

“Adapting to a New Reality”: Older Adults’ Experiences during the COVID-19 Pandemic

Mariana T. Guzzardo¹

California State University-East Bay, Hayward, CA, USA

Jodie Oshana

University of Connecticut, Storrs, CT, USA

Abigail Balkin

Boston University, Boston, MA, USA

Irina Todorova

Northeastern University, Boston, MA, USA

ABSTRACT

This qualitative study explores the perceived challenges for older adults during the first wave of the COVID-19 pandemic and how they worked on overcoming this adversity. Our sample (n=50), derived from a larger study, includes individuals 60 or older in Puerto Rico and the United States. Data were collected through an online questionnaire between May and August 2020 and analyzed using reflexive thematic analysis. Themes describe resilience through reflection and adaptation, critique of systemic problems and injustices, and reaffirmation of values and what is important. Considering the detrimental effect of the pandemic context on the older population, understanding their experiences and sources of strength can improve how they are supported in future crises.

KEYWORDS: older adults, pandemic, COVID-19, reflexive thematic analysis, qualitative, Puerto Rico.

The COVID-19 pandemic was a global catastrophe impacting the population’s social, emotional, economic, and personal lives worldwide. Older adults 65 years of age or older were uniquely affected during the pandemic, given that they were more likely to get infected (representing 80% of hospitalizations; Mueller et al., 2020) and most at risk of serious complications and death if infected (Mueller et al., 2020; Tisminetzky et al., 2020). While the imposed pandemic-related restrictions intended to protect older adults from the virus, they exacerbated any pre-pandemic experiences of social isolation and loneliness (Cudjoe et al., 2020; Kotwal et al., 2021). In this paper, we explore the subjective experience of older adults during the first wave of the COVID-19 pandemic, soon after virus-related restrictions were imposed. This

¹ Corresponding Author: Associate Professor, Human Development and Women’s Studies, California State University, East Bay, 25800 Carlos Bee Blvd, Meiklejohn Hall, 3069, Hayward, CA, 94542, USA.
E-Mail: mariana.guzzardo@csueastbay.edu

qualitative study explores the perceived challenges for older adults during this time and how they overcame this adversity through dimensions of resilience in their survey responses.

Literature Review

At the onset of the COVID-19 pandemic, health precautions such as stay-at-home orders and quarantining after the possibility of infection were imposed, leading most people to isolate themselves. Based on data from the 2011 National Health and Aging Trends Study, 24% of self-responding, community-dwelling older adults (approximately 7.7 million) were considered socially isolated, including a subset of 1.3 million (4%) who were categorized as severely socially isolated (Cudjoe et al., 2020). Community-dwelling older adults who engaged in social activities or received community-based long-term care lost these resources as pandemic restrictions were imposed (Wu, 2020). Additionally, familial resources were stripped away abruptly to protect physical health. This exacerbated social isolation and social disconnectedness among older adults (Burnette et al., 2020).

The Effects of the COVID-19 Pandemic

Much research has been conducted on the impact of the COVID-19 pandemic and the related lockdown measures and restrictions (e.g., Lau et al., 2023; Sterina et al., 2022; Wu et al., 2021). It is important to have an in-depth understanding of how preventative measures impacted the older population since they were especially urged to adhere to these measures, such as social distancing (Centers for Disease Control and Prevention, 2020; Heid et al., 2021). In a mixed-methods study by Whitehead and Torossian (2021) on older adults' experiences at the beginning of the pandemic, participants indicated the main source of stress was dealing with the mandated restrictions, and the main source of joy was family and friends. Additionally, a study by Heid et al. (2021) found that older adults' most frequently reported challenges were related to social relationships, demonstrating the value of social interactions with loved ones. In a review of global literature on the mental health impact of COVID-19 on older people (Lau et al., 2023), most studies found deterioration in mental health (i.e., depression and anxiety) during the pandemic, several studies also demonstrated that those with fewer opportunities for interpersonal interactions were more at risk for depression and loneliness, and some intrapersonal factors related to poorer mental health outcomes included older age, female sex, unmarried or living alone, experiencing financial insecurity, and having a pre-existing or chronic medical condition.

In research conducted in the contiguous US during the early waves of the pandemic, psychiatric disorders (Palgi et al., 2020) and loneliness (Losada-Baltar et al., 2020) were lower among older adults during the COVID-19 pandemic when compared to other age groups. Palgi et al. (2020) explain that older adults were “displaying lower reactivity to stress, exercising more effective emotional regulation, having greater experience with being alone and with life-threatening medical situations, and thus were perhaps less sensitive” (p. 11). A systematic review (Sterina et al., 2021) and a study on the impact of COVID-19 on older adults' mental health found older adults to fare better than when compared to younger individuals, with lower incidence of negative emotions, stress, anxiety, or depression, even though rates of anxiety and depression increased for older adults during the pandemic (Webb & Chen, 2021). Pre-pandemic levels of psychological resilience have been shown to buffer the impact of COVID-19-related worry for older adults (Carr et al., 2023). Previous research on the impact of disasters on older adults also shows they fare better than younger groups (Cherry et al., 2011; Knight et al., 2000; Rafiey et al., 2016).

Resilience Among Older Adults During a Crisis

Research about resilience generally seeks to understand how people can achieve successful or positive outcomes despite experiences that may negatively affect their well-being (Huisman et al., 2017), including challenging circumstances or traumatic events. Resilience entails showing positive psychological outcomes by overcoming stress or adversity (Angevaere et al., 2020; Guzzardo et al., 2023; Rutter, 2006); this adversity is also called “environmental risk experiences” (Rutter, 2006, p. 2). Research on resilience in aging has grown out of the literature on how it manifests in children (Cosco et al., 2019). There are differences between how resilience is experienced at different ages and the types of adversity people face (Cosco et al., 2019). Important concepts that inform resilience include: “recovery, resistance, acceptance, anticipation, compensation, self-management, and reflection” (p. 4, Angevaere et al., 2020). Resilience literature as it pertains to older adults mainly focuses on how they face age-related losses, functional impairment, or disease. In this paper, we focus on how resilience manifests through the experience of the COVID-19 pandemic, expanding the use of resilience in old age to how older adults fare during a crisis.

Research during the COVID-19 pandemic identified psychological protective factors, such as meaning in life (Seidel et al., 2023) and resilience (Trau Müller et al., 2021). In fact, in another study, psychological factors such as certain character traits and attitudes predicted resilience during the pandemic (e.g., attitudes toward aging, courage, and transcendence) (Lapierre et al., 2023). Concerning resilience during COVID-19, older adults displayed various adaptive coping mechanisms to deal with the stresses and challenges during the pandemic. Gonçalves et al. (2021) interviewed 25 older adults from four countries (Brazil, Italy, Portugal, and the United States) regarding the repercussions of the isolation that resulted from the pandemic. Participants reported feeling deprived and restricted in their daily activities, which changed the structure for carrying out many daily activities. This change harmed the well-being of the participants; however, they coped by adapting activities, seeking support from family and religion, and developing resilient attitudes. Similarly, Igarashi et al. (2021) qualitatively explored older adults’ statements of difficulties and positives during the pandemic. This study utilized a large sample ($n=235$) of mostly female (73.6%), non-Hispanic White (92%), and highly educated older adults. Even with this relatively privileged sample, nearly all struggled with vulnerability issues and identified difficulties they faced. Most demonstrated resilience by identifying positive outcomes from the pandemic. However, most participants who identified positive outcomes were in the workforce, supporting the idea that resilience is more than an individual trait and depends on many systems (Masten & Cicchetti, 2016).

Camacho et al. (2021) conducted a qualitative study in Puerto Rico on older adults’ coping mechanisms with a sample in which 60% had less than a High School education and 90% had poverty-level income. The authors explain that participants considered the pandemic as a threat that was added to other ongoing stressors, such as a 2017 catastrophic hurricane, chronic poverty, and political turmoil. They used various coping mechanisms (e.g., cognitive, behavioral, socio-emotional, and spiritual coping, as well as a “revitalized appreciation for the emotional qualities of relationships, freedom, and life in general” (p. 1028–1029, Camacho et al., 2021).

Given the research on better outcomes for older adults compared to younger people, this may demonstrate a resilience or resourcefulness that sustained older adults during the following waves of the pandemic. Nevertheless, Sterina et al. (2021) suggest that these more positive outcomes, compared to younger adults, could be because of the challenges with epidemiological tracking of older adults’ mental health (e.g., older adults minimizing or denying their symptoms).

We also must consider that there is research on older adults' lack of accuracy in identifying anxiety and depressive symptoms compared to younger adults (Loebach Wetherell et al., 2009).

Contextual Differences for PR and US Samples

The present study considers data from older adults living in Puerto Rico (PR) and the United States (US) mainland, collected between May and August 2020. In this section we describe the unique situation of those living in PR compared to those in the US mainland. PR is an “unincorporated territory” of the US, and this relationship has greatly limited the autonomy of the local PR government (Duany, 2023, July 13). Just before the pandemic, Puerto Ricans were grappling with years of austerity measures due to a fiscal crisis (Bonilla, 2020; Morales, 2015), a devastating hurricane in 2017 (Bonilla, 2022) with ongoing repercussions, news about government corruption related to the response and disaster management after the hurricane (Klein, 2018), mass street protests and ousting of a corrupt governor during the summer of 2019 (Pinchin, 2019), and a swarm of destructive earthquakes (between December 2019 and into 2020) (Robles, 2020). When the COVID-19 pandemic began in March, the government imposed a strict overnight curfew, stay-at-home orders, orders for non-essential services and businesses to shut down (Ayala & Mazzei, 2020). When these orders were not being followed as strictly as intended, the Governor enacted \$5000 fines and up to six months in jail (Ayala & Mazzei, 2020). The government argued these measures were essential given the low availability of molecular COVID-19 tests in relation to the baseline population (Cruz-Correa et al., 2020). Those involved in the local government response describe their actions as exemplary explaining that the strict measures prevented high rates of infection and prevented a collapse of the healthcare system (Cruz-Correa et al., 2020). However, Puerto Ricans protested the government's response to the coronavirus crisis, especially related to the need for more testing and the growing hunger crisis (Atilés, 2022; González-Ramírez, 2020). The government's response has been described as a form of “punitive governance and organized violence” (Atilés, 2022, p. 968), given criminalizing practices such as arrests for breaching executive orders, including the arrest of hunger activists responding to food insecurity (Atilés, 2022). There is documented corruption in the government's response related to obtaining and managing testing kits and medical equipment, and fraudulent dealings with pharmaceutical companies (Atilés, 2021).

All US states declared a state of emergency or public health emergency by March 16 (Bergquist et al., 2020). During the beginning of the pandemic restrictions varied by state, with some jurisdictions issuing only recommendations to stay at home (Moreland et al., 2020). The mitigation policies enacted across states and territories included school closures, large gathering bans, non-essential business closures, stay-at-home orders, 14-day quarantine after possible exposure, and mask mandates (Bergquist et al., 2020). During this time, conspiracy theories emerged about the origin of the pandemic, and there was widespread dissemination of misinformation (De Coninck et al., 2021), along with the politicization of mask-wearing (Young et al., 2022). There were some states with strict curfews at the beginning of the pandemic, including New York and Massachusetts (Moreland et al., 2020). Some aspects of the emergency management were criticized, including the following: the emergency was minimized at the very beginning of the crisis, experts were excluded or ignored, the process of developing testing was slow, the testing itself was faulty, tracing the spread of the virus was difficult, quarantines were inadequate, there was contradicting and confusing guidance on mask-wearing, there was confusion about how the virus spreads, and structural racism impacted inequality in infection and mortality (Lewis, 2021).

Significance of the Study

Our study contributes to the literature because it offers qualitative insight into the resilience of older adults during the beginning of the pandemic, including populations from both the US mainland and PR. Consequently, the study's contribution partly stems from our focus on the individual level while considering contextual and societal influences on experiences. There are socio-linguistic and cultural differences between people living in PR and those living on the US mainland. The experience of living in PR differs from that of a US state, given the socio-political and economic relationship between the two, as well as the unique ongoing challenges of each place that may have contributed to the experience of the pandemic.

Additionally, our study comprises an idiographic exploration of the findings that helps capture the nuance and complexity of the experiences of older adults. We consider resilience indirectly by asking questions, not only about challenges faced but also about what they learned and their expectations for the future. This study, therefore, considers the lived experiences of older adults as they navigated the beginning of COVID-19, particularly as it relates to sources of strength and resilience.

Methodology

The study utilized a qualitative design with reflexive thematic analysis (RTA). The data we use come from a larger study (citation removed for blind review) for which an online questionnaire was distributed in 15 countries ($n= 1685$). The purpose of the larger study was to understand the impact of the pandemic, the health and social inequalities that exist, and how people make meaning of their experiences. The online questionnaire had 20 close-ended questions requesting demographic and background information, such as whether respondents contracted COVID-19, their health status, and whether their economic and employment status were affected. There were three open-ended questions used to prompt narrative responses:

1. What are the main difficulties you are facing, and how are you dealing with them?
2. What has the pandemic taught you about what is important and meaningful to you?
3. What are you most looking forward to after the pandemic is over, and why?

This larger study used convenience sampling to obtain responses and, as mentioned previously, data were collected between May and August 2020. Recruitment occurred online through social media (e.g., Facebook, Twitter, and Instagram), daily newspapers, and messaging platforms (e.g., WhatsApp). People were eligible to participate if they were 18 years of age or older. The study was approved by the Internal Review Board of Northeastern University (Protocol IRB #: 20-04-28), and an implied informed consent text was presented at the beginning of the questionnaire, in which respondents confirmed their desire to participate voluntarily. Responses were anonymous, and monetary compensation was not provided.

Participants

This analysis is based on a subsample of 50 individuals aged 60 or older from the US and PR samples. The responses from PR were in Spanish and translated into English for the non-bilingual authors; however, the second author is Spanish-speaking and considered responses in the original language. In the Puerto Rican sample, there are 24 responses, and the mean age of individuals is 67.12 ($SD= 4.55$). The question on gender allowed for self-determination; the sample

self-identified as either women (74%, $n=37$) or men, with one person marking a third option. In the US sample, there are 26 responses with a mean age of 68.9 ($SD= 6.98$) 61.5% self-identified as women, and one identified as “other.” In the entire sample, ages ranged from 60 to 86. Regarding race/ethnicity, among those who responded to this question in the US sample ($n= 20$), 13 were Caucasian or White, five identified as Hispanic or Latino/a, one as Jewish, and one as European. Among those who responded to the question on race/ethnicity in the PR sample ($n= 23$), eight identified as Puerto Rican, six as Hispanic or Latino/a, five as White, two identified as Black, and two as mixed race.

In the sample of 50, 27 were married, eight were single, five were divorced, six were widowed, three were in a relationship or engaged, and one marked “other.” Regarding the highest attained educational level, 19 had a doctoral degree, 11 had a master’s or postgraduate studies, 13 were college/university graduates, four had some college, and two were high school graduates, while one marked “other.” The majority of the sample was retired ($n=29$), while 14 were employed full-time, three were employed part-time, three were on unpaid leave, and one said they were unemployed. When asked whether the pandemic affected their financial status, 34 marked “no,” while 14 said their financial status got worse, and two reported that their financial status got better. Additionally, considering the living situation, about half of the sample ($n=24$) lived with a partner, 17 lived alone, six lived with a partner and children or parents, two lived with roommates, and one lived with parents.

When asked if they had been infected with COVID-19, 43 (86%) said they had not been infected at that point, while six said they weren't sure, and one reported: “Yes, with mild symptoms.” No one reported infection with serious symptoms. Also, when asked to rate their health, 21 reported good health, 11 reported fair health, 12 reported very good health, five reported excellent health, and only one reported poor health.

Data Analysis

The goal of the current study was to qualitatively explore the perceived challenges for older adults living in the US and PR during the first wave of the COVID-19 pandemic, as well as how those adults overcame any adversity. We followed the steps of reflexive thematic analysis (RTA). According to Braun and Clarke (2019), RTA is about “the researcher’s reflective and thoughtful engagement with their data and their reflexive and thoughtful engagement with the analytic process” (p. 594). Our analysis focuses on how the respondents described their experiences related to the pandemic context and the challenges they faced during the first wave of the pandemic. We also interpret how resilience manifests in their responses based on the literature on how resilience is defined and manifested among older adults. The first two co-authors and an undergraduate student read responses multiple times to familiarize themselves with the data and develop a code list. We met weekly over the course of three months to discuss participants’ responses (or stories) and codes. This entailed an iterative process of reviewing and editing the code list after reading the responses several times. A conscious RTA includes multiple coders to review ideas and explore multiple interpretations of the data (Braun & Clarke, 2019). Before starting the coding process, we considered the same stories, coded them individually, and then met to discuss our work and achieve consensus for the code list. Then, we used Dedoose (an online qualitative software program) to code the responses systematically. We discussed excerpts based on codes and looked for patterns when assigning codes. We also discussed respondents who did not fit into the patterns we were identifying and the meaning of their experiences. This is also partly the goal of an RTA, in which a collaborative process aims “to achieve a richer interpretation of meaning rather than attempting to achieve consensus of meaning” (Byrne, 2022, p. 1393). Codes were organized around a “central

organizing concept” given our interpretation of the data (Braun & Clarke, 2019, p. 593). This analytical process led us to identify three themes, which encompass the central concepts and ideas that were identified across the data.

Findings

We identified three themes: (1) resilience through reflection and adaptation (including two subthemes, [a] hopeful reflection and silver linings, and [b] adapting to a new reality), (2) resilience through contemplating change in societal-level issues (including a subsection on considerations specific to Puerto Rico), and (3) resilience through reaffirmation of values and what is important. The themes are based on our interpretation of how participants demonstrate resilience, and it is apparent when they discuss the adversity they faced and how they overcame it. We considered how they described the challenges they faced, and the actions taken to resolve them. We also considered Angevaare et al.’s (2020) definition of resilience, as described in the introduction to this paper. In addition, mindset and ways of thinking about the pandemic were also considered within the context of resilience.

We use quotes from participants’ responses to elaborate on the themes and provide evidence for them. Despite occasional errors, we have not changed the respondents’ text for authenticity purposes. After each quote, we have included parentheses with the age, gender, race/ethnicity, whether the respondent was residing in the US or PR, and whether the response was in Spanish.

Challenges and Feelings During the Pandemic

Before discussing the themes of resilience, we contextualize them within this section on challenges and feelings respondents experienced during the pandemic. Common issues mentioned include the physical distance from loved ones or lack of human contact, difficulty dealing with online platforms to connect with others, and lockdown conditions feeling restrictive, isolating, or limiting. Another group of issues referred to managing restrictions related to being out of the home, such as wearing masks, difficulty getting groceries or seeing the doctor because of imposed restrictions, increased household chores or problems with disinfecting items brought into the home from outside, and changes to routines involving pleasurable activities. The primary concern surrounding challenges was how to protect oneself from contagion.

Respondents discussed feelings of fear, uncertainty, stress, anxiety, sadness, and frustration. Fear is discussed concerning leaving home to run errands or get groceries, but also to how one views oneself: “(...)I realized how scared this whole Pandemic made me. I consider myself a pretty strong woman, but this made me feel weak” (60, woman, white, US) and another respondent said, “I am an older woman and I am paranoid about getting Covid-19” (78, woman, white, US). Regarding health specifically, many participants reflected upon concern and fear relative to their health or the health of their loved ones and how this has emphasized the importance and fragility of health. As an example, a participant noted: “Health is paramount! Being frightened by a virus with very limited knowledge of mechanisms, spread, and effect on individuals has been truly humbling” (63, woman, white US).

Anxiety and uncertainty sometimes relate to feeling a lack of control. For example, one respondent explained: “Uncertainty is the state that has affected me the most. I am eager to be in control of my decisions and actions. I hope to be able to re-establish a stress-free daily life, enjoy spontaneity, and go out freely” (68, woman, Puerto Rican, PR, Spanish). Sadness was also related to the lack of control that the pandemic brings:

The saddest thing the pandemic has given me is that it has almost totally taken away my sense of the future. I live in the already, not wanting to imagine what's tomorrow, nor next month. Accustomed to inventing outings, trips, and walks, suddenly I have a colorless and deep abyss that separates me from any illusion that makes me smile when I say, 'When the pandemic is over' (75, woman, US, white, Spanish).

Theme 1: Resilience through Reflection and Adaptation

Hopeful Reflection and Silver Linings

Resilience can be manifested through hopeful reflection about the future. Participants discuss how they plan to engage more with that which brings pleasure or happiness. When asked about what she is looking forward to: “Enjoying the special things that my environment has to offer like art, museums, and community activities that I have relegated to second place for all these years” (68, woman, Hispanic, US). The pandemic, in this way, has led to a change of perspective on what to prioritize. Along the same lines, another respondent commented, “That you need to take time out from your daily routine to reflect on your life, your goals and your general peace of mind. That the simple things are important and can be just as rewarding as extraordinary events” (67, man, Hispanic/white, US). Respondents are taking this time to reflect on what is important to them. The following respondent eloquently summarizes how her age, along with the pandemic, has helped her reaffirm her values:

It reaffirms to me the importance of living consciously in the present, to enjoy and share what I have. It revealed to me that I have developed patience and serenity with age. It opened the doors to the full enjoyment of nature, the garden, the orchard. It reaffirmed my commitment to others and to follow my struggles even if we are physically distant. It reaffirmed for me the value of time and pause.” (68, woman, Puerto Rican/white, PR, Spanish)

Sometimes, this positive mindset was related to comments on “silver linings” related to the pandemic. For example, one respondent wrote: “I am enjoying eating dinner and conversing with my wife on a daily basis. We both realize the importance of taking and making time to connect to each other, and to people outside our household” (73, man, white, US). A silver lining can also be considering the pandemic restrictions as “a shield” protecting one from undesirable activities: “In a weird way, the isolation, while difficult, has also been a shield from activities I don't have much desire to participate in” (70, woman, Latina, US). A focus on what is going well, or aspects of life that are enjoyable, can contribute to overcoming the challenges faced during this time. Another respondent lists how she uses her time:

Many hours alone, which has forced me to be creative, write poems, read novels, dance to music from Pandora, watch series on Netflix and Amazon, put together a photo album on Blurb to celebrate my son, self-publish a book of poems, typeset a book I had published at the turn of the century that looks like it will be republished, talk and write a lot to friends near and far, and of course cook breakfast, lunch and dinner, always listening to

music. I also bought albums of easy music to play on the piano, which I have done every day for an hour. (75, woman, white, US, Spanish)

Consequently, the pandemic situation allowed her to accomplish some activities she enjoyed and valued. This response also relates to the following subtheme on adapting to a new reality as people needed to find activities and sources of enjoyment given the limitations of their world.

Adapting to a New Reality

Respondents discussed how to adapt to the new pandemic situation and imposed restrictions. They wrote about adjusting activities and routines: “I have been changing my outdoor activities with new inside ones, not the same, but it keeps me moving” (62, woman, Hispanic, PR). Resilience is also manifested through online platforms to see people, which was widely discussed as an option (albeit insufficient): “Social networks and interactive platforms help but never replace personal contact with friends, family, students, and people” (63, woman, mixed race, PR, Spanish). When isolation does create a burden, another participant adjusts their routine accordingly:

In isolation, I feel that time doesn't pass, the day is so long, I get up as late as I can to manage it. I get busy organizing and cleaning the house. I sew masks for my neighbors. I talk on the phone and fb. (67, woman, white, PR, Spanish)

Sometimes adaptation is about accepting the lack of control in one’s life: “It has taught me that we don't have control over everything. That life is above all other considerations” (61, woman, Black, PR, Spanish). It should be noted that for some participants, it was precisely the lack of control in the situation that most bothered them, as discussed above. The topic of accepting this lack of control is the manifestation of resilience. Another respondent commented on how difficult it is to count on the future but that this requires flexibility: “That we should not be confident about the future, that we should always have an alternate plan, that the unexpected and unthinkable can happen. That we must be flexible with whatever fate presents us” (60, man, Latino, US, Spanish). Also, one person explained that one must be at peace with closeness to death: “That death is a forgotten part of ordinary life” (78, man, white, PR, Spanish). This is also related to accepting the conditions of one’s life when there is a lack of control and demonstrates resilience during times of struggle. Additionally, comments acknowledged that one could survive this time. For example, they reflected on how it was possible to do what was necessary (“I can be alone”; 67, woman, white, PR, Spanish) as part of the adaptation. Another person similarly claims: “I have resources (64, woman, Hispanic, PR, Spanish),” noting that they have ways of surviving this time.

Even though solitude can be difficult to cope with, respondents mentioned the need to adjust and change the way things are done:

I have always valued people over things, but this is a more meaningful time to pray, to enjoy solitude, but also reflect on doing things differently. Technology is coming to replace meetings by Zoom or FB Live, adapting to a new reality because some things will not go the way they were. (69, woman, Puerto Rican, PR)

This response also alludes to silver linings, reflecting on enjoying solitude and commenting on what can be done during the pandemic's imposed restrictions.

Theme 2: Resilience Through Contemplating Change in Societal-Level Issues

The second theme focuses on the opinions, values, and collective plans for action relative to broader problems and injustices that were highlighted by the pandemic. Most respondents reflected upon not only the individual challenges they faced but also broader systemic issues. These broader issues included some concrete critiques, such as mismanagement of the pandemic by the government, concerns about the economy and financial recovery, and concerns about the political climate and the influence of politics in the narrative surrounding the pandemic.

The participants also identified many problems that are consequences of issues inherent in the overall governance structure and systems. These systemic issues included the need for radical social and economic changes, the need for a transformation of paradigms related to the sustainability of countries, the establishment of public policies that are more sensitive to human needs, and the addressing of social inequality that was highlighted in part generated by the pandemic. For example, the following quotes from two respondents from PR and a person from the US mainland exemplified this matter:

I'm old now, so I don't claim much from life. I receive Social Security and I am fine. However, in my country, there is a lot of poverty, and unfortunately, the government is not sensitive to the needs of that huge population, many of whom are old like me. They go hungry. Justice is the most important thing in a pandemic. Let everyone be protected equally. (73, woman, white, PR, Spanish)

Similarly, another person from the US mainland stated:

Sadly, I am distressed at the social inequality generated by this virus, in which I and the like of me can afford to stay home with sufficient supply for my needs. Others of lesser economic means must work to service my needs and the needs of all those who preach for all to stay home yet use the delivery and supply service. The political climate is distorted, and the pandemic is used to spew hate and venom to insinuate and blame for the virus. The economic disaster that is building and will follow will hurt mostly the poor and the needy, and the stay-at-home will be a supervirus for hunger, for riots, for the disparity. Education will suffer, and families that are penned in distress will break. (86, man, white, gender undisclosed, US)

This parallels Puerto Rican respondent's concerns about inequality in a time of crisis:

On a collective level, I have learned that democracy, freedoms and rights must be defended much more strongly during a crisis such as this pandemic. In particular, I have learned that these crisis situations make inequalities visible and that in general, the governing class does not attend with equity and sensitivity to the diverse needs of its citizens. Most public

policy decisions are designed from the viewpoint of the power groups in order to favor themselves. (68, woman, Puerto Rican, PR, Spanish)

Resilience is demonstrated in the face of adversity by being hopeful about change that can impact both self and others and focusing on generativity. Another respondent explained, “My only hope is that the positive things that we have learned during this pandemic will help us construct a better tomorrow” (72, woman, Hispanic, PR). These findings need to be viewed through a lens that accounts for the methodological limitation of having a highly educated sample. Of the 50 respondents in the sample, 82% ($n=41$) had at least a 4-year college degree. This high level of education among our sample likely results in the sample having higher incomes and, therefore, fewer financial struggles than the general population. Many respondents even commented on their reflections of how they did not have financial stress but recognized their unique position and that many within society were not as fortunate. This has possibly skewed the nature of the concerns away from personal struggles and more towards the broader concerns identified in this theme.

Considerations Specific to Puerto Rico

Puerto Ricans discussed societal-level issues that are unique to the archipelago. For example, they mention the strict curfew, and the word “confinement” was used more often. One respondent mentions it feels like they are living in prison. US and PR responses long for vacation and travel, especially to see loved ones, and while US respondents do not mention curfews, they do mention feeling “shut in” and unable to leave their homes as freely as they would like for fear of contagion.

An element specific to PR is the discussion of feeling apprehensive about the government’s ability to respond adequately to the emergency or suggesting that there is corruption and that government officials do not care about people (specifically those who are disadvantaged or impoverished). For example, when one respondent discussed the challenges she faced, she stated: “Uncertainty and contradictions with measures taken by the Government and the absurd spread of fear to control”; 66, woman, white, PR, Spanish). Additionally, while both US and PR respondents discuss concerns for broader issues related to social justice, the context of these comments differs. For example, Puerto Rican respondents mentioned poverty in the archipelago as a concern and how disasters make that poverty more apparent.

Theme 3: Resilience Through Reaffirmation of Values and What Is Important

As previously mentioned, within the context of discussing the challenges faced by the pandemic, many people discussed missing human contact, especially human touch and displays of affection. All participants discussed missing people and/or things in some way regardless of the living situation (living alone or living with others) or marital status (with or without a marital partner). It is from this consideration of what was missed that the theme of resilience through the reaffirmation of values emerged. They reflected upon not only valuing connection to family, friends, and community before the pandemic but also experiencing a more pronounced realization of the importance of those connections and how those connections are positive and crucial contributions to psychological outcomes. One participant explained, “On a personal level, I have learned how important family, and friendships are. Without those relationships, this confinement would have been unbearable” (68, woman, Puerto Rican, PR, Spanish). Similarly, another respondent explained how vital supportive relationships became, noting:

My granddaughter, who is in my bubble, has been super important as a helper, supporter and friend, very important. Same with my 2 siblings who share the care of our parents. We rely on one another mucho [a lot] and share the sadness of seeing our two jefitos ["little bosses"] lose cognition and physical abilities. Familia and friends are vital. Those real deep honest human connections are todo [everything]. (70, woman, Latina, US)

The shift in perspective accompanying this realization of the importance of these relationships and connections contributes to the respondent's resilience. One respondent reflected on how the isolation made her question meaning in life: "It is not difficult to live in isolation, but it is completely senseless living. How to deal with it? That is the hard part! No reasonable suggestion comes to mind" (65, woman, white, US). Nevertheless, this person seems to find meaning in what she has learned because she also wrote:

First of all, everything is important! Every little work we do in our society is beneficial and needed. All we do is make one good living for this town, city, country, and planet! The ones doing it are the people! From the people to the people!

This respondent discusses the importance of social collaboration and support from the local to the global level. While one response suggests feelings of loss of meaning, meaning is apparent when considering how people can work together to help each other. Another participant described being on alert and feeling fear given the potential impact of the virus and described concern for safety:

Living with a constant sense of "alert" to those things that might expose me or affect my safety. Concern for my loved ones, especially those at higher risk or more out in the world or more isolated and struggling. Fear, constant shadow of fear. (72, white, white European, US)

However, through these fears, participants were working on protecting themselves (staying safe) and thinking about others.

Beyond reaffirming the importance of personal relationships, many also reflected on how the pandemic highlighted the value and importance of routines, activities, physical health, mental health, and time. One person noted:

It reaffirms to me the importance of living consciously in the present, to enjoy and share what I have. It revealed to me that I have developed patience and serenity with age. It opened the doors to the full enjoyment of nature, the garden, the orchard. It reaffirmed my commitment to others and to follow my struggles even if we are physically distant. It reaffirmed for me the value of time and pause. (68, woman, Puerto Rican white, PR, Spanish)

Another participant commented about a newfound perspective on what they are looking forward to once the pandemic is over:

Traveling to see the folks that we have not been able to see for so long. Enjoying the special things that my environment has to offer like art,

museums, and community activities that I have relegated to second place for all these years. (68, woman, Hispanic white, US)

Despite the various concerns raised in the context of the participants' reflections on the challenges that resulted from the pandemic, it was evident that these concerns were managed, and resilience emerged through realigning values and considering what is meaningful.

Discussion

The analysis of older adults' narratives about their experiences during the pandemic led to the identification of three themes that underscore ways of being or thinking that are resilient, including reflection and adaptation (Theme 1), contemplating change in societal-level issues (Theme 2), and the reaffirmation of values and what is important (Theme 3), including those related to close relationships. These themes show how respondents told stories about overcoming difficulties faced during the pandemic. The first theme on acceptance and adaptability when facing stressors, parallels other conceptualizations of what resilience entails (Angevaare et al., 2020). The second theme, thinking about the change you want to see in the world, demonstrates hopeful thinking and commitment to important causes that make you feel positive change is possible. Additionally, contemplating what you want to change in your world or what should change can provide meaning, direction, or focus, leading to resilience amid a disaster. Thought and concerns about the well-being of the local and broader community (another aspect of resilience; Krause, 2020) were apparent through reflection on societal-level issues and, for some, a commitment to creating change in their communities after the pandemic. Similarly, recent research on older adults' pandemic experiences included discussions of social ills and concerns over politics, which extended to an interest in civic participation (Hayden et al., 2023)

The third theme involved engaging with others and finding the value of close relationships. Angevaare et al. (2020) explain that social support, social networks, and reciprocal relationships are contributing contextual factors to resilience. This aspect of resilience is manifested through our respondents' reflecting on what they value, focusing on positive influences in their lives, and interest in finding ways to connect with others. Regarding both concerns for the community or the broader society as well as the reflection on the importance of relationships, participants wrote about hopes, actions they plan to take, or changes they would like to see in the future (e.g., plans to spend more time with family, reflections on collective actions toward justice at the community-level, etc.). These thought processes can be considered proactive thinking in which anticipation of losses causes individuals to reflect and take action or organize, all qualities of resilience (Angevaare et al., 2020).

The literature on resilience underscores its multidimensional quality (Angevaare et al., 2020; Krause, 2020; Krause & Halkitis, 2020), which is apparent in our findings. Our respondents used individual and interpersonal strategies (Krause, 2020) when dealing with the challenges they were facing. They showed practical and tangible ways of adapting to the pandemic (e.g., adjusting routines and following guidelines to avoid infection). They also used a variety of psychological approaches, including acceptance, hopefulness, positive thoughts about the future, speculation or consideration of ways they can make a difference or change for the better (in their own estimation), and reflection on positive aspects of their life or what is most valuable to them. The contextual limitations of the pandemic restrictions led to more contemplative and reflective ways of manifesting resilience.

Among the limitations of the study, one must consider that the online questionnaire has its advantages and disadvantages in obtaining qualitative data (Braun & Clarke, 2021). It is useful for

reaching people during this type of crisis, given that we were able to collect data given the imposed restrictions and reach people across the world. However, respondents will write less in online formats than they would respond in a phone or in-person interview. Additionally, anonymous online surveys do not allow the researcher to follow up with participants in order to clarify responses or obtain additional information, which would provide richer data for analysis. Qualitative research seeks rich, narrative data, and the data that one can obtain is limited when employing an online questionnaire. The use of online surveys with older adults may limit their participation in research (Remillard et al., 2014). However, given the social distancing restrictions and the danger of the pandemic for older adults, an online survey was the most suitable method. This was the only way we could obtain data from people who were at home during a lockdown or while social distancing measures were in place.

Regarding our specific study, the sample ($n = 50$) is quite educated, including over a quarter of the sample that is at least college-educated (26%, $n = 13$) and over half of the sample with postgraduate degrees (60%, $n = 30$). Additionally, the US sample is mainly white. The low diversity in education and race/ethnicity are limitations of the sample. Future studies like this should make efforts to include more variability in SES and race/ethnicity.

Our study contributes to the literature on resilience by considering how older adults perceive their experiences during a crisis and imposed social isolation and how they demonstrate resilience. The theme of contemplating a change in societal-level issues underscores how unique socio-political issues inform experiences and influence responses. For example, as mentioned in the literature review, at the beginning of the pandemic in PR, there were concerns regarding food insecurity and hunger (Florida, 2020), a lack of testing (Cheatham, 2020), the weak federal government response in past disasters (García et al., 2021), and evidence of state-corporate corruption (Atiles Osoria, 2021). Also, responses from PR discussed concerns for those living in poverty. The percentage of people in poverty in PR (40.1% in 2020; [U.S. Census Bureau, n.d.-a]) is far worse than the national average in the US mainland (11.6%) (U.S. Census Bureau, n.d.-b). Some of the Puerto Rican respondents' comments come from a sociohistorical, political, and economic context unique to the situation of PR. Consequently, we see evidence of these contextual factors in people's discussion of their experiences.

Implications and Future Research

Our qualitative study on older adults' experiences and perspectives has implications for research, policy, and practice. The findings presented here:

- Contribute to refining the conceptual and operational definition of resilience among older adults within research and practice (Angevaare et al., 2020). This is valuable given that the concept of resilience is used to develop strategies for health promotion (Angevaare et al.; González et al., 2023), and improve quality of life or well-being (Cosco et al., 2019).
- Can be used to improve support for older adults before future crises. Considering that pandemic restrictions safeguarded some aspects of older adults' well-being while sacrificing others, it is necessary to consider ways we can better support this population when faced with future crises. For example, interventions that consider how to promote resilience among older adults with disabilities can improve mental health and physical functioning through a crisis (González et al., 2023). Overall, a multidimensional concept of resilience for older adults is critical when applying "strengths-based solutions to negative health outcomes" (Krause, 2020, p. 375).

In general, older adults' experiences can be used to improve policy on emergency preparedness and management. By considering their perspectives, vulnerabilities, and strengths, we can develop a more robust response to a crisis that prioritizes the well-being of older populations.

Research such as this is necessary to support older adults through future crises. This research should entail longitudinal data and more innovative methods, such as expressing experiences through art, poetry, diaries, or journaling, and more in-depth interview designs using qualitative frameworks. Future research should also consider more holistic concepts of resilience, including individual-, interpersonal-, community- and biological-level aspects (Krause, 2020; Krause & Halkitis, 2020). Additionally, future research should consider the influence of place of residence, living situation (whether there were people in the household), as well as the influences of disability, gender, and ethnicity/race, given the research demonstrating the impact of the pandemic on populations of color specifically (Magesh et al., 2021; Tai et al., 2021; Rodriguez et al., 2021; Webb et al., 2020) and that they fared worse than their white counterparts.

Conclusions

This qualitative study provides an understanding of the experiences of a group of older adults living in the US mainland and PR during the first wave of the COVID-19 pandemic. Findings demonstrate how resilience is manifested through these experiences, providing nuanced data evoked through reflective questions on what respondents from the US and PR have learned from their experiences and asking them to reflect on the future. Overall, this qualitative work contributes to understanding the concept of resilience and how older adults cope with and manage crisis or disaster situations (Daddoust et al., 2018). This information can be used to develop strength-based interventions and better support older adults in future crises.

Funding Details:

The authors declare that there are no financial conflicts of interest regarding this research. The study did not receive any funding.

Disclosure Statement:

The authors declare that they have no conflicts of interest regarding this research.

References

- Angevaere, M. J., Monnier, A. A., Joling, K. J., Smalbrugge, M., Schellevis, F. G., Hertogh, C. M. P. M., & Huisman, M. (2020). The application of the concept of resilience in aging research and older adult care: A focus group study. *Frontiers in Medicine*, 7, Article 356. <https://doi.org/10.3389/fmed.2020.00365>
- Atiles Osoria, J. (2021). The COVID-19 pandemic in Puerto Rico: Exceptionality, corruption and state-corporate crimes. *State Crime Journal*, 10(1), 104–125. <https://doi.org/10.13169/statecrime.10.1.0104>
- Atiles, J. (2022). Punitive governance and the criminalization of socioenvironmental, anti-austerity, and anticorruption mobilizations in Puerto Rico. *Critical Criminology*, 30, 961–981. <https://doi.org/10.1007/s10612-022-09660-x>

- Ayala, E., & Mazzei, P. (2020, March 15). Puerto Rico orders Coronavirus lockdown. Violators could be fined. *The New York Times*. <https://www.nytimes.com/2020/03/15/us/coronavirus-puerto-rico.html>
- Bathija, P., & Resnick, J. (2022, July 22). Digging into the reasons for Puerto Rico's successful COVID-19 response. <https://www.aha.org/news/blog/2022-07-22-digging-reasons-puerto-ricos-successful-covid-19-response>
- Bergquist, S., Otten, T., & Sarich, N. (2020). COVID-19 pandemic in the United States. *Health Policy and Technology*, 9(4), 623–638. <https://doi.org/10.1016/j.hlpt.2020.08.007>
- Bonilla, Y. (2020). The coloniality of disaster: Race, empire, and the temporal logics of emergency in Puerto Rico, USA. *Political Geography*, 78, Article 102181. <https://doi.org/10.1016/j.polgeo.2020.102181>
- Bonilla, Y. (2022, October 10). Opinion: Why must Puerto Ricans always be resilient? *The New York Times*. <https://www.nytimes.com/2022/10/10/opinion/fema-fiona-puerto-rico.html>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, 24(6), 641–654. <https://doi.org/10.1080/13645579.2020.1805550>
- Burnette, D., Buckley, T. D., Fabelo, H. E., & Yabar, M. P. (2020). Foregrounding context in the COVID-19 pandemic: Learning from older adults in Puerto Rico. *Journal of Gerontological Social Work*, 63(6–7), 709–712. <https://doi.org/10.1080/01634372.2020.1793253>
- Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality and Quantity*, 56, 1391–1412. <https://doi.org/10.1007/s11135-021-01182-y>
- Camacho, D., Marti, Y., Cho, S., Buckley, T., Vazquez, J., Burnette, D., & Fabelo, H. (2021). Coping with the subjective impact of COVID-19 among older adults in Puerto Rico. *Innovation in Aging*, 5, 1028–1029. <https://doi.org/10.1093/geroni/igab046.3680>
- Carr, D., Sheffler, J., Meynadasy, M., Schmidt, N. B., Hajcak, G., & Sachs-Ericsson, N. (2023). A longitudinal examination of the protective effect of resilience against anxiety among older adults with high COVID-related worry. *Cognitive Behaviour Therapy*, 52(5), 419–437. <https://doi.org/10.1080/16506073.2023.2191825>
- Centers for Disease Control and Prevention. (2020). Severe outcomes among patients with coronavirus disease 2019 (COVID-19)—United States, February 12–March 16, 2020. *Morbidity and Mortality Weekly Report (MMWR)*, 69, 343–346. <http://dx.doi.org/10.15585/mmwr.mm6912e2>
- Cheatham, A. (2020, May 12). The coronavirus challenge for Puerto Rico. *Council on Foreign Relations*. <https://www.cfr.org/in-brief/coronavirus-challenge-puerto-rico>
- Cherry, K. E., Brown, J. S., Marks, L. D., Galea, S., Volaufova, J., Lefante, C., Su, L. J., Welsh, D. A., & Jazwinski, S. M. (2011). Longitudinal assessment of cognitive and psychosocial functioning after Hurricanes Katrina and Rita: Exploring disaster impact on middle-aged, older, and oldest-old adults. *Journal of Applied Biobehavioral Research*, 16(3–4), 187–211. <https://doi.org/10.1111/j.1751-9861.2011.00073.x>
- Cicchetti, D. (2016). Resilience in development: Progress and transformation. In D. Cicchetti (Ed.), *Developmental psychopathology: Risk, resilience, and intervention* (pp. 271–333). John Wiley & Sons, Inc. <https://doi.org/10.1002/9781119125556.devpsy406>

- Cosco T. D., Kok A., Wister A., & Howse K. (2019) Conceptualising and operationalising resilience in older adults. *Health Psychology and Behavioral Medicine*, 7(1), 90–104. <https://doi.org/10.1080/21642850.2019.1593845>
- Cruz-Correa, M., Díaz-Toro, E. C., Falcón, J. L., García-Rivera, E. J., Guiot, H. M., Maldonado-Dávila, W. T., Martínez, K., Méndez-Latalladi, W., Pérez, C. M., Quiñones-Feliciano, M. L., Reyes, J. C., Rodríguez, P. L., Santana-Bagur, J., Torrellas, L. C., Vazquez, D. Y., Vázquez, G. J., & Rodríguez-Quilichini, S. (2020). Public Health Academic Alliance for COVID-19 Response: The role of a national medical task force in Puerto Rico. *International Journal of Environmental Research and Public Health*, 17(13), Article 4839. <https://doi.org/10.3390/ijerph17134839>
- Cudjoe, T. K. M., Roth, D. L., Szanton, S. L., Wolff, J. L., Boyd, C. M., & Thorpe, R. J. (2020). The epidemiology of social isolation: National Health and Aging Trends Study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 75(1), 107–13. <https://doi.org/10.1093/geronb/gby037>
- Daddoust L., Khankeh H., Ebadi A., Sahaf R., Nakhaei M., & Asgary A. (2018). The social vulnerability of older people to natural disasters: An integrative review. *Health in Emergencies and Disasters Quarterly*, 4(1), 5–14. <http://hdq.uswr.ac.ir/article-1-221-en.html>
- De Coninck, D., Frissen, T., Matthijs, K., D’Haenens, L., Lits, G., Champagne-Poirier, O., Carignan, M., David, M. D., Pignard-Cheynel, N., Salerno, S., & Généreux, M. (2021). Beliefs in conspiracy theories and Misinformation about COVID-19: Comparative perspectives on the role of anxiety, depression and exposure to and trust in information sources. *Frontiers in Psychology*, 12, Article 646394. <https://doi.org/10.3389/fpsyg.2021.646394>
- DiNapoli, E. A., Wu, B., & Scogin, F. (2014). Social isolation and cognitive function in Appalachian older adults. *Research on Aging*, 36(2), 161–179. <https://doi.org/10.1177/0164027512470704>
- Donovan, N. J., & Blazer, D. Social isolation and loneliness in older adults: Review and commentary of a national academies report. *The American Journal of Geriatric Psychiatry*, 28(12), 1233–1244. <https://doi.org/10.1016/j.jagp.2020.08.005>
- Duany, J. (2023, July 13). Puerto Rico has been part of the US for 125 years, but its future remains contested. *The Conversation*. <https://theconversation.com/puerto-rico-has-been-part-of-the-us-for-125-years-but-its-future-remains-contested-209171>
- Florida, A. (2020, May 13). “Mamá, I’m still hungry”: In Puerto Rico, child hunger becomes a flashpoint. <https://www.npr.org/2020/05/13/854734386/mam-im-still-hungry-in-puerto-rico-child-hunger-becomes-a-flashpoint>
- García, C., Rivera, F. I., Garcia, M. A., Burgos, G., & Aranda, M. P. (2021). Contextualizing the COVID-19 era in Puerto Rico: Compounding disasters and parallel pandemics. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 76(7), e263–e267. <https://doi.org/10.1093/geronb/gbaa186>
- Gonçalves, B. P., Hall, M., Jassat, W., Balan, V., Murthy, S., Kartsonaki, C., Semple, M. G., Rojek, A., Baruch, J., Reyes, L. F., Dasgupta, A., Dunning, J., Wanjiru Citarella, B., Pritchard, M., Martín-Quiros, A., Sili, U., Baillie, J. K., Aryal, D., ... & Olliaro, P. L. (2022). An international observational study to assess the impact of the Omicron variant emergence on the clinical epidemiology of COVID-19 in hospitalised patients. *eLife*, 11, Article e80556. <https://doi.org/10.7554/eLife.80556>

- González-Ramírez, A. (2020, April 23). Meet the protesters in Puerto Rico who want more testing. *Medium*. <https://gen.medium.com/meet-the-protesters-who-want-more-testing-2403f634b1a1>
- González, M. L. S., Cruz-Gonzalez, M., Falgas-Bagué, I., Markle, S. L., & Alegría, M. (2023). Resilience of racial and ethnic minority older adults during the COVID-19 pandemic: The role of a prior disability prevention intervention. *American Psychologist*. <https://doi.org/10.1037/amp0001177>
- Guzzardo, M. T., Engelman, A., Todorova, I., Lima, M. P., Dean-Olmsted, E., & Tamargo, R. E. G. (2023). “Everything has changed:” Functionally diverse older adults’ experiences with Hurricane María in Puerto Rico. *International Journal of Disaster Risk Reduction*, 97, Article 104009. <https://doi.org/10.1016/j.ijdrr.2023.104009>
- Hayden, L., Warren-Norton, K., Chaze, F., & Roberts, R. (2023). Pandemic stories: The voices of older adults. *Canadian Journal on Aging*, 42(1), 154–164. <https://doi.org/10.1017/s0714980822000113>
- Heid A. R., Cartwright F., Wilson-Genderson M., & Pruchno R. (2021). Challenges experienced by older People during the initial months of the COVID-19 pandemic. *Gerontologist*, 61(1), 48–58. <https://doi.org/10.1093/geront/gnaa138>
- Huisman, M., Klokgieters, S. S., & Beekman A. T. F. (2017). Successful ageing, depression and resilience research: A call for a priori approaches to investigations of resilience. *Epidemiology and Psychiatric Sciences*, 26(6), 574–578. <https://doi.org/10.1017/S2045796017000348>
- Igarashi, H., Kurth, M. L., Lee, H. S., Choun, S., Lee, D., & Aldwin, C. M. (2021). Resilience in older adults during the COVID-19 pandemic: A socioecological approach. *The Journals of Gerontology: Series B*, 77(4), e64–e69. <https://doi.org/10.1093/geronb/gbab058>
- Klein, N. (2018). *The battle for paradise: Puerto Rico takes on the disaster capitalists*. Haymarket Books.
- Knight, B. G., Gatz, M., Heller, K., & Bengtson, V. L. (2000). Age and emotional response to the Northridge earthquake: A longitudinal analysis. *Psychology and Aging*, 15(4), 627–634. <https://doi.org/10.1037/0882-7974.15.4.627>
- Kotwal, A. A., Holt-Lunstad, J., Newmark, R. L., Cenzer, I., Smith, A. K., Covinsky, K. E., Escueta, D. P., Lee, J. M., & Perissinotto, C. M. (2021). Social isolation and loneliness among San Francisco Bay area older adults during the COVID-19 shelter-in-place orders. *Journal of the American Geriatrics Society*, 69(1), 20–29. <https://doi.org/10.1111/jgs.16865>
- Krause, K. D. (2020). The Impact of resilience on health: Lessons learned and future directions. *Behavioral Medicine*, 46(3–4), 375–378. <https://doi.org/10.1080/08964289.2020.1790975>
- Krause, K. D., & Halkitis, P. N. (2020). Toward a more dynamic understanding of the influence of resilience on health. *Behavioral Medicine*, 46(3-4), 171–174. <https://doi.org/10.1080/08964289.2020.1790972>
- Lapierre, S., Chauvette, S., Bolduc, L., Adams-Lemieux, M., Boller, B., & Desjardins, S. (2023). Character strengths and resilience in older adults during the COVID-19 Pandemic. *Canadian Journal on Aging*, 42(3), 455–465. <https://doi.org/10.1017/s0714980823000089>
- Lau, J., Koh, W., Ng, J. S., Khoo, A. M., & Tan, K. (2023). Understanding the mental health impact of COVID-19 in the elderly general population: A scoping review of global literature from the first year of the pandemic. *Psychiatry Research*, 329, Article 115516. <https://doi.org/10.1016/j.psychres.2023.115516>

- Lewis, T. (2021, August 23). How the U.S. pandemic response went wrong—and what went right—during a year of COVID. *Scientific American*. <https://www.scientificamerican.com/article/how-the-u-s-pandemic-response-went-wrong-and-what-went-right-during-a-year-of-covid>
- Loebach Wetherell, J., Petkus, A. J., McChesney, K., Stein, M. B., Judd, P. H., Rockwell, E., Sewell, D. D., & Patterson, T. L. (2009). Older adults are less accurate than younger adults at identifying symptoms of anxiety and depression. *The Journal of Nervous and Mental Disease*, 197(8), 623–626. <https://doi.org/10.1097/NMD.0b013e3181b0c081>
- Losada-Baltar, A., Jiménez-Gonzalo, L., Gallego-Alberto, L., Pedroso-Chaparro, M.D.S., Fernandes-Pires, J., & Márquez-González, M. (2020). “We’re staying at home”. Association of self-perceptions of aging, personal and family resources and loneliness with psychological distress during the lock-down period of COVID-19. *Journals of Gerontology, Series B: Psychological Sciences*, 76(2), e10–e16. <https://doi.org/10.1093/geronb/gbaa048>
- Magesh, S., John, D., Tse Li, W., Li, Y., Mattingly, A., Jain, S., Chang, E. Y., & Ongkeko, W. M. (2021). Disparities in COVID-19 outcomes by race, ethnicity, and socioeconomic status: A systematic review and meta-analysis. *JAMA Network Open*, 4(11), Article e2134147. <https://doi.org/10.1001/jamanetworkopen.2021.34147>
- Masten, A. S., & Cicchetti, D. (2016). Resilience in development: Progress and transformation. In D. Cicchetti (Ed.), *Developmental psychopathology: Risk, resilience, and intervention* (3rd ed., pp. 271–333). John Wiley & Sons, Inc.. <https://doi.org/10.1002/9781119125556.devpsy406>
- Morales, E. (2015, July 21). How hedge and vulture funds have exploited Puerto Rico’s debtcrisis. *The Nation*. <https://www.thenation.com/article/archive/how-hedge-and-vulture-funds-have-exploited-puerto-ricos-debt-crisis/>
- Moreland, A., Herlihy, C., Tynan, M. A., Sunshine, G., McCord, R. F., Hilton, C., Poovey, J., Werner, A. K., Jones, C. D., Fulmer, E. B., Gundlapalli, A. V., Strosnider, H., Potvien, A., García, M. C., Honeycutt, S., Baldwin, G., CDC Publish Health Law Program, & CDC COVID-19 Response Team, Mitigation Policy Analysis Unit. (2020, September 4). Timing of state and territorial COVID-19 stay-at-home orders and changes in population movement—United States, March 1–May 31, 2020. *Morbidity and Mortality Weekly Report (MMWR) – Centers for Disease Control and Prevention*. [https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a2.htm#:~:text=During%20March%201%E2%80%93May%2031%2C%2042%20states%20and%20territories%20issued,by%20California%20\(March%202019\).](https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a2.htm#:~:text=During%20March%201%E2%80%93May%2031%2C%2042%20states%20and%20territories%20issued,by%20California%20(March%202019).)
- Mueller, A. L., McNamara, M. S. and Sinclair, D. A. (May 29, 2020) Why does COVID-19 disproportionately affect older people? *Aging*, 12(10), 9959–9981. <https://doi.org/10.18632/aging.103344>
- Palgi, Y., Shrira, A., Ring, L., Bodner, E., Avidor, S., Bergman, Y., Cohen-Fridel, S., Keisari, S., & Hoffman, Y. (2020). The loneliness pandemic: Loneliness and other concomitants of depression, anxiety and their comorbidity during the COVID-19 outbreak. *Journal of Affective Disorders*, 275, 109–111. <https://doi.org/10.1016/j.jad.2020.06.036>
- Pinchin, K. (2019, August 5). How Hurricane Maria fueled Puerto Rico’s resistance. *Frontline*. <https://www.pbs.org/wgbh/frontline/article/how-hurricane-maria-fueled-puerto-ricos-resistance/>
- Rafiey, H., Momtaz, Y. A., Alipour, F., Khankeh, H., Ahmadi, S., Sabzi Khoshnami, M., & Haron, S. A. (2016). Are older people more vulnerable to long-term impacts of disasters? *Clinical Interventions in Aging*, 11, 1791–1795. <https://doi.org/10.2147/CIA.S122122>

- Remillard, M. L., Mazor, K. M., Cutrona, S. L., Gurwitz, J. H., & Tjia, J. (2014). Systematic review of the use of online questionnaires of older adults. *Journal of the American Geriatrics Society*, 62(4), 696–705. <https://doi.org/10.1111/jgs.12747>
- Robles, F. (2020, March 1). Months after Puerto Rico earthquakes, thousands are still living outside. *The New York Times*. <https://www.nytimes.com/2020/03/01/us/puerto-rico-earthquakes-fema.html>
- Rodriguez, F., Solomon, N., de Lemos, J. A., Das, S. R., Morrow, D. A., Bradley, S. M., Elkind, M. S. V., Williams, J. H., Holmes, D., Matsouaka, R. A., Gupta, D., Gluckman, T. J., Abdalla, M., Albert, M. A., Yancy, C. W., & Wang, T. Y. (2021). Racial and ethnic differences in presentation and outcomes for patients hospitalized with COVID-19: Findings from the American Heart Association’s COVID-19. *Cardiovascular Disease Registry*, 43, 2332–2342. <https://doi.org/10.1161/CIRCULATIONAHA.120.052278>
- Ruiz, J. (2022, June, 14). An unfulfilled promise: Colonialism, austerity, and the Puerto Rican debt crisis. *Harvard Political Review*. <https://harvardpolitics.com/unfulfilled-promise-2/>
- Rutter, M. (2006) Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094, 1–12. <https://doi.org/10.1196/annals.1376.002>
- Sánchez-González, L., Major, C. G., Rodriguez, D. M., Balajee, A., Ryff, K. R., Lorenzi, O., Linares, M., Adams, L. E., Rivera-Amill, V., Rolfes, M., & Paz-Bailey, G. (2022). COVID-19 vaccination intention in a community cohort in Ponce, Puerto Rico. *The American Journal of Tropical Medicine and Hygiene*, 107(2), 268–277. <https://doi.org/10.4269/ajtmh.22-0132>
- Seidel, L. J., Daniels, J. K., & Ostafin, B. D. (2023). The role of meaning in life in psychological distress during the COVID-19 pandemic. *Anxiety, Stress, & Coping*, 36(1), 67–82. <https://doi.org/10.1080/10615806.2022.2113993>
- Sterina, E., Hermida, A. P., Gerberi, D. J., & Lapid, M. I. (2021). Emotional resilience of older adults during COVID-19: A systematic review of studies of stress and well-being. *Clinical Gerontologist*, 45(1), 4–19. <https://doi.org/10.1080/07317115.2021.1928355>
- Tai D. B. G., Shah A., Doubeni C. A., Sia I. G., & Wieland, M. L. (2021). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases: An Official Publication of the Infectious Diseases Society of America*, 72(4), 703–706. <https://doi.org/10.1093/cid/ciaa815>
- Tisminetzky, M., Delude, C., Hebert, T., Carr, C., Goldberg, R. J., & Gurwitz, J. H. (2020). Age, multiple chronic conditions, and COVID-19: A literature review. *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 77(4), 872–878. <https://doi.org/10.1093/gerona/glaa320>
- Traunmüller, C., Stefitz, R., Schneider, M., & Schwerdtfeger, A. (2021). Resilience moderates the relationship between the psychological impact of COVID-19 and anxiety. *Psychology, Health & Medicine*, 28(7), 1861–1872. <https://doi.org/10.1080/13548506.2021.1955137>
- U.S. Census Bureau. (n.d.-a). *QuickFacts: Puerto Rico*. U.S. Department of Commerce. <https://www.census.gov/quickfacts/PR>
- U.S. Census Bureau. (n.d.-b). *QuickFacts: United States*. U.S. Department of Commerce. <https://www.census.gov/quickfacts/fact/table/US/PST045221>
- Webb, L. M., & Chen, C. Y. (2021). The COVID-19 pandemic’s impact on older adults’ mental health: Contributing factors, coping strategies, and opportunities for improvement. *International Journal of Geriatric Psychiatry*, 37(1), 1-7. <https://doi.org/10.1002/gps.5647>
- Whitehead B.R., & Torossian E. (2021). Older adults’ experience of the COVID-19 pandemic: A mixed-methods analysis of stresses and joys. *Gerontologist*, 61(1), 36–47. <https://doi.org/10.1093/geront/gnaa126>

- Wu, B. (2020). Social isolation and loneliness among older adults in the context of COVID-19: A global challenge. *Global Health Research and Policy*, 5(1), Article 27. <https://doi.org/10.1186/s41256-020-00154-3>
- Wu, T., Jia, W., Shi, H, Niu, J., Yin, Z., Xie, J., & Wang, W. (2021). Prevalence of mental health problems during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Affective Disorders*, 281, 91–98. <https://doi.org/10.1016/j.jad.2020.11.117>
- Young, D. G., Rasheed, H., Bleakley, A., & Langbaum, J. B. (2022). The politics of mask-wearing: Political preferences, reactance, and conflict aversion during COVID. *Social Science & Medicine*, 298, Article 114836. <https://doi.org/10.1016/j.socscimed.2022.114836>
- Zortea, T. C., Brenna, C. T. A., Joyce, M., McClelland, H., Tippet, M., Tran, M. M., Arensman, E., Corcoran, P., Hatcher, S., Heisel, M. J., Links, P., O'Connor, R. C., Edgar, N. E., Cha, Y., Guaiana, G., Williamson, E., Sinyor, M., & Platt, S. (2020). The impact of infectious disease-related public health emergencies on suicide, suicidal behavior, and suicidal thoughts: A systematic review. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 42(6), 474–487. <http://doi.org/10.1027/0227-5910/a000753>

Notes on Contributors

Mariana T. Guzzardo, is an Associate Professor in the Department of Human Development and Women's Studies at California State University, East Bay. Her research focuses on psychosocial aging issues for Latinx older adults and the disaster or emergency experiences of older adults with functional and access needs. Much of her research includes older Puerto Ricans residing in Puerto Rico and in the US mainland.

Jodie C. Oshana received her PhD in Human Development and Family Sciences from the University of Connecticut and her law degree from Quinnipiac University School of Law. Her research interests include child welfare issues, elder law issues, and the intersection of law, policy, and social science that impacts children and families.

Abigail Balkin is an MSW candidate at Boston University School of Social Work specializing in Aging Practice, Policy, and Social Justice. Her clinical work involves the promotion of mental health and well-being in low-income older adults residing in the Boston metropolitan area.

Dr. Irina Todorova is a Clinical Professor at the Department of Applied Psychology, Bouvé College of Health Sciences, Northeastern University, Boston, MA. She is also founding Director of the Health Psychology Research Center in Sofia, Bulgaria. She is a health psychologist, and her research focuses on gender and health, health inequalities and narrative health psychology.

ORCID

Mariana T. Guzzardo, <https://orcid.org/0000-0002-3716-7336>

Irina Todorova, <https://orcid.org/0000-0001-9765-8949>