to let nothing bother me. I'm going to smile all the time. And most of the time I do. And people say, "You always got a smile." I said, "Well, you've got to make your mind that's what you're going to do." And I'm just content. I don't complain about anything and I don't worry about anything. I think I live the best I know how and God will take care of the rest. (94-year-old woman)*

Similar to having a sense of optimism, many of our participants described coping in terms of emotional resiliency. Whether consciously or unconsciously, participants used various strategies of emotion-based coping to allow them to adapt.

*Better to laugh than to cry!* (92-year-old man)

*I hear my inner voice saying things like, "You've got to stay resilient. Everything's going to be okay". I'm not drowning, I'm just bobbing on the surface of the water. And I'm able to just stay above that curve that takes you under and you feel like, I don't feel like there's never going to be an end to this. I don't have that feeling of desperation. I feel that I have a lot of hope. I'm very happy to stay in my house if this is going to mean that this is going to get under control faster.* (72-year-old woman)

*I have to talk myself into being happy and not complaining and being a cry baby. You know what I'm saying? You have to, you can't sit and feel sorry for yourself, because if you do, it just digs you down in the ground. And so I do a lot of praying and a lot of stuff like that, mental, talking myself into saying, "This is the way it is."* (78-year-old woman)

*I have no complaints at all. I could sit here and feel sorry for myself, but what good would it be? And it's a lot easier to smile than it is to frown. And who wants to be around an old crab?* (92-year-old woman)

*I guess I'm one of these people that thinks that you should do something for yourself. If you feel that way, do something that brings you out of that before you get into a big old slump. And one thing I do is go and sit on the deck when it's nice, in the sun, and just enjoy being out looking at the sky, and just being outside for even 10 minutes or five minutes helps me. So I think you have to get outside yourself instead of thinking, "Poor me," or something.* (96-year-old woman)

Reliance on faith for coping was an important theme throughout these interviews, whether faith-related activities, receiving social support from a faith-community, or practicing their faith as part of their positive mindset. As these examples show, for many of our older adults, practicing their faith promoted a positive outlook and ability to cope:



*I believe God's in control...I know that whatever's coming down the road is coming, whether I get all upset about it or not and I just trust that God will see us through it and whatever happens, happens. So I don't stress out a lot about [the pandemic]. (73-year-old woman)*

*Well I know where my source of hope is. I know where I'm going. Some of the stories in the Bible are a whole lot worse than this and it seems to go around in cycles. (80-year-old woman)*

Although these older adults had a wealth of positive perspectives and attitudes, not all participants held this positive mindset. In fact, some participants expressed components of both a positive and negative mindset within the same interview. This variability is important to note, as despite the overwhelming examples of positive mindset, there were also examples in which participants had a less positive or even negative mindset, for example:

*I'll be honest, I'm going a little stir crazy, quite honestly. (72-year-old woman)*

*Some days are worse than others. (81-year-old woman)*

*One day I cope and the next day I cry. I've never been a crier. And then I get angry with myself and I get busy doing something unnecessary like cleaning out a drawer or a cupboard or something. I pick myself up. I get weepy. I've never been weepy before. You just get on with it. You didn't wallow in self-pity. I work on that. I really have to work on it now, which I never had before. (86-year-old woman)*

## **Discussion and Implications**

The current study provides insight into the coping of older adults during the initial weeks of social distancing due to the COVID-19 pandemic. Contrary to predominant messaging about the vulnerability of older adults during this pandemic (Ayalon et al., 2020), these findings highlight the resilient nature of older adults in terms of their psychological coping and adaptability during this crisis (Lind et al., 2020). Consistent with theoretical perspectives on coping in later life (Aldwin & Igarashi, 2016), our findings suggest that the majority of older adults perceived themselves to be coping well in

the initial weeks of the pandemic. This study's finding that most older adults perceived themselves as coping well is also consistent with prior empirical research demonstrating high rates of proactive coping (e.g., Sougleris & Ranzijn, 2011) and adaptive coping strategies (e.g., Chen et al., 2018) among older adults. These high positive perceived ratings of coping may be indicative of enhanced emotional regulation, consistent with the SAVI model (Charles, 2010), in that older adults appear to successfully protect against experiencing emotional distress related to COVID-19. For instance, despite acknowledging social distancing as less than ideal, participants most frequently indicated they were coping well with this distressing situation, suggesting an ability to be emotionally resilient despite the circumstances. This is particularly interesting in light of recent research identifying age differences in COVID-19 responses in that proactive coping was slightly higher and associated with less stress among older adults when compared to younger adults (Pearman et al., 2020), suggesting older adults' enhanced coping skills as protective during this pandemic.

The qualitative themes of this study provided strong evidence of adaptive coping and resiliency among most older adults. The three types of coping that emerged – staying busy, seeking social support, and having a positive mindset – are each consistent with proactive coping strategies intended to minimize the negative impact of the social distancing stressor (Aspinall & Taylor, 1997). These findings are unique in identifying the interrelatedness of these three coping strategies as well as the multiple components within each coping theme. Many older adults employed all three coping strategies at different times or simultaneously (e.g., developing a routine to connect with friends from church). While those who struggled to cope discussed struggling to achieve coping in these three domains.

Staying busy and maintaining a daily routine were proactive strategies older adults used to keep themselves occupied and healthy, both physically and mentally. This coping strategy may be consistent with using distracting behaviors to redirect thoughts (Henderson et al, 2001), which has been found to be an effective coping mechanism in the initial phases of disasters (Shing et al., 2016). However, beyond distraction, participants also described staying busy as helping them to feel their life had meaning and purpose despite needing to stay isolated at home. In particular, this theme is in

accordance with Atchley's Continuity Theory (1989) which suggested older adults maintain their sense of well-being and identity by being able to maintain their daily patterns of living. Their desire for continuity was evident and developing a somewhat normative activity pattern was quite adaptive in the circumstances.

Similar to findings from the SARS epidemic (Lee-Bagley et al., 2004), the current study determined that seeking social support was a key coping strategy. In the initial weeks of social distancing, older adults adjusted well by increasing communication with their support partners. Seeking social support during the COVID-19 pandemic seemed characteristic of resilience among these older adults (Fuller-Iglesias et al., 2008). Moreover, this theme highlights the protective role of social networks during stressful times, in accordance with the Convoy Model, which suggests people benefit from greater social support during major life events (Kahn & Antonucci, 1980). Though it is frequently thought that older adults cannot adapt to new technology (Sands et al., 2020), in this study most older adults were willing and even enthusiastic about using technology to foster social connection. Future research should examine older adults' access and adaptation to using technology for social connection, especially during this ongoing pandemic, as a lack of access could lead to disparities in older adults' ability to cope well.

The final coping theme, having a positive mindset, indicated the prominence of emotion-focused coping within this sample. Consistent with prior research on SARS, these older adults were more likely to engage in emotion-focused coping than problem-focused coping (Yeung & Fung, 2007), which is adaptive in a widespread pandemic that an individual cannot readily solve. Positive thinking was common among participants – ranging from acceptance of the situation to optimism about the future. Participants' comments indicated an ability to regulate their emotions, perceptions, and thought processes that is consistent with prior theoretical work on the increased adaptive strengths and psychological resilience of older adults (Aldwin & Igarashi, 2016; Charles, 2010). Moreover, this theme is in accordance with Socioemotional Selectivity Theory (Carstensen, 1992); in the case of the COVID-19 pandemic, many older adults appear to prioritize positive emotions and thought processes even more explicitly as they acknowledge their greater mortality risk due to the virus. Similar to

research following Hurricane Katrina (Henderson et al, 2001), older adults appeared to actively shift their thought processes and perspectives to foster more positive emotions. Moreover, within this theme, the salience of faith to facilitate coping was predominant, consistent with Shing et al.'s (2016) conclusion that religious coping is often effective in large-scale crises.

This study contributes to advancing the literature due to its multiple strengths, yet there are also limitations that should be addressed in future research. A first strength is that this study includes a relatively old, community-based sample that represents average experiences of community-dwelling older adults of all technology-access levels in the central United States. However, this convenience sample is also regionally-limited, lacking in racial and socioeconomic diversity, and mostly female, limiting the generalizability of these findings; future research should examine similar questions in larger, more representative samples. The mixed methods design is beneficial in allowing for an in-depth exploration of the perceptions of older adults, offering significant contextual depth to the understanding of late-life coping experiences. However, the quantitative coping rating is limited as a single-item measure, so future research should examine more in-depth assessments of coping. A final important strength of this study is that it captures the initial weeks of social distancing, permitting an exploration of older adults' early coping and adjustment during the COVID-19 pandemic. Further research into long-term coping and adaptation is warranted, as this pandemic is ongoing and older adults will need to continue to take precautions. The current study will continue to follow-up with participants at multiple timepoints, which will allow our team to expand these findings beyond initial coping in the near future.

Overall, these findings suggest important lessons on coping and resilience that should be used to inform both policy and practice. Our findings reiterate the importance of helping older adults to identify and access productive activities that can be performed in isolation, such as modified exercise routines, virtual book clubs, and books or puzzles from local libraries. In regards to seeking social support, we found that increasing communication with family and friends was an effective for staying connected. Practitioners should be cognizant that older adults with limited social connections may lack the ability to engage this coping strategy and as a result could be at increased risk of poor

outcomes related to social isolation. Providing ways for older adults to socialize with others without physical contact is paramount, as it is unknown how long social distancing will be needed. These findings also indicate the importance of having a positive mindset during this pandemic, suggesting that community-level educational programs and interventions designed to promote a positive mindset could serve to help reduce negative outcomes. For instance, communities could implement programming to promote optimism and future orientation to attempt to promote ‘silver linings’ and ‘this too shall pass’ mentalities.

This study also highlights the importance of recognizing variability among older adults, and in particular acknowledging the strengths of older adults. During this ongoing pandemic, it is essential that practitioners acknowledge the diverse needs of older adults and tailor services to promote their ability to cope well. For instance, many older adults are prone to cope adaptively, but perhaps they need assistance with technology to seek social support or environmental accommodations to be able stay active safely at home. Furthermore, by understanding the coping strengths of older adults, practitioners can readily identify those older adults at greater risk for lacking coping skills. Though most participants were coping well, a minority experienced challenges, and practitioners should be aware to intervene when these coping strategies are absent. Additionally, these findings reinforce calls to promote policies that combat ageism and recognize the strengths and contributions of older adults (Ayalon et al, 2020). Social policies need to acknowledge the variability within older adults, avoid promoting preconceptions of vulnerability, and accommodate unique needs. Consistent with these current findings, gerontological scholars, policy-makers, and practitioners should seek to recognize and foster older adults’ resilience and coping abilities during this COVID-19 pandemic.

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**Table 1***Description statistics of sample (N = 76)*

Study Participants	Average / Percentages
<b>Age (years)</b>	
Mean (SD)	81.6 (7.4)
Range	70 - 97
<b>Sex</b>	
Female	55 (72.4%)
Male	21 (27.6%)
<b>Education</b>	
Less than high school	3 (3.9%)
High school	14 (18.4%)
Some college / Associate/technical degree	23 (30.3%)
Bachelor's degree	13 (17.1%)
Graduate degree	23 (30.3%)
<b>Race</b>	
White / Caucasian	73 (96.1%)
Black / African American	1 (1.3%)
Multiple races	1 (1.3%)
Other (unspecified)	1 (1.3%)
<b>Marital Status</b>	
Married / partnered	29 (38.2%)
Widowed	39 (51.3%)
Divorced	7 (9.2%)
<b>Living arrangements</b>	
Alone	41 (53.9%)

With spouse	30 (39.5%)
Other	5 (6.6%)
State	
Minnesota	28 (36.8%)
North Dakota	48 (63.2%)

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*Note:* The sample was generally consistent with demographic patterns among the population aged 65 or older in Minnesota and North Dakota by having higher rates of women (55 and 54%, respectively), White race (94 and 96%, respectively), being married (60 and 59%, respectively), and living alone (44 and 48%, respectively) (U.S. Census Bureau, 2018). However, education level of our sample was relatively high when compared to 30% of MN and 22% of ND older adults with Bachelor's education or greater (U.S. Census Bureau, 2018). Moreover, the sample from North Dakota was older and more likely to be widowed women than the general population in the region.

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**Table 2***Correlation of perceived coping rating with demographic variables*

Variable	1	2	3	4	5	6	7
1. Perceived Coping Rating	—						
2. Age	.09	—					
3. Sex	-.10	.15	—				
4. Education	-.09	<b>-.32**</b>	<b>-.41***</b>	—			
5. Non-Hispanic White	.07	-.09	.19	-.19	—		
6. Married	.09	<b>-.50***</b>	<b>-.28*</b>	<b>.23*</b>	.01	—	
7. Lives Alone	-.05	<b>.46***</b>	<b>.32**</b>	<b>-.32**</b>	.09	<b>-.80***</b>	—
8. State	.03	<b>.35**</b>	<b>.26*</b>	<b>-.31**</b>	-.01	-.17	<b>.28*</b>

Note. Significant two-tailed correlations are in boldface. \*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

**Table 3**

*Descriptive statistics and distribution of perceived coping rating (N=75)*

<b>Perceived Coping Rating</b>	<b>Mean (SD)</b>	<b>Range</b>	<b>N (%)</b>
Perceived Coping rated from 1 to 10	7.92 (1.6)	3 - 10	
Perceived Coping rating distribution			
3			1 (1.3)
5			9 (12.0)
6			3 (4.0)
7			11 (14.7)
8			22 (29.3)
9			15 (20.0)
10			14 (18.7)

Note: Perceived coping rating question text: How would you rate your current coping with social distancing on a scale from 1 to 10, where 1 is “not well at all” and 10 is “extremely well”?

**Table 4**

*Qualitative themes related to coping.*

<b>Primary Themes</b>	<b>Subthemes: Positive Coping</b>	<b>Subthemes: Negative Coping</b>
Staying Busy	<ul style="list-style-type: none"><li>- Individual activities</li><li>- Focused projects</li><li>- Normalcy &amp; Routine</li></ul>	<ul style="list-style-type: none"><li>- Inability to stay active to desired level</li></ul>
Seeking Social Support	<ul style="list-style-type: none"><li>- Increased communication with regular support partners</li><li>- Connecting to new or infrequent social partners</li><li>- Adapting new communication technologies</li></ul>	<ul style="list-style-type: none"><li>- Lack of connection</li></ul>
Having a Positive Mindset	<ul style="list-style-type: none"><li>- Acceptance</li><li>- Optimism</li><li>- Emotional Resiliency</li><li>- Faith</li></ul>	<ul style="list-style-type: none"><li>- Negative mindset</li></ul>