

# Socio-Emotional Resilience Among Older Adults During the COVID-19 Pandemic

Cindy J. Lahar<sup>1\*</sup>, Angela L. Nadeau<sup>1</sup>, Jayne Violette<sup>2</sup>, Summer Roberts<sup>3</sup> and Diana Reindl<sup>4</sup>

<sup>1</sup>Psychology, University of South Carolina Beaufort, <sup>2</sup>Communication Studies, University of South Carolina Beaufort, <sup>3</sup>Sociology, University of South Carolina Beaufort, <sup>4</sup>Public Health, University of South Carolina Beaufort

The detrimental impact of social isolation on health and well-being has been reported in older adults (Prohaska, et al., 2020). Yet findings also demonstrate that older adults have a motivational shift to prioritize emotionally meaningful goals and experiences (Carstensen, 1993; Sakaki, et al., 2019), prioritize emotional meaning in situations, focus on positive emotions and stimuli over negative feelings and live in the present rather than focus on future preparedness. Socioemotional selectivity theory (SST) (Carstensen, 1993; Carstensen, Fung & Charles, 2003) suggests that older adults have a limited sense of time left in life and shift their focus to meaningful and positive experiences. Due to the COVID-19 pandemic most individuals became physically separated from family, friends and social activities that are so important to overall well-being. To explore the contradicting evidence in the literature about detrimental effects of social isolation and the SST theory, we conducted semi-structured interviews with 21 older adults ranging in age from 62 to 86 years old to explore their experiences during the pandemic and specifically to address emotional well-being, social experiences and coping mechanisms. Qualitative analyses revealed themes of problem-solving and emotion-focused coping, social support, and meaning making with ample evidence of the positivity effect. These findings support the SST theory as many participants expressed great resilience as they discussed how they engaged in emotionally meaningful activities and experiences and even made the best of adverse experiences during the pandemic.

**Keywords:** older adults; narrative; resilience; socio-emotional; coping; pandemic

## Introduction

Since COVID-19 was identified in Wuhan, China in the late fall of 2019, people throughout the world have been directly affected by prolonged stress related to the pandemic. Regardless of age, concerns of the severity of disease and contagion have led societies to reduce the spread of the virus by using mitigation strategies such as social distancing, wearing masks and avoidance of public areas. It became evident early in the pandemic that older adults and those with health conditions were at particular risk, making social distancing important to reduce the risk of infection. The increased risk of poor health outcomes due to COVID-19 meant that older adults experienced limited face-to-face social contacts, discontinuation of meaningful pre-pandemic activities and changes in many day-to-day routines.

Past research has suggested that social isolation can impact health and well-being in older adults (Prohaska, et al., 2020). For example, studies have concluded that social isolation and loneliness are associated with greater physical impacts such as worse self-rated mental health and physical health, increased feelings of distress and depression and even increased risk of mortality (Taylor, 2020). A link was also found between homebound older adults and higher levels of depression suggesting that living alone in isolated regions is associated with emotional distress (Garabrant & Liu, 2021). As well, older adults with smaller social networks and fewer social interactions self-report higher levels of depression.

Research has also supported the idea that emotional resilience is critical during the aging process. Carstensen and her colleagues propose that prioritizing emotionally meaningful experiences motivates older adults and helps them to focus on positive emotions while living in the present (Carstensen, 1993; Carstensen et al., 2011; Sakaki, et al., 2019). Socioemotional Selectivity Theory (SST) purports that it is the awareness of the amount of time we have to live that leads to a shift in older adults' goals, priorities and focus. This socioemotional shift motivates one to prioritize emotionally meaningful goals, identify emotional meaning in situations, focus on positive emotions rather than negative feelings and to live in the present rather than focus on the future or to prepare for the future. Given the social restrictions on people around the world, we saw the opportunity to interview older adults to address emotional well-being, social experiences, quality of life and coping with social distancing. Contrary to other research which suggested that social isolation is associated with negative physical and mental health outcomes as well as subjective well-being, our aim was to explore social isolation in the context of COVID-19 on the older adult population.

It may be that older adults choose positive emotions over negative as a developmental change (Carstensen et al., 1993; Carstensen, Fung & Charles, 2003; Sakaki et al., 2019). One study conducted early during the pandemic indicated that older adults experienced more positive emotions more frequently than negative ones with calm, quiet and appreciative as the most reported emotions (Carstensen, Shavit & Barnes, 2020). While being concerned with risk of infection and concerns with complications with COVID-19, older adults reported that feelings of appreciation and quietness were the most intensely felt positive emotions and that feelings of calm and interest followed. This study suggested that even in the face of a prolonged period of stress and social isolation, older adults focused on positive emotions over negative ones, supporting the SST theory that older adults prioritize positive and meaningful experiences.

Garabrant & Liu (2021) found a relationship between depression and meaningful activities in older adults and that rural homebound older adults have a higher degree of depression. Low levels of meaningful activity were associated with higher self-reports of depression. Older adults with smaller social networks and lower social interactions also tend to experience more depression (Taylor, 2020). Within the first two months of the pandemic, older adults with pre-existing Major Depressive Disorder showed resilience and were proactively coping with social distancing and showed no increased symptoms of depression in the first two months of the pandemic (Hamm et al., 2020). At the onset of the pandemic, initially, it appeared that social isolation factors did not have a direct influence on depression and anxiety in older adults.

While there has been some evidence that reduced social interactions outside of the context of the pandemic can increase depression, Fuller and Huseth-Zosel (2020) found that older adults have used proactive coping strategies to overcome the distressing and prolonged stressor related to the pandemic. Additionally, older adults described a contradiction that the pandemic imposed upon daily life – the simultaneous experience of restriction (i.e. social distancing, mitigation measures) and opportunity (Igarashi, et al., 2022). Even during lockdown, older adults reported deepening relationships with family, gratitude and efforts to maintain closeness with others increased. Others reported that the extra time experienced due to the pandemic allowed them to start new hobbies and activities, prioritize social contacts virtually, participate in digital faith-based activities and find joy and comfort from social connections and keeping busy (Whitehead & Torossian, 2021). These studies provide some insight into older adults' pandemic experiences, yet all were conducted within the early weeks of the onset of the COVID-19 pandemic.

The present research explored how older adults used “found time” in relation to the SST theory more than a year into the COVID-19 pandemic. This study hypothesized that older adults would use time to focus on positive emotions, participate in meaningful and purposeful experiences, make positive meaning out of the pandemic and prioritize social relationships to proactively cope with prolonged stress brought on by the pandemic.

**Methods**

**Participants**

Between July and October 2021, convenience sampling was employed to recruit 21 older adults who were over 60 years of age and residing independently in the Low Country of South Carolina. The interviewees included 13 females and 8 males between 62 and 86 years old (mean age of 70.8 (SD=6.3)). Most participants were married (66%), although 24% were single, and two others were divorced or widowed. Over 80% lived with family members (such as their spouse) and the majority reported as White/Caucasian (71%) and 29% reported as Black/African American. Embedded in the semi-structured interview protocol were three ratings questions asking about participant’s mental health and stress, quality of social relationships, and overall quality of life. Table 1 shows the distribution of responses for the three close-ended questions. Stress was noted by many participants, with 43% reporting that their overall stress and mental health was a little worse or much worse than others their age. On the other hand, few (15%) rated their social relationships as worse than others their age, and 80% of the interviewees rated their quality of life as either the same, or better than was their quality of life before the pandemic.

**Procedures and Design**

The University of South Carolina Institutional Review Board reviewed and approved the research prior to any data collection. Each participant provided oral consent prior to the interview and received a \$25 gift card for their time. The interview protocol included three ratings questions designed to quantitatively assess respondent’s social well-being and quality of life along with open-ended questions to learn more about each respondents’ personal experiences through the COVID-19 pandemic. Interviews were conducted either in homes or via Zoom depending on the comfort level of the individual and on local COVID-19 rates at the time. Each interview lasted about one hour and was audio-recorded and later transcribed using Otter. Each coded and cleaned transcript was then uploaded into NVivo QSR software for further data management and coding.

A thematic content analysis began with a meeting of the study authors to identify possible themes emerging from the interviews, followed by pattern identification and coding of content related to both emergent and pre-hypothesized themes. An inductive approach helped to further identify themes and subthemes. After 21 interviews data saturation was determined as no new themes emerged from the interviews.

**Results and Discussion**

**Qualitative analysis**

The major themes that emerged during the semi-structured interviews included several facets related to resilience such as proactive coping, which involves problem-based coping, emotion-focused coping, social support, and meaning making. Each of these major themes have socioemotional and behavioral subthemes that are described in Table 2 with further results and discussion as follows.

*Problem-based coping:*

The pandemic presented prolonged periods of social distancing, lockdown and restrictions particularly for older adults, yet participants in our study described numerous ways in which they coped with restricted activity, social distancing and related issues imposed by the lockdown. Problem-based coping involves engaging in solution-

**Table 1.** Distribution of Responses to Three Rating Questions

Question	Mean (SD)	Number (Percentage)
Perceived mental health/stress		
	2.7 (1.4)	
Rating (N=21)		
1		7 (33)
2		2 (9)
3		3 (14)
4		8 (38)
5		1 (6)
Perceived social relationships		
	2.8 (1.1)	
Rating (N=20)		
1		2 (10)
2		5 (25)
3		10 (50)
4		1 (5)
5		2 (10)
Perceived quality of life		
	2.5 (1.3)	
Rating (N=20)		
1		6 (30)
2		3 (15)
3		7 (35)
4		2 (10)
5		2 (10)

*Note: Perceived mental health question:* How would you rate your mental health and stress compared to others your same age?, with a scale of 1 = much better than others, 2 = a little better, 3 = about the same, 4 = a little worse, and 5 = much worse than others.  
*Perceived social relationships question:* How would you rate your social relationships compared to others your same age?, with a scale of 1 = much better than others, 2 = a little better, 3 = about the same, 4 = a little worse, and 5 = much worse than others.  
*Perceived quality of life question:* Would you say your quality of life has improved, not improved or deteriorated since the beginning of the pandemic?, with a scale of 1 = improved a lot, 2 = improved a little, 3 = stayed the same, 4 = a little worse than before, and 5 = a lot worse than before.

focused behaviors to reduce negative emotions. Numerous participants revealed engaging in new and existing hobbies to help stay well. The importance of staying busy for older adults is exemplified by the following quotes.

I think you have to look at what can I do? A lot of it is, at this point, entertaining yourself, you know. Here’s some restrictions, and what can I do within those restrictions to keep myself comfortable? That would be the best advice. (female, age 74)

When it started, I thought, okay, this is going to be for a month or two, and then it'll be over. And then it kept going on and on and on. And I said, you know what, I'm in this house. I'm not going to get depressed. So, I started projects. First, I started cleaning out the closets [then]... I start sewing, I started making masks. I sent my daughter who's a nurse in Virginia about 100.

**Table 2.** Qualitative Themes Related to Proactive Coping and Resilience

Primary Theme	Subthemes: (positive)	Subthemes: (negative)
Problem-Based Coping	Hobbies (new and existing) Staying busy Seek support and information Getting vaccinated	Restricted activity Cautious behaviors
Emotion-Focused Coping	Nature-based activities Adopting a positive mindset	Negative emotions Anxiety of infection
Social Support	Family interactions Using digital communication Informal interactions	Loss of connection Social Isolation
Meaning Making	Religiosity Helping others/Volunteering Opportunities of pandemic Appreciation of time	Grief and loss Loss of sense of purpose

And then I started giving it to anybody who wanted them, you know, in different colors. That kept me busy. And then I got tired of that. So, I started crocheting, and made doilies of different colors, different shapes. (female, age 80)

I think you have to look for new opportunities to entertain yourself...you can learn something new. Look at what you love to do. (female, age 75)

Perhaps unsurprisingly, many of the hobbies noted by interviewees were solitary activities or even things they could learn how to do online. They found things in their homes as sources of inspiration for new forms of busyness.

A number of interviewees also spoke of their ingenuity regarding getting vaccinated. One interviewee described how her skills on the computer (searching for and securing vaccination appointments) helped numerous family and friends when vaccine appointments were hard to come by in the early months of vaccine roll-out. Others spoke of receiving the vaccine which allowed them to increase their activities outside their home.

Once we got our second vaccine, and then we waited the two weeks afterwards, when we called that Freedom Day, we marked it on the calendar...like we celebrated. We went out to dinner for the first time. (male, 64)

*Emotion-focused coping:*

Another major theme that older adults used to cope with the pandemic was emotion-based coping. This differs from problem-based coping in that the goal is to reduce negative emotions such as finding ways to reduce anxiety or ease the symptoms of depression. Emotion-focused coping specifically refers to engagement with positive experiences that can counteract negative emotions. Several participants chose to spend more time in nature, become involved in mindfulness-based activities, and sought out social connections to produce upbeat sentiments.

Where I live allows me to spend time with nature It's an interesting area where I have enough acreage that would allow me to walk around on my own property and experience nature. So that's what I do. (male, 69)

The one thing we did a lot of was walking and I remember tensions in the neighborhood about groups of people walking together and not, you know, there is talk about the way you had to pass somebody to get six feet around them (female, 73)

Numerous examples of a positive mindset arose in the interviews.

If anything, I'm probably healthier now than I was before the

pandemic because since the pandemic occurred, I've devoted more attention to my health and doing my exercise (male, 69)

I do stamping, dyed cutting. You know I had all of those supplies here. I had activities. I actually started cooking more for myself (female, 75)

Getting out of the house in safe ways became important for participants to remain at peace, and this seemed especially important for those who were used to more active social lives.

*Social Support*

A stay-at-home order was issued between April 7 and May 4, 2020, although most participants in this study reported continuing to remain 6-feet apart until vaccinations were available in December 2020 and January 2021. Several older adults reported reductions in their social activities. Moreover, many sought connections through new technologies or outdoor meetings. At times connecting with others they had not spent much time with before occurred.

Literally, all we're doing is walking. So then we get all of our chatting done while we are walking. So I have that. (female, age 64)

Yes, a lot of your high school friends got in touch with us. This all worked out very well, because the New York crowd, they're very tech adapted. Up there, they knew how to put it together, we participated in it (male, 75)

You know, I have lived all over the country. So I have circles of friends back in all the other places that I used to live, and I still stay in touch with them on Facebook. And that gives me a lot of comfort. If I didn't have that, I think it would be a lot harder (male, 64)

I mean, the relationships with my children and grandchildren was massively deteriorated. Yeah, because they changed so much (male, 72)

Several older adults reported some relationships in their lives strengthening as a result of the pandemic. One male who has been married for 40 years described the positive impact of more time with his wife improving his quality of life. Another spoke directly about the additional time with his wife during the pandemic.

Most of our time is spent here at the house reading, my wife and I read a lot. Just doing things myself, doesn't have to be as socially productive (male, 69)

Keeping track of, and even strengthening relationships became important as daily patterns of interactions shifted, in part because many

realized that they needed to develop new ways of being with the people who were important to them.

### Meaning Making

Making meaning emerged as a strong theme and participants expressed finding extra time in their life that complemented the pandemic lockdown.

You have to wonder if this is the way it was supposed to be to make life slow down. And people come back together in families. And that it was that this is the way it should have been is that we had gotten so scattered and and crazed as families, just in every way we had grown apart. People you know, it's more important to go to soccer practice four times a week than it was to sit down and have dinner (female, 66)

You know, we've spent more time out on our patio. We spend more time with having a cup of coffee before breakfast out there and sitting there in the evening (male, 75)

Many reported that their faith and religious practices helped to make sense of the pandemic situation.

God has a way of doing things (female, 64)

Without the pandemic forcing me to hunker down shelter place, focus on my spiritual studies, reconnecting with family, and just doing creative things, learning how to kayak, I'm sure I would have found excuses not to do those things (female, 73)

The ability for introspection emerged as people settled down into a period where they could pay more attention to themselves and consider what mattered most to them. Their feelings of loss coming from experiences of illness or change in their accustomed daily activities during this time could be allayed with a focus on a larger sense of purpose.

### Conclusions

This study provides much evidence for a positivity effect and proactive coping in older adults evident even after more than a year into a global pandemic. Research conducted in the first two months of the pandemic in the USA (Carstensen, et al., 2020; Fuller & Huseth-Zosel, 2021; Hamm et al., 2020) and in the Netherlands (Verhage, et al., 2021) all reported evidence of resilience and positivity in older adults despite the disruption of life and environmental and personal stressors accompanying the pandemic. Our research was conducted more than one year later, at a time when vaccinations had recently become available, but the pandemic was still present and COVID rates were high throughout the USA. We found many examples of resilience and positive coping throughout the interviews with the older adults in this study, such as this quote from a 73-year-old married male who said "We have a fortunate quality of life. And it was not diminished by COVID. No, we still live a pleasant peaceable life in an environment that we chose."

Notwithstanding the stressors related to the COVID-19 pandemic, many of the participants in this study reported a focus on positive aspects, an overall orientation to focus on the present and efforts to maintain relationships while social distancing from family and friends. As such, this study provides qualitative support for the socioemotional selectivity theory (SST) as these older individuals focused on positive experiences by staying busy and keeping a positive mindset. The primary themes that emerged from this study – problem-solving coping, emotion-focused coping, social support and meaning making – are consistent with SST. Despite negative experiences related to COVID-19, many participants elected to focus their activities, time and attention on positive experiences over negative ones. Most participants also described their quality of life as unchanged or even better than before the pandemic, providing further support for the resilience and positivity among the older adults in our study.

Participant responses to quantitative questions also supported socioemotional selectivity theory. Only four of our interviewees stated

that their quality of life had diminished since the onset of the global pandemic. Given the major lifestyle changes that the pandemic imposed, it appears significant that so many participants indicated that their quality of life had, in fact, improved. It seems that most of the participants in our study made efforts to seek alternative ways to maintain social relationships, keep a positive mindset and upheld a "here and now" perspective rather than focusing on the future. However, it is equally important to note that most participants indicated that stress and mental health had worsened (43%) during the pandemic. It could be concluded then, that despite the negative and stressful conditions during the pandemic, the participants in this study coped with the lifestyle changes by focusing on meaningful and positive experiences.

Limitations of the present study exist and merit consideration. First, results cannot be generalized to all older adults given the sampling technique. Although consistent themes throughout interviews were achieved, future research could benefit from larger and more diverse samples. To allow for disaggregation of data permits further investigation of the older adult experiences with more varied backgrounds and across the country. The pandemic disproportionately impacted different groups in numerous ways (e.g., Boserup, et al., 2020; Moore et al., 2021) and this study examined one specific population. Cultural explorations beyond the USA would also be valuable to investigate SST theory further and to learn more about the universal and/or culture-specific nature of resilience and positivity in older adults.

### Notes and References

**Author's Notes:** Data collection was funded by a grant from the Sea Islands Institute, Beaufort-Jasper Higher Education Commission. The authors thank Carmella Coughlin-Torres for her assistance in data collection and transcription. Portions of these results were presented at the 2022 annual meeting of the Southeastern Psychological Association.

**Data availability statement:** The data that support the findings of this study are available on request from the corresponding author, CJL, upon reasonable request. The data are not publicly available due to privacy concerns.

\*Corresponding author: Cindy J. Lahar, Ph.D., Professor of Psychology, University of South Carolina Beaufort, Bluffton, SC 29909. Email: [clahar@uscb.edu](mailto:clahar@uscb.edu)

### References

- Boserup, B., McKenney, M. & Elkbuli, A. (2020). Disproportionate impact of COVID-19 pandemic on racial and ethnic minorities. *The American Surgeon*, 86(12), 1615-1622. <https://doi.org/10.1177/0003134820973356>
- Carstensen, L. L. (1993). Motivation for social contact across the life span: A theory of socioemotional selectivity. In J. E. Jacobs (Ed.), *Nebraska symposium on motivation: Developmental perspectives on motivation* (Vol. 40, pp. 209–254). University of Nebraska Press.
- Carstensen, L.L., Fung, H.H., & Charles, S.T. (2003). Socioemotional selectivity theory and regulation of emotion in the second half of life. *Motivation and Emotion*, 27(2), 103 – 123.
- Carstensen, L.L., Shavit, Y.Z., Barnes, J.T. (2020). Age advantages in emotional experience persist even under threat from the COVID-19 pandemic. *Psychological Science* 31(11), 1374-1385. doi: 10.1177/0956797620967261
- Carstensen, L.L., Turan, B., Scheibe, S., Ram, N., Ersner-Hersfield, H., Samanez-Larkin, G.R., Brooks, K.P., & Nesselroade, J.R. (2011). Emotional experience improves with age: Evidence based on over 10 years of experience sampling. *Psychology of Aging*, 26(1), 21 -33. doi:10.1037/a0021285
- Fuller, H.R. & Huseth-Zosel, A. (2021). Initial coping among older adults during the COVID-19 pandemic. *The Gerontologist*, 61(1), 114-125. doi: 10.1093/geront/gnaa170
- Garabrant, A.A. & Liu, C. (2021). Loneliness and activity engagement among rural homebound older adults with and without self-reported depression. *American Journal of Occupational Therapy*, 75, 7505205100. <https://doi.org/10.5014/ajot.2021.043828>
- Hamm, M.E., Brown, P.J., Karp, J.F., Lenard, E., Cameron, F., Dawdani, A., Lavertsky, H., Miller, J.P., Mulsant, B.H., Pham, V.T., Reynolds, C.F., Roose, S.P., Lenze, E.J.. (2020). Experiences of American older adults with pre-existing depression during the beginnings of the COVID-19 pandemic: A multicity, mixed-methods study. *American Journal of Geriatric Psychiatry* 28(9), 924-932. doi: 10.1016/j.jagp.2020.06.013

- Igarashi, H., Kurth, M.L., Lee, H.S., Choun, S., Lee, D., Aldwin, C.M. (2022). Resilience in older adults during the COVID-19 pandemic: A sociological approach. *Journals of Gerontology, B: Psychological Sciences and Social Sciences*, 77(4), e64-e69. <https://doi.org/10.1093/geronb/gbab058>
- Moore, S.E., Wierenga, K.L., Prince, D.M., Gillani, B., & Mintz, L.J. (2021). Disproportionate impact of the COVID-19 pandemic on perceived social support, mental health and somatic symptoms in sexual and gender minority populations. *Journal of Homosexuality*, 68(4), 577-591. <https://doi.org/10.1080/00918369.2020.1868184>
- Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkley, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., Victor, C. & Fried, L. (2020). Consensus statement: Loneliness in older adults, the 21st century social determinant of health? *BMJ Open*, 10(8), e034967. doi: 10.1136/bmjopen-2019-034967
- Sakaki, M., Raw, J.A.L., Findlay, J., & Thottam, M. (2019). Advanced aging enhances the positivity effect in memory: Due to cognitive control or age-related decline in emotional processing? *Collabra: Psychology*, 5(1), 49.
- Taylor, H.O. (2020). Social isolation's influence on loneliness among older adults. *Clinical Social Work Journal*, 48, 140-151. doi: 10.1007/s10615-019-00737-9
- Verhage, M., Thielman, L., de Kock, L., Lindenberg, J. (2021). Coping of older adults in times of COVID-19: Considerations of temporality among Dutch older adults. *The Journals of Gerontology: B: Psychological Sciences and Social Sciences*, 76(7), e290-e299. doi:10.1093/geronb/gbab008
- Whitehead, B.R. & Torossian, E. (2020). Older adults' experience of the COVID-19 Pandemic: A mixed-methods analysis of stresses and joys. *Gerontologist*, 61(1), 36-47. doi: 10.1093/geront/gnaa126