



## Resilience among older adults during the COVID-19 pandemic: A photovoice study

Julie Karmann<sup>a,b</sup>, Ingrid Handlovsky<sup>c</sup>, Sonia Lu<sup>a,d</sup>, Gregory Moullec<sup>b,e</sup>,  
Katherine L. Frohlich<sup>a,b</sup>, Olivier Ferlatte<sup>a,b,\*</sup>

<sup>a</sup> École de Santé Publique de l'Université de Montréal, Montréal, Canada

<sup>b</sup> Centre de Recherche en Santé Publique, Université de Montréal et CIUSSS du Centre-Sud-de-l'Île-de-Montréal, Montréal, Canada

<sup>c</sup> School of Nursing, University of Victoria, Victoria, Canada

<sup>d</sup> CIUSSS du Centre-Ouest-de-l'Île-de-Montréal, Montréal, Canada

<sup>e</sup> Centre de Recherche du CIUSSS du Nord-de-l'Île-de-Montréal (CIUSSS-NIM), Montréal, Canada

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### ABSTRACT

Older adults faced significant challenges during the COVID-19 pandemic but also demonstrated great resilience. Investigating these strengths may enhance and inform strategies to mitigate the impacts of the pandemic. To gain insight into the resilience processes of older adults during the first year of the pandemic, we conducted a photovoice study with 26 older adults (aged over 60) in the province of Quebec, Canada. Participants met online weekly for three weeks in small groups to discuss their photographs and share their resilience strategies. The thematic analysis revealed three interrelated themes. First, participants distanced themselves from the pandemic by engaging in activities that took their focus away from COVID-19 and that afforded much-needed respite. Second, participants regained their bearings by reorganizing their schedules and establishing new routines that bolstered occupation rather than rumination. Third, participants used the pandemic to self-reflect and revise their priorities, leveraging the pandemic as an opportunity for growth. Together, these themes demonstrate the strengths, coping strategies and resilience of older adults and contrast the stereotypes of older adults as vulnerable and resourceless. These findings have the potential to inform the implementation of strength-based health promotion initiatives to mitigate the harms of the pandemic.

## 1. Introduction

### 1.1. Background

Since its detection in Wuhan, China, COVID-19 has spread rapidly across the globe, killing nearly 6.8 million people worldwide by January 2022 (Johns Hopkins University & Medicine, 2022). Older adults (age 65 and above) have accounted for the majority of COVID-19 related deaths, representing 70% of such deaths in Canada (Government of Canada, 2021). While older adults' mortality rate related to COVID-19 is a significant public health concern, the COVID-19 pandemic also brought various stressors associated with the public health measures that were swiftly implemented to limit transmission and mortality, including the confinement of older adults and social distancing measures (Heid et al., 2021; Whitehead & Torossian, 2021). The imposed lockdowns and social isolation amplified the pre-existing issues of loneliness and social isolation

among this population (Courtin & Knapp, 2017; Van Tilburg et al., 2021).

Loneliness among older adults is linked to detrimental health impacts such as premature mortality, cognitive decline, reduced well-being, depression and anxiety (Patterson & Veenstra, 2010; Santini et al., 2020; Wilson et al., 2007). As such, many experts expected the pandemic to have significant negative consequences on the mental health of this population (Armitage & Nellums, 2020; Berg-Weger & Morley, 2020). However, a growing body of quantitative studies highlights that older adults have generally coped better with the pandemic than younger generations and that they reported fewer negative mental health outcomes (Bruine de Bruin, 2021; Vahia et al., 2020). This suggests remarkable resilience and strength among older adults and can be used to inform effective health promotion interventions to manage challenges raised by a pandemic such as social isolation, fear of death, time disruption and uncertainty. The objective of the present study is to build on this emerging body of work and to describe the processes

\* Corresponding author. École de Santé Publique de l'Université de Montréal, C.P. 6128, succursale Centre-Ville, Montréal, QC, H3J 3J7, Canada.

E-mail address: [olivier.ferlatte@umontreal.ca](mailto:olivier.ferlatte@umontreal.ca) (O. Ferlatte).

underpinning resilience among older adults in the Canadian province of Quebec during the first year of the COVID-19 pandemic.

## 1.2. Resilience

Multiple definitions of resilience currently exist in the literature (Sisto et al., 2019). Initially, resilience was conceptualized as an individual trait such as self-efficacy or self-regulation that offers benefits when individuals are faced with adversity (Fletcher & Sarkar, 2013). Resilience has since evolved to be understood as a dynamic process of adaptation following substantial adversity (Fletcher & Sarkar, 2013), whether resulting in the maintenance of a stable equilibrium, the capacity to bounce back to one's original state, or the ability to acquire a higher equilibrium through new coping resources (Bonanno, 2004, 2005; G. E. Richardson et al., 1990). As a process, resilience relies on coping strategies — thoughts and actions — resulting from the transactional relationship between individuals (their personality, values and history) and their context (family, communities, and built environment) (Fletcher & Sarkar, 2013; Masten, 2007; Warren et al., 2012). Resilience is therefore highly influenced by one's life course and the cumulation of experience that permits the development and refining of coping skills (Aldwin & Levenson, 2004).

## 1.3. Resilience among older adults generally and specific to the COVID-19 context

Aging brings significant challenges to older adults such as chronic stressors which span cognitive, physical and social domains and include ageism (Allen, 2016; Harper, 2014). Research on resilience among older adults has investigated how they navigate health deterioration (disability or cognitive impairment), trauma, loss of loved ones, retirement and natural disasters (Angevaere et al., 2020; Bonanno et al., 2002; Browne-Yung et al., 2017; Henderson et al., 2010; Hildon et al., 2008; J. C. Richardson et al., 2014; Yeung & Fung, 2007). Among older adults, resilience is related to an increase in one's well-being as well as to an improved quality of life, better mental health and longevity (Netuveli & Blane, 2008; Rantanen et al., 2012; Smith & Hollinger-Smith, 2015). Moreso, resilience is a determinant of successful aging, the generally adopted definition of which — the absence of disease and disability and the maintenance of cognitive functions and social activities — is debated because of its lack of holistic criteria (MacLeod et al., 2016; Martinson & Berridge, 2015; Rowe & Kahn, 1997).

Some researchers have investigated the resilience of older adults in the context of the COVID-19 pandemic (Fuller & Huseth-Zosel, 2021; Lee et al., 2020; Lind et al., 2021). Such investigations have highlighted the role of social support in helping older adults adapt during the pandemic (Fuller & Huseth-Zosel, 2021; McKinlay et al., 2020). For example, a study conducted with LGBTQ older adults detailed how the ongoing care and support from the LGBTQ community provided an increase in emotional strength and helped navigate the pandemic stressors such as social isolation, fear of infection, frustration toward government's lack of stewardship, marginalization, and uncertainty (Gonzalez et al., 2021). Similarly, some studies have described the emotional coping skills of older adults (such as putting things into perspective and maintaining life purpose) as being critical to maintaining a positive mindset despite the anxieties introduced by the pandemic and its related public health measures (Fuller & Huseth-Zosel, 2021; Lind et al., 2021; Whitehead & Torossian, 2021). Keeping busy is another documented strategy adopted by older adults to cope with the pandemic, either by investing in new projects, setting new routines or finding new hobbies (Fuller & Huseth-Zosel, 2021; Whitehead & Torossian, 2021). These results should be read in conjunction with those of studies addressing resilience in large-scale disaster contexts that emphasize the importance of reminiscence, self-efficacy, acceptance, self-care, and legacy, as well as social support and access to resources such as health care, for the resilience of older adults in such contexts (Greene, 2002; Hrostowski & Rehner, 2012). Overall, these studies provide evidence of strengths and resilience

among older adults which challenges the dominant societal narratives of older adults as vulnerable and fragile, stereotypes that were widespread early in the pandemic and that are fueled by ageism (Ayalon, 2020).

A greater understanding of the resilience processes of older adults is needed to develop asset-based approaches to fostering resilience and coping strategies among older adults dealing with stressors that are particularly salient in a pandemic, but also part of everyday life (social isolation, fear of death, time disruption or uncertainty). Such approaches are key to ultimately fostering the well-being of this population. Therefore, the present study adopts a strength-based approach to answer the research question: *What were the processes underpinning the resilience of older adults during the first year of the COVID-19 pandemic?* A strength-based approach is key to resilience research because it orients researchers to positive factors that become the emphasis of change processes designed to enhance strengths (Zimmerman, 2013). Building on community strength, we deployed *Confinés, ensemble!*, a participatory photovoice project with older adults in the province of Quebec, Canada, to describe how older adults managed the challenges brought up by the pandemic and how they promoted their well-being during these exceptional times.

## 2. Methods

### 2.1. Research design

This study was informed by Thorne's interpretive description design (Thorne, 2016) and included photovoice data collection methods (Wang & Burris, 1997) to gain insights into the coping strategies and resilience of older adults during the first year of the COVID-19 pandemic. Interpretive description was chosen as a design due to its ability to yield practice-relevant findings, aligning with our goal of identifying possible avenues for public health interventions (Thompson Burdine et al., 2021).

Photovoice is a method wherein participants document and share their experiences through self-taken photographs and narratives (Wang, 1999). It is a participatory action research method aimed at creating knowledge that stimulates action (Wang, 1999). Photovoice has been successfully used to portray resilience, whether related to physical health conditions (Balakrishnan et al., 2017; Kim & Ban, 2019), mental health issues (Ferlatte et al., 2019; First et al., 2019) or health behaviors (Shortt et al., 2017; Van Steenberghe et al., 2021). This method was selected because it allows participants to represent and report sensitive and complex issues (such as mental health challenges) and offers an alternative to words alone to share one's experience (Olliffe & Bottorff, 2007).

### 2.2. Recruitment and sampling

Following ethics approval from the *Comité d'éthique de la recherche en sciences et en santé de l'Université de Montréal (#CERSES-20-062-D)*, participants were recruited using convenient sampling through community partners, social media and newsletters. Participants were eligible if they met the following criteria: (1) aged 60 years old or older; (2) spoke and understood French; and (3) resided in the province of Quebec. All research activities were conducted online due to the social distancing measures in place at the time of the study. As such, participants were required to have an Internet connection and access to a device (tablet, smartphone, digital camera) with which they could take and send photographs. With the input of community partners, we identified three subgroups of older adults at increased risk of social isolation and mental health difficulties that were included in the study: older adults living in retirement homes (n = 9), older adults living alone (n = 12), and older adults who identify as member of the lesbian, gay, bisexual, transgender and queer community (n = 5). We recruited 26 participants aged 60 to 81 (mean 71). The majority were women (n = 21) and white (n = 25).

### 2.3. Data collection

Data collection took place between May and November 2020.

Potential participants were invited to contact the study team, who provided an information package about the study aims and procedures.

If the potential participant expressed interest after reviewing the package, an intake interview was set up and the participants met with the study coordinator over the phone or virtually to discuss the study objectives and the photovoice component. Participants provided informed consent orally and answered a few demographic questions. This meeting served to build an initial rapport with research participants, an important aspect of research broaching sensitive topics (e.g., mental health challenges), and to familiarize them with the online meeting platform (Zoom) used for the photovoice discussion groups. We also provided participants with a list of mental health resources to be referred to in the event they experienced emotional distress during or after their participation in the study. For the photovoice assignments, participants were instructed to photograph anything they felt was important and relevant to their experience of the COVID-19 pandemic, including subjects depicting the impact of the pandemic and related isolation measures on their mental health and subsequent coping strategies. Participants were then asked to take photographs over a 3-week period, providing 3 to 4 photographs per week along with captions explaining the photographs.

At the end of each week, participants were invited to an online discussion group to discuss their photographs and experiences with a small group of participants (5–7 participants per group) facilitated by two researchers. In total, the 26 participants composed five different groups: one group of older adults living in retirement homes, three groups of older adults living alone and one group of older adults identifying as members of the LGBTQ community. Each of these groups met three times over a three-week period. The online discussion group meetings lasted approximately 90 minutes. The discussion groups started with each participant describing their week and experience taking photographs. Then participants were invited to describe their week's photographs one by one, eliciting feedback and comments from the other participants. To facilitate the sharing of photographs and the discussion, the photographs were organized into a PowerPoint presentation prior to the meeting. Participants received a CAD \$60 honorarium for their participation in all the activities of the study.

When data collection was complete, an online exhibit of the participant's photographs was created as a means to raise awareness among the general public, health professionals and policy makers about older adults' experiences during the COVID-19 pandemic (<https://confinesensemble.ca>). More details about our photovoice approach, including the challenges we faced during data collection, are offered elsewhere (Ferratte et al., 2022).

#### 2.4. Analysis

Focus groups were audio-recorded, transcribed verbatim, checked for accuracy and anonymized by the research team. To respect anonymity, a pseudonym was assigned to each participant. We drew on the approach of Oliffe et al. (2008) whereby participants' photographs were integrated in the transcribed interviews alongside the corresponding narratives to be coded and analysed with the text. Fifteen transcripts containing 287 pictures were then uploaded to NVivo 12. As per interpretive description, we adopted an inductive analysis (Thorne et al., 1997). More specifically, we drew on reflexive thematic analysis to analyse the data, as this method is well indicated when describing realities as well as unpacking their underlying constructions (Braun & Clarke, 2006, 2019). Reflexive thematic analysis builds upon the Braun and Clarke (2006) approach to systematically identify, organize and capture patterns of meaning across narratives in six iterative steps.

First, two members of the team (SL and JK) immersed themselves in the data through several readings of the transcripts to become familiar with them, noting initial observations and reactions to the content. Second, they performed an initial round of coding to identify and organize data relevant to our research question using process and descriptive coding methods (Saldaña, 2016). Third, after all transcripts were coded,

we adopted a semantic approach where we organized, collated and summarized the data to identify patterns across the sample related to the topic of resilience. When looking for patterns, we opted for an inductive approach. We integrated codes based on conceptual similarity and then located latent themes to capture underlying meaning. Each theme was defined by a central organizing concept that clustered several related and overlapping codes into a meaningful unit. Fourth, the themes were compared by cross-checking back to the narratives to ensure that themes matched the data and were re-worked when necessary. In the fifth and sixth steps, the themes were refined through discussions between the team members and throughout the writing of this manuscript.

These steps were undertaken while adopting a reflexive stance aimed at questioning the assumptions and interpretations made with regard to our own sensitivities and experiences as public health practitioners specializing in vulnerable populations. Further, this reflexive approach also necessitated that we consider our own emotions in the first year of the pandemic and how this may have influenced our interpretation of the data given the challenges the pandemic made us face as researchers and human beings.

### 3. Results

#### 3.1. Distancing oneself from the pandemic

Participants described feeling extremely overwhelmed in the first few months of the pandemic, with COVID-19 dominating their thoughts, making them feel worried, anxious and fearful. As such, most older adults recognized the need to liberate their minds from focusing on the virus and to obtain much-needed distance between themselves and the events unfolding with the pandemic. Distancing oneself from the pandemic was characterized by engaging in activities that took participants' attention away from COVID-19 and that afforded much needed respite from the stress brought about by it.

Many participants distanced themselves from the pandemic by limiting its presence in their daily lives. During the early stages of the pandemic, the virus was described as omnipresent, being the sole focus of the media and conversations with loved ones. Its impact was also highly visible in public spaces as individuals avoided and feared one another. Affording COVID-19 less importance by bringing up other subjects of conversation, by readjusting the places frequented, and by limiting one's exposure to media were pointed out by participants as strategies to reduce their anxiety and to distance themselves from the situation. In particular, the media was found to be drowning participants in an atmosphere of anxiety. Disconnecting oneself from the media was in this sense a strategy endorsed by many participants to reduce the stress associated with the pervasiveness of the virus. This strategy was adopted by Sophie (70 years old). In narrating her picture entitled "My grandfather's watch" (Fig. 1), Sophie questioned the amount of information disseminated during the crisis:

The message that comes to me is: yes, this is what we are going through today, whereas my grandfather well, he lived through two wars ... When I think of this watch, of how it was done in communications [from the time of the wars] I think that nowadays we are over-informed. And I decided a while ago to switch off ... It annoys me because [the guidelines] change all the time.

Sophie expressed a feeling of oppression due to over-abundant information on the pandemic. The parallel she drew between the health crisis and the World Wars — other significant upheavals — comforted her in the idea that the information was too overwhelming during the pandemic and adding to the uncertainty. By disconnecting from the media, she was able to distance herself from the pandemic, ensuring that it did not take up all of her mental capacity, which was helpful to regain a sense of calm.

To reduce the weight of anxiety over the pandemic, many participants also distanced themselves from the situation by reframing their personal



Fig. 1. My grandfather's watch.

perception of it. By relativizing the seriousness of the pandemic, and by perceiving it as an event that could have positive aspects, participants were able to reconsider their experience of the crisis and alleviate feelings of powerlessness and distress. The public health crisis incited by COVID-19 was, for example, often compared to other perilous situations which humanity had survived. For example, Mathilde (70 years old), a member of the LGBTQ community, compared her experience of the COVID-19 pandemic to the onset of the HIV/AIDS epidemic, a period of time when she lost many friends and loved ones to the infection and when she lived in fear:

Sure, it's a little virus. It could have been much worse, they are gonna find a vaccine or a medicine to reduce the viral load, and we are gonna learn how to live with it as we learnt how to live with HIV.

Evident in Mathilde's narrative was the solace she found in believing that humanity would recover from the COVID-19 pandemic in the same way it had with previous crises such as HIV in the 1980s. Drawing parallels with her own experience of the HIV epidemic, Mathilde was able to get some sense of calm, seeing the COVID-19 pandemic as a transition, a new normal to which society would eventually adapt. Other participants, such as Marie (67 years old), reframed their perception of the pandemic by seeing in this unprecedented health crisis an opportunity to build a better world, from climate change to equity. She explained:

I think that if there is a good side to this, it is that it has raised many latent problems in our society. It is as much about the elders who were badly looked after, the violence with the police officers, we see the racism which applies everywhere. So, I think at least, for that, [the pandemic] will be positive.

Like Marie, many participants hoped that the crisis could be an

opportunity to improve the position of older adults in society, as the pandemic put a strain on health care systems, particularly affecting the care provided to older adults, who were highly affected by the COVID-19 pandemic in the first few months of the pandemic. In Quebec, in the first few months of the pandemic, the majority of COVID-19-related deaths were found in senior homes and long-term care facilities ([Gouvernement du Québec, 2023](#)), which prompted participants to question the existing system.

To distance themselves from the pandemic and its accompanying anxiety, many participants also continued to travel in their own way to escape the virus, despite the travel ban imposed at that time. For many participants, travel had been a great source of strength and inspiration prior to the pandemic that they lost because of travel restrictions and stay-at-home orders. Escaping through nature was described by many participants as an effective strategy to gain distance from feelings of anxiety during the pandemic. Nature was portrayed as a source of healing, providing a much-needed source of comfort, hope and beauty. In particular, spring, with its explosion of colors, was a welcomed and comforting spectacle that was facilitative to a process of moving away from anxiety about the pandemic. Paula (67 years old), who had always enjoyed the outdoors, explained, with her picture named "Exploration of the alleys" (Fig. 2), how escaping on her bike through her blooming neighborhood helped her gain distance from the pandemic:

As we enter a period of spring when nature is in full expansion ... It's the opposite of isolation, it's expansion, and I also find it important not to forget the beauty of the world. For me, what could be more beautiful than a tree in spring, in May, in bloom? No one was there, I admired it for a long time in the peace and quiet and I became filled with gratitude when I took this photo.



Fig. 2. Exploration of the alleys.

Paula's narrative shows how the abundance of nature offered respite from isolation and contributed to her well-being through immersion in the calm and quiet of nature. TV programs, the Internet and books were also described by participants as ways to continue exploring new horizons, live new adventures, and distance themselves from the pandemic.

In sum, participants experienced relief and hope by gaining mental distance from the pandemic. To gain distance from the crisis, older adults limited its presence in their daily lives but also reframed their perception of the pandemic and escaped through nature and art.

### 3.2. Regaining bearings with a new routine

While some participants welcomed the pandemic as a break in their busy lives, others were profoundly disoriented by the disruption to their daily rhythm. Regaining bearings, characterized by reorganizing schedules and reclaiming a new routine that bolstered occupation rather than rumination on distress and solitude, was highlighted by many participants as an important resilience strategy.

For many participants the cessation of their daily activities shattered landmarks that set the pace of their daily lives. Regaining bearings meant finding new activities to fill their free time and build a new daily routine that would provide a sense of purpose. Specifically, participants mentioned three activities around which their new routines were crafted: moving, socializing, and finding pleasure. Moving was framed as a need as many participants became more static, whether it was because of the closing of sport facilities, remote working or the loss of destinations due to social distancing. A physical activity that participants turned to — or practiced more of — was walking. Walking was often motivated by health concerns but also endorsed a profound social dimension. Taking a walk was an opportunity to safely meet with relatives, a means to ensure a more casual, fleeting sociability. Claire (72 years old) demonstrated the utility of walking with her photograph entitled “*Surviving the lockdown*” (Fig. 3). On discussing her photograph, she stated:

Exercising helps with depression, with feelings of loneliness, but it was the only way to see someone. It was the only way. Sometimes I would see a neighbor from a distance, on the street, but you are with someone in the flesh. The sociability, we have to ... but as I said before, Zoom and Skype are great, but it's a lot of fun to see someone in person.

With her photo, Claire, who lived alone and whose contentment was contingent on family connections, expressed the importance of walking for her physical well-being, but also for the opportunities of social encounters with others in her neighborhood. These encounters served to disrupt her loneliness and contribute to regaining her bearings during the pandemic. As Claire mentioned, the sociability of older adults was also based on computer tools, which they got fully familiar with during the pandemic.

Seeking out pleasure was another facet of regaining bearings throughout the crisis. For many participants, the topic of pleasure revolved around food. Catherine (78 years old), who lived alone, highlighted the pleasure that food brought about during the pandemic but also more generally in her life:

I have always considered it important to spoil myself because I lived alone. ... I have always thought I was important enough to make myself dinners, to buy myself expensive wine, champagne. So, during the pandemic, I continued to do that and that for me is essential, I would say.

Catherine's narrative demonstrated that pleasure was an important source of daily resilience because it was a means to take care of herself. In this sense, the search for pleasure had become a reference point around which the days were built, supporting the regaining of bearings. Doing so, many participants rediscovered and valued everyday taken-for-granted sources of pleasure and were grateful that these were still accessible amidst the challenges of the pandemic.



Fig. 3. Surviving the lockdown.

Investing fully in the present rather than making plans for the future was another strategy widely shared among participants to guide the establishment of new routines and regain bearings in the crisis. This attitude of living the present moment was, for example, emphasized by Catherine (78 years old) as the group discussed Boris Cyrulnik — a French expert on resilience — whose books many participants had read:

Unlike many people around me, I try not to look too far ahead. What's going to happen in March 2021 doesn't worry me at the moment. Otherwise, I become fearful, there is a fear, there is a fear. So, I try to live well in the present moment within the constraints.

Catherine made it clear that projecting into the future introduced fear and that the most effective way for her to conquer that fear and regain a sense of calm was to focus on what was happening in the present moment. In doing so, she embraced certainty and security. In this sense, the present moment had become for Catherine a new way of living her daily life, which allowed her to regain her bearings in the crisis. Because of the pandemic, many participants learned to equate future with a finitude. This view prompted participants to reinvest in the present moment, as if to make the most out of the time that was still to be lived. This was particularly evident in Paula's (67 years old) narrative as she discussed death:

COVID reminds us very eloquently that we are the generation that has a lot less left in front of us than behind ... I'm not too worried. As a consequence, I tell myself: “Paula, enjoy life, there's no time to lose, no time to lose.” Maybe that's why it changes me.

By revealing her awareness of her own finitude, Paula was particularly cognizant of her age and consequently how much life she had left to live. As such, she chose to savour each moment. Doing so, Paula established a new point of reference — that of the present moment — to manage her time and regain her bearings in the pandemic.

In sum, participants had to retrieve their bearings by creating new routines. These routines were crafted around reorganizing the days with three components — moving, socializing, finding pleasure — and investing the present moment.

### 3.3. Seeking opportunities for growth

The pandemic prevented participants from seeing their loved ones and pursuing their usual activities, leading to boredom, and prompting introspection that motivated change. By shifting their attitude to the pandemic by revising the way they looked at themselves or their priorities, participants leveraged the crisis as an opportunity for growth. In doing so, they garnered a sense of strength which served to alleviate feelings of fear and anxiety stemming from the pandemic.

While in the first few weeks of the pandemic participants were passive as they observed the events of the pandemic unfolding, they quickly adopted a proactive attitude by stepping outside of their comfort zones as they sought opportunities to grow and evolve. A majority of participants saw the crisis as an opportunity to innovate through new approaches and activities that enabled reinforcement of their sense of control over the situation as well as growth as individuals. Sabrina (70 years old), for example, chose to take up the fight against ageism, which she saw as being particularly intense in the pandemic's narratives. She taught herself how to use technologies and created a YouTube channel, where she and other women discussed their experiences of aging and the pandemic as a means to de-stigmatize older adults and provide an alternate narrative to the one of older adults who are fragile and vulnerable. She noted:

And also, to show the women I met, I mean, everything ... They were all positive and they all had strategies and loved life despite everything. It was nice to see that, it made me feel good, at least it really encouraged me, and I felt connected, and I felt that I was contributing to something.

Sabrina's narrative revealed that by starting this new forum, she had grown by expanding her inner world and developed a new sense of belonging to a community to which she was contributing to. But this passage is also a testament to the general sense of accomplishment and self-efficacy that came from this activity. While being proactive led to gradual growth experiences, many participants often depicted a precise, liminal moment when they consciously made the decision to be another person, suddenly shifting their position from one of despondency to one of proactivity. Sara (81 years old) illustrated this liminality with her photo named "*Comforting and inspiring visit*" (Fig. 4). In this photograph, Sara is seen on her balcony, with her phone to her ear, talking to her family who greeted her from the parking lot of the residence and tried to reassure her. She remembered:

And they [her family] were telling me, especially one, she was telling me: "Be brave, my Sara. Don't let the virus get you down. You don't have the virus anyway." So I said yeah ... From that moment on I told myself, you can't let the virus get you down. So I picked up my phone and called friends.

Sara's photograph and subsequent narrative describe the precise moment when she decided to seek opportunities for growth and shift her position from a state of despair to that of hope and control over the situation. Sara's testimony also highlighted that her decision was prompted by her family. Just like Sara, many participants reported that the catalyst to endorse proactivity was often the wish to enhance their self-perception, remain strong in the eyes of their children and resist conforming to the image of vulnerable and passive older adults.

Changing one's attitude toward oneself by practicing self-compassion emerged as another process of seeking growth during the pandemic. Whether centered on new competencies — computer or art skills — on the ability to remain grounded in the present, or on managing emotions, participants acknowledged they had achieved significant progress in their

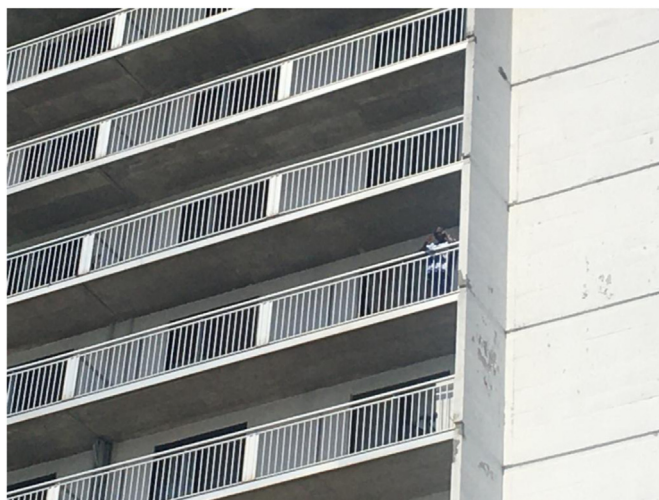


Fig. 4. Comforting and inspiring visit.

fight against the pandemic, and had grown from it. Being kind to themselves and recognizing how far they had grown in spite of difficult conditions enabled further growth by boosting their self-esteem and self-confidence. Sabrina (70 years old) illustrated this point with her picture named "*Conquering fear*" (Fig. 5), depicting her victory over the challenges that were brought in by the pandemic. She explained:

But this is my photo that ... because for me it represented, I think, the first challenge I went through was to transcend the fear ... I didn't want to stay, to feel like a prisoner forever. I said to myself: well, I have to stop being afraid, and I have to be able to live with the possibility that I could die. The more I thought about it, the less I was afraid.



Fig. 5. Conquering fear.

By acknowledging that she had found the strength within her to take action and “battle” her fear, Sabrina highlighted how she evolved over the course of the pandemic. In doing so, she demonstrated self-compassion, which led her to grow further by nourishing her self-love and self-esteem. Practicing self-compassion, and growing through the self-esteem it nourished, was closely linked to the practice of self-acceptance. Accepting one's weaknesses was a topic that was discussed at length during the group discussions. In particular, participants discussed their acceptance of negative emotions and the fact that expressing them was a strategy to help overcome difficult times.

Many participants also framed the pandemic as an opportunity to grow by reordering their life priorities and living more in harmony with themselves. With the forced pause to daily life introduced by the pandemic, participants reported having gone through a process of introspection. Doing so enabled them to reconcile their pasts and set new priorities, processes that led to growth in that they awakened a new sense of self. As she recounted the different stages she had experienced during the onset of the pandemic, and in particular, grief, Sabrina (70 years old) highlighted a sense of renewal:

It is the present moment and the moment of being alone with myself that has allowed me to mourn, to go through things. And also to reach another way of feeling in the present, of feeling with myself.

This testimony shows that Sabrina experienced the pandemic as a passage, allowing her to make peace with the past and grow by building a new self. While Sabrina took the time offered by the pandemic to grow by addressing pieces of her past, other participants chose to reorder their present life. In essence, by sorting out what they wanted to keep and what was to be given up, participants recognized that they were being truer to themselves and gained self-confidence as they turned another page in their lives. Many realized they were exhausted prior to the pandemic because their lives often revolved around others. Consequently, among the new priorities set, many, such as Lise (76 years old), chose to invest more in themselves. As she recounted the time she dedicated to her family as a mother or a grandmother, she explained:

OK, I'll still be around, but I've decided to put myself first ... I don't want to adapt to external circumstances anymore. It sounds weird, but anyway. I just want to say to myself today I'm doing this because this is what I want to do.

This passage attests to Lise's deep desire to shift the paradigm of her life: from duty to desire, from others to oneself. This passage testifies to a revolution in Lise's life where she sought growth and the serenity that came from deciding to put herself first.

In sum, to bounce back from the stress of the pandemic, not only did participants gain distance from it and regain their bearings, they also sought opportunities to grow with the crisis. These opportunities unfolded as participants became proactive, practiced self-compassion, and reorganized their priorities.

#### 4. Discussion

The present study advances new knowledge regarding resilience strategies of older adults during the first year of the pandemic in the context of Quebec. In particular, the study highlights the importance of natural settings, art and pleasure, assets that have seldom been reported elsewhere, but also the opportunity that the pandemic represented for the older adults regarding their personal growth. This work contributes to the nascent literature specific to protective processes that served to mitigate negative mental health outcomes among older adults during the COVID-19 pandemic. Thanks to a methodology combining photovoice, focus groups and reflexive thematic analysis, our study brings to light nuanced perspectives and experiences of older adults that other studies tackling older adults' resilience during the COVID-19 pandemic — many of which being quantitative — are not able to capture. Participation in

this study in itself demonstrates the strengths and resilience of older adults who grabbed their camera to gain insights about their experiences and to contribute to a change in narrative about this population group. Moreover, the study gave participants an opportunity to meet online and share their resilience strategies, thus enriching each other's range of strategies and fostering further resilience. The study findings identify three interrelated processes that comprise resilience: 1) distancing oneself from the pandemic (disconnect from the media, reframe one's perception of the pandemic, escape through nature); 2) regaining bearings with a new routine (set up new basic daily routines by moving, socializing, finding pleasure, invest more the present moment); and, 3) seeking opportunities for growth (live new experiences and learn, practice self-compassion and reframe one's personal goals). Together, these interrelated processes attest to the incredible resourcefulness, creativity and perseverance of older adults in the face of adversity that served to promote their well-being and sense of self.

Distancing oneself from the pandemic and its challenges was reported by participants as a way to reduce anxiety and regain some sense of calm while inspiring hope and confidence during the pandemic. Disconnecting from the media, reconsidering the meaning of the pandemic itself or escaping through nature or arts were all strategies that alleviated the mental burden of the pandemic. Distancing oneself from the pandemic has been highlighted in other studies that have examined the resilience of older adults during the first year of the COVID-19 pandemic, whether through distancing from the media (Cipolletta & Gris, 2021; Fristedt et al., 2021; Hayden et al., 2022) or changing one's perceptions of the meaning of the pandemic (Fiocco et al., 2021; Lind et al., 2021; Manning & Bouchard, 2020). Lind et al. (2021), for example, show that older adults take a “long view” to relativize what happens to them, recalling difficult episodes from the past that they were able to get through while fostering happy memories. In this way, age and the experience that comes with it offer benefits to older adults in terms of resilience, a wisdom valued in many cultures. Further, our study is one of few to highlight the importance of nature and art in the resilience of older adults. The restorative power of nature has been widely highlighted (R. Kaplan & Kaplan, 1989; S. Kaplan, 1992), however, we illustrate that in the context of the pandemic, nature greatly supported the efforts of older adults to detach themselves from the crisis and to find beauty and appeasement. This highlights the fundamental role of the environment in the capacity for resilience, reaffirming resilience as a dialogue between the individual and their context (Fletcher & Sarkar, 2013). Yet, green spaces are not equitably accessible, and such access discrepancies contribute to COVID-19 exposure and resilience inequities (Karmann, 2021). In particular, because of the strict isolation measures applied in long-term care facilities, older adults living in such settings did not have access to the outdoors for weeks, which greatly impaired their mental health and well-being.

Regaining bearing was also central to this study, of which time is a core component. The pandemic was found to change the perception of time, which participants described as “longer, yet shorter” due to the threat of death from the virus. In the face of such a distortion of the perception of time, reclaiming it was a priority, as it led participants to regain their bearings in the pandemic and reduce their associated stress. A key aspect of reclaiming time for older adults laid in the recreation of a new daily routine, a result reported elsewhere (Fuller & Huseth-Zosel, 2021; McKinlay et al., 2020). The present study highlighted that the establishment of new routines was made possible by finding new activities, but also by living in the present. In addition to triggering ontological security (Giddens, 1991), in the context of the pandemic, routine also contributed to older adults' resilience in that it made it possible to re-establish a sense of everyday meaningfulness (Huntley & Bratt, 2022). Experiencing time differently was something that most of the participants already went through when they retired, in that there was a disruption of time as well as an excess of time to fill. In this sense, older adults were particularly equipped to face such an ordeal that came with the first year of the COVID-19 pandemic.

Seeking opportunities for growth stood out as another component of older adults' resilience during the first year of the COVID-19 pandemic. Indeed, by endorsing the pandemic as a turning point from one worldview to another, older adults fully invested in this moment as a time to make important inner changes. Although the literature identifies strategies of older adults regarding personal changes, such as the development of new skills (Fiocco et al., 2021) or the adoption of different lifestyles (Procentese et al., 2021), seldom mentioned in this literature are strategies leading to profound changes, such as the perspective older adults adopt toward themselves. As such, our study echoes previous studies that identify self-acceptance as a component of older adults' resilience generally and during the COVID-19 pandemic (Dorfman et al., 2009; Gonzalez et al., 2021), and more specifically, that of the acceptance of one's own finitude (Lind et al., 2021). Our findings regarding strategies such as reordering one's life show the COVID-19 pandemic as a source of ego integrity for older adults, calling back to the work of Erikson (1993) who defines ego integrity as the final stage of human development, when the adult makes sense of their entire life, accepts the past into a meaningful whole and achieve a holistic well-being (Erikson, 1993; Santor & Zuroff, 1994).

#### 4.1. Study implications

Our study results have important implications to inform public health responses in future pandemics where social distancing measures would be required. Interventions to promote mental health should be implemented and be asset-based, meaning that they focus on the resilience factors highlighted in this study such as the capabilities to practice self-care and found sense of purpose during a crisis. Future interventions can seek to promote a sense of purpose by implementing activities (online and offline) that also promote connectedness and community participation, another important sources of resilience. Online technologies, such as the ones mobilized during this study, have been found effective in promoting older adults' well-being, self-esteem and mental health (Dennis & Ogden, 2022). In our study, we noticed the importance for older adults to have places to share with others their experiences, and as such in future crisis it would be important to have mechanisms for older adults to productively voice their perspectives. Art – such as photography, writing, painting, music or dance – offers an important mechanism by which individuals can share their thoughts and come together (Keisari et al., 2022; Monica, 2022). To be effective, online interventions must be tailored to the skills, experiences and digital literacy of older adults (La Rose et al., 2022). Outdoor activities that permit communities to come together safely and be active (such as walking groups) could also be considered in the range of possible interventions to promote connectedness (Irvine et al., 2022). These interventions go hand in hand with resilience conductive environments. Providing natural assets (green spaces), walkable neighborhoods, places where to connect with arts (library, online programs), where to shop safely or having access to an internet connection was raised by participants as primary environmental assets that support resilience.

#### 4.2. Study limitations

Several limitations must be considered when interpreting the findings from the present investigation. Due to the public health restrictions in place at the time of the study, all research activities were conducted online. As such, older adults without access to the Internet and/or a digital device were excluded from the study. As access to digital technology is a resilience tool and a determinant of health (Beaunoyer et al., 2020; Fuller & Huseth-Zosel, 2021), we may have excluded older adults who were particularly vulnerable during the pandemic. Secondly, considering the fast-evolving context of the pandemic in the first year, we ended recruitment without certainty about data saturation. Thirdly, resilience being a transactional process that takes place between an

individual and their context, the specificity of the Quebec context — and in particular the resources accessible by older adults to bolster their resilience — limits transferability to other settings. Fourthly, since this study was undertaken during the pandemic's first wave, the way that older adults perceive the pandemic today has likely evolved, along with their coping strategies. Indeed, the temporality of adversity plays a unique role in the stresses experienced and the strategies put in place (Furedi, 2007). Fifth, photovoice is itself a resilience-building intervention, in that it helped to break down loneliness, complemented the range of strategies of the older adults and allowed them to have their voices heard. Thus, the present photovoice study may have had implication and modified older adult's sense of resilience. Lastly, participants were not involved in the analysis of the data which limit the participatory nature of our study.

## 5. Conclusion

The present study contributes to the small but growing body of literature that demonstrates the strengths and resilience of older adults during the first year of the COVID-19 pandemic. This study reveals three interrelated processes that underpin the resilience of older adults, including gaining distance, finding their bearings with a new routine and seeking opportunities for growth. This work highlights that older adults benefit from a significant asset, their life experience, which gives them a series of tools they have mobilized. Evident in the present findings is that during the COVID-19 pandemic, older adults thrived despite adversity, far from being fragile and vulnerable persons — an idea firmly rooted in biomedical views of older adults. The capacity and efforts of older adults to better their mental health and well-being can be utilized to inform novel resources and improve health promotion initiatives.

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#### Author statement

**Karmann Julie:** Data curation; Formal analysis; Investigation; Methodology; Visualization; Writing - original draft; Writing - review & editing. **Handlovsky Ingrid:** Writing - original draft; Writing - review & editing. **Lu Sonia:** Data curation; Formal analysis; Writing - review & editing. **Moullec Gregory:** Conceptualization; Funding acquisition; Methodology; Resources; Writing - review & editing. **Frohlich Katherine:** Conceptualization; Funding acquisition; Writing - review & editing. **Ferlatte Olivier:** Conceptualization; Funding acquisition; Investigation; Methodology; Project administration; Resources; Supervision; Validation; Roles/Writing - original draft; Writing - review & editing.

#### Ethical statement

This study was reviewed and approved by the Comité d'éthique de la recherche en sciences et en santé de l'Université de Montréal (#CERSES-20-062-D).

#### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ssmqr.2023.100256>.

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