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Social Connectedness in a Locked-Down World: A Phenomenological Study of Older Adults during the COVID-19 Pandemic

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Abstract: Background: Whilst qualitative research has previously been conducted on older people's personal resilience and wellbeing during COVID-19, there are fewer empirical studies on the impact it had on social connectedness for this age group. In this paper we seek to examine older people's social connectedness to others during the pandemic, their personal experiences of seeking out those connections, and whether there are any identifiable pre-existing factors that enabled them to minimise the impact of enforced isolation. Methods: Using a phenomenological methodology, we conducted in-depth interviews with 13 older people between March and May 2021. These interviews explored the participant's lived experiences of staying socially connected to others during the enforced lockdowns and various restrictions. Results: Our findings reveal strong themes of personal resilience, sense of coherence and other protective factors, but also highlight the benefits of establishing connections to friends, family, organised groups and community prior to the pandemic. Conclusion: Older people's ability to stay socially connected is influenced by personal resilience and a positive mindset; pre-existing social ties to others and maintaining a personal sense of coherence and a sense of belonging to people or places. Our findings shed light on the importance of informal social interactions, what it means to feel lonely in older age and indicate that for some the pandemic restrictions may even have offered a welcome space in which to process significant life events.

Keywords: older people; social connectedness; isolation; loneliness; COVID-19; lockdowns

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1. Introduction

Poor social connectedness has long been recognised as a significant threat to both physical and mental health, particularly for older people. Numerous studies examining the health impacts of loneliness and isolation have demonstrated an association with negative outcomes such as increased mortality [1], cognitive decline [2], anxiety and depression [3] and cardiovascular disease [4]. However, with the rapid onset of the SARS-CoV-2 (otherwise known as COVID-19) virus in early 2020 came an additional threat to those already vulnerable to loneliness—enforced physical isolation. Confinement to the home was particularly important for the health of those in older age due to the increased mortality risk from the virus for that section of the population [5].

In England, the impact of the subsequent lockdowns and the recommendations that the vulnerable remain at home implemented by the government was extremely significant, particularly for a demographic already at risk of diminishing social connections. These unique circumstances prompted a need to further understand the nature of social connectedness and how it can be sustained into older age, both in 'normal' times and in times of enforced isolation such as those experienced during the pandemic [6].

In this paper we examine the experiences of a group of older people living through the COVID-19 pandemic, with specific reference to their attempts to remain socially connected

to others throughout the various iterations of restrictions to normal life in England between March 2020 and May 2021. Using a phenomenological methodology and qualitative interviews, we explore how these older people were impacted by the virus, the extent to which they were able to mitigate social isolation and loneliness and the differences the various restrictions made to their lives in terms of social connectedness.

Our findings reveal strong themes of personal resilience, sense of coherence and other protective factors, but also highlight the benefits of establishing connections to friends, family, organised groups and community prior to the onset of older age (or to crisis events such as a pandemic) which give older people both the physical tools and mental resilience to enable them to maintain social connections, as desired. This includes addressing issues associated with access to or fears about technology; developing resilience and a positive mindset; establishing links and social ties to others and cultivating and maintaining a personal sense of coherence and a sense of belonging to people and places.

For the purposes of this paper, we define older people as those aged over 60, in accordance with the UN definition [7], although we recognise that this is contested, and that there is no typical 'older person' [8]. Social connectedness in this context refers to the quality of social connections in a person's life, rather than the quantity of those connections [9], and is closely associated with an individual's sense of belonging and their psychological attachment to others [10]. Therefore, we understand the way that individuals experience social connectedness to be subjective and will vary from person to person, depending on the meanings they derive from interactions with others.

1.1. The Importance of Staying Socially Connected

There is extensive literature on the range of benefits to maintaining friendships and staying socially connected in older age, either formally or informally [11–14]. As such, in 'normal' times, many older people tend to mitigate isolation, loneliness or negative mental health outcomes by maintaining their social identity through participation in group activities [15], volunteering [16,17] or paid work post-retirement age [18]. There is also evidence that meaningful social connectedness can be established through social media [19] and may even offer benefits to individuals in terms of reducing anxiety and depression [20]. Maintaining social ties and actively seeking new ways to socially connect with others has been shown to boost confidence, enhance self-esteem and has been associated with other additional positive outcomes such as an increase in physical activity [21]. Social connectedness is therefore increasingly recognised as a significant public health issue with major implications for individual health and wellbeing [22].

Staying socially connected can take a number of different forms, ranging from impromptu, informal meetings and conversations with members of the local community to planned events with family and friends [11]. In theories of social capital, these relationships and interactions are referred to as strong and weak ties. Whilst weak ties may appear to imply a more negative experience, both have equal value for older people in terms of reducing loneliness and isolation; strong ties, on the one hand, may offer 'emotional closeness' whereas weak ties to others can provide 'social support' for the individual concerned ([23], p. 2). For example, interacting with the local area—perhaps by simply going for a walk or running errands—forms a significant part of many older people's daily routine, and results in informal interactions that can often constitute a large part of their day-to-day social connectedness. This physical presence in and the ability to interact within a person's local community on a regular, informal basis has been shown to increase trust in others and improve overall social wellbeing [24].

However, the pandemic created a social-connectivity paradox for older people. Later life is a time when maintaining social connections has increased importance in terms of enabling older people to develop and sustain mental wellbeing and resilience; so, whilst the stay-at-home order may have protected their physical health, their mental health was put in jeopardy through diminished social connections as a result of this advice [25,26].

1.2. The Digital Divide

Until recently, most people who had access to digital technologies had largely used them to complement their in-person social activities rather than as their primary means of staying connected [27]. However, the pandemic forced many to engage with digital technologies in ways they had not done previously, and on a much more regular basis.

Prior to the pandemic there were already inconsistencies in terms of older adult's ownership of equipment to get online, and in their levels of computer literacy and internet skills [28]. This is often referred to as the 'digital divide,' a term which has been used to indicate different levels of ownership or access to communication technologies [29] and, more recently, to possessing the appropriate skills to use them [30]. This is a particular issue for older adults; according to research carried out in 2018, 76% of those reporting that they had zero basic digital skills fell into the 65 years and above age group [31]. In the context of the pandemic, this has led some to argue that for older adults this constituted a 'double burden' in the sense that they were often more likely to be both physically and technologically isolated from others during this period [32].

Despite this divide, for many older people during the enforced isolation periods of the pandemic digital technologies and the internet became a primary means of staying connected to the outside world, and a survey conducted early in the pandemic listed staying in touch with family and friends remotely as the primary means of coping for those over 60 [33]. However, this will have inevitably left those who were not already online or active internet users disconnected from their usual social networks.

1.3. Social Connectedness and Sense of Coherence as Resources for Coping and Resilience

Although much of the literature on resilience has historically focused on children and young adults [34], there has been an increasing interest in resilience and coping in older age in recent years. Having existing strong social networks has been shown to reduce depressive symptoms in adults facing adversity, and research suggests that having a large social network can promote resilience in this age group [34].

But it is not just social connectedness that can increase resilience; some argue that it is simply the fact that older adults have often already experienced many of life's challenges that allows them to develop resilience and coping mechanisms for events that occur in later life [35]. Similarly, salutogenic theory posits that coping and resilience in stressful situations is associated with an individual's personal sense of coherence [36]. If stressors become too much, then this can be a threat to a person's sense of wellbeing and their ability to cope with life events can be affected. However, Antonovsky and Kats also argue that the impact of external stressors can be mitigated by the individual if they have the appropriate resources at hand, whether they be social, cultural or psychological [37]. It is these resources that support our sense of coherence throughout life.

How and why older individuals cope or even flourish under difficult circumstances is particularly relevant to this study given that the over 60s are already susceptible to these events, and the majority have now also had the universal experience of dealing with the consequences of the pandemic as an additional stressor. In quantitative studies, personal resilience was found to reduce stress and anxiety related to the pandemic [38] and one mixed-methods study examining initial coping strategies in the United States found that older adults tended to view their coping abilities positively [39].

The extent to which older adults were able to cope during the COVID-19 outbreak and the protective factors that influenced their levels of resilience has been of interest to numerous researchers since the start of the pandemic [38–42]. However, there appear to be fewer qualitative studies that explore the lived experiences of older people as they tried to stay socially connected during this time. Our study is therefore concerned with the amount of social connectedness participants were able to maintain throughout a year of restrictions in the United Kingdom, from March 2020 to May 2021, but also with the mechanisms that assisted them in seeking out these opportunities, if indeed they did.

2. Materials and Methods

This paper adheres to the COREQ guidelines and the 32-item checklist developed by Tong et al. [43] which aims to ensure transparency and clarity in the reporting of qualitative research (see Supplementary Materials for a copy of the checklist).

2.1. Background and Rationale

The authors of this paper are comprised of an experienced academic lead based at the University of the West of England, Bristol (AB; MSc, BSc), and a team of volunteer Community Researchers (CRs), all of whom have previously worked together extensively on the evaluation of the Bristol Ageing Better (BAB) programme. All CRs are aged over 50 and although not academics themselves, have received extensive training in research methods and data collection from university research staff. As a result of their participation in the BAB evaluation, they are also familiar the issues associated with older people and social isolation and loneliness within the city.

Due to the research team's prior knowledge of the area and as a result of earlier work by AB and colleagues on the impact of community spirit during COVID-19 [44], the team were moved to explore the experiences of older people within the city of Bristol and immediate surrounding area and their efforts to remain socially connected during the various restrictions. A research aim was therefore developed 'to explore the experiences of older people in maintaining social connectedness within the context of the COVID-19 pandemic restrictions'. Our research questions centred around investigating the factors that contributed to older people's ability to stay socially connected during this time, their personal experiences of doing so and whether there were any identifiable protective factors that supported them in these activities.

2.2. Methodology

This study used an interpretive phenomenological methodology, and the data were analysed using interpretive phenomenological analysis (IPA). As phenomenological studies are concerned with exploring the lived experience of a particular phenomenon [45], it is particularly well placed for the exploration of older people's experiences of staying socially connected during a pandemic.

In descriptive phenomenology—first established by philosopher Edmund Husserl—it is assumed that researchers can immerse themselves in the world of participants and their lived experiences of a particular phenomenon whilst putting any preconceptions to one side and 'bracketing' themselves from any prior assumptions about that experience [46]. Interpretive phenomenology, on the other hand, is rooted in Martin Heidegger's belief that this bracketing is not possible for the researcher given that we each have unavoidable pre-conceptions and implicit understandings based on our own lived experiences which will influence our interpretation of a particular phenomenon [46].

Heidegger argues that individual's 'life-worlds' or realities are heavily influenced by the context and conditions of their daily lives [47], and that this is therefore true for both researcher and participant. Heidegger's approach to phenomenology is particularly applicable to healthcare research, given that it attempts to examine a particular phenomenon through close engagement with the subject who is experiencing it. This is achieved through an in-depth exchange between both parties where meaning is explored through an iterative process in which the researcher acknowledges their role in attaching meaning to what is said, and subsequently how any data are interpreted [48].

Our study therefore aims to capture the life-world of our participants, whilst also acknowledging that as researchers we too exist within our own personal subjective contexts, which in turn led to our own interpretation of the participant's experiences [49]. This is of specific relevance to our study, given that interviews took place whilst the research team were experiencing the same pandemic restrictions through their own life-worlds, and therefore the meaning of social connectedness within the context of pandemic restrictions was explored through the lens of the research team's own experience of it.

2.3. Data Collection

Thirteen in-depth interviews were conducted with a cohort of participants aged 60+ living in the city of Bristol in Southwest England. Due to the ongoing pandemic restrictions at the time of the interviews, all were conducted either over the telephone or via the online video conferencing platform Microsoft Teams, depending on the participant's preference. Although not ideal in terms of creating rapport with participants, remote interviewing does offer certain advantages such as convenience and comfort for both interviewer and subject. However, video calls (and to a greater extent telephone interviews) also have the potential to severely limit the researcher's ability to interpret behavioural and visual cues which are so often integral to qualitative research [50]. Whilst this undoubtedly implies meaning will have been lost due to our enforced method of interviewing, for some participants the relative anonymity of a phone call helped to put them at ease, allowing them to open up to the researcher in a way they may not have done had the interview been held face-to-face. Our use of these alternative methods of interviewing inevitably necessitated adaptations on the part of the interviewer and it should be noted that this will likely have had implications for interpretation of meaning, given the liminality of the space within which interviews took place [50].

Interviews lasted between 25 and 63 min, with a mean duration of 42 min, and all were audio recorded and transcribed. Interviews were conducted by AB with the exception of one that was conducted by JG—also the only male member of the research team—both of whom have extensive experience in interviewing older people. No one else was present during the interviews. Two interviewees had previously participated in the BAB evaluation, but the rest were unknown to researchers at the start of the study. Other than this, no prior relationship was established between researchers and participants before the study commenced.

2.4. Sampling and Recruitment

An initial meeting was held to establish the inclusion criteria and how best to recruit older people to the study. It was agreed that older people over 60 would be included in the study, in part based on the UN definition of an older person [7], but also because it was felt that this age group would be more likely to be at risk of social isolation due to being at or near retirement age. Initially we targeted older people who were already members of local activity groups, but we were also interested in speaking with those who were less well connected. Several potential opportunities to recruit participants were identified that negated the need to send out paper communications, which was still deemed to be relatively risky in terms of spreading the virus at the time of recruitment.

As is recommended in studies that take an interpretative phenomenological analysis (IPA) approach where a more homogeneous sample is desirable for ease of comparison between cases [51], a purposive, homogenous sampling strategy was used. This approach also allows for the exploration of cases that will elicit particularly rich data [52] and also serves the purpose of identifying participants who are most likely to help answer the research question due to their knowledge of a particular phenomenon [53]. The purpose of phenomenological studies is therefore not to explore a broad range of views from a large sample of participants—indeed, smaller sample sizes are encouraged in phenomenological studies where the purpose is to uncover rich data rather than to generalize the results to a wider population [54].

There were three main phases to recruitment: firstly, an advert was circulated via a Facebook page run by a local organisation for older adults, via a bi-monthly e-newsletter for older people, an older men's activity group and through another organisation's mailing list and Facebook page. Secondly, a member of the research team attended a meeting of the Virtual Activity Group which had been established during the pandemic to coordinate and support local online activities for older people. Thirdly, the CRs (and co-authors of this paper) were asked to circulate the recruitment advert to their contacts and potentially interested parties.

Our recruitment strategy sought to establish a homogenous sample of older people living in Bristol and the surrounding area who found themselves isolated to some degree due to the pandemic restrictions. As we were interested in the experiences of older people trying to stay connected to others in whatever way was meaningful to them, it was not a prerequisite that they be actively involved in organized activities—we were more concerned with the experiences of that specific group and how they negotiated the pandemic restrictions with respect to what they perceived to be their usual levels of social connectedness.

In total, three participants responded to our advert through the two local organisation's social media channels and mailing lists; seven were directly recruited as contacts of the CRs; one was recruited via the Virtual Activity Group and two responded to a direct email sent to a men's activity group. No one refused to take part or dropped out of the study, and participants were recruited until it was deemed by the research team that data saturation had been met.

All 13 participants were given a participant information and consent form prior to taking part in the study and were also made aware of the team's previous work with BAB.

2.5. Interview Questions

An initial aide memoire was drafted by AB and discussed with the co-authors, resulting in several edits and amendments. The final aide memoire consisted of various prompts that fit broadly within two categories: (1) life and social connections before COVID-19 and (2) life and social connections during COVID-19. This open line of questioning is in keeping with the phenomenological methodological approach, in which meaning is co-created through exploration and reflection between the researcher and the participant [47]. Due to the open line of questioning and the attention paid to developing the prompts, a pilot interview was not deemed necessary.

All participants were asked if they would like a copy of the transcript to review following the interviews, but no edits were made as a result.

2.6. Timing of the Study within the Context of COVID-19 Restrictions

Interviews took place between March and May 2021, which was towards the end of the final restrictions in England, and whilst the country remained in lockdown. Participants were therefore able to reflect on how their lives had changed across the whole course of the varying pandemic restrictions, a timeline for which is detailed in Table 1. Each participant was interviewed once.

Table 1. Timeline of restrictions and interviews.

2020	March	First full lockdown comes into force.
	June	Lockdown eased, non-essential shops reopen; phased reopening of schools.
	July	More easing with the reopening of pubs, restaurants and hairdressers.
	August	Restrictions eased further; reopening of indoor theatres and similar venues.
	September	'Rule of six' introduced, limiting social gatherings to six people or less. Return of some restrictions such as working from home.
	October	Three tier system for COVID-19 is introduced; second lockdown announced for November.
	November	Second national lockdown comes into force.
	December	Second lockdown ends after four weeks and England returns to three tier system.
2021	January	England enters third national lockdown.
	February	The Prime Minister publishes a roadmap for lifting lockdown restrictions.
	March	Schools reopen, although the stay-at-home order remains in place.
	April	Non-essential retail, hairdressers and public buildings reopen.
	May	Limit of 30 people allowed to mix outdoors.
	June	All legal limits on social contact are removed and the economy reopens.

Adapted from https://www.instituteforgovernment.org.uk/charts/uk-government-coronavirus-lockdowns [accessed on 10 June 2023].

2.7. Ethical Considerations

The interviewers closely monitored the responses of the participants throughout their conversations for any signs of upset or distress, however many participants reported that the conversations had been somewhat cathartic or even therapeutic. All were signposted to appropriate organisations in case they needed support post-interview.

The research was granted full ethical approval from the University of the West of England's Health and Applied Sciences Ethics Committee (reference HAS.16.11.045).

2.8. Analysis

The data were analysed using a combination of approaches which are often found in interpretative phenomenological analysis (IPA), and as this is a flexible method [40], it was adapted to suit the needs of our study. As the research team were in the unique position of living through the same phenomenon as the participants, this study took a dual interpretation approach to analysing the findings; those interviewed for the study firstly provided their own interpretation of the phenomena, then the research team used that data to interpret meaning [51]. Subjectively interpreting the findings was deemed unavoidable given that the research team inevitably brought their own experiences of the pandemic to the conversations and the subsequent analysis.

Pietkiewicz and Smith [51] suggest that analysing phenomenological data should broadly consist of three stages, and these were applied to our study as follows:

(1) Multiple reading and making notes. During this stage AB listened to the audio recordings for a second time and made notes of potential themes. Once the audio recordings were transcribed, the research team read through the transcripts; again, each making notes of the key themes and concepts being discussed;
(2) Transforming notes into emergent themes. For this stage, the team held a series of meetings during which they discussed each transcript in detail and identified the key themes that appeared to be relevant therein. Once themes were identified, AB returned to the transcripts, this time using NVivo 12 software to identify examples of those themes within the text. Any further themes that were identified during this process were added to the initial list as part of this open coding exercise;
(3) Seeking relationships and clustering themes. AB looked across the themes to identify relationships and similarities. During this stage sub-themes were merged, deleted or reorganised into three broad categories—social connectedness before the pandemic; social connectedness during the pandemic restrictions and resilience, coping and sense of coherence.

An overview of the sub themes and their relationship to the final theme categories can be found in Table 2 below.

Table 2. Theme categories and sub themes.

Theme Categories	Sub Themes
Social connectedness before the pandemic	Busy social life Eating and drinking Holidays and travel Organised groups and activities Quiet social life Nature and outdoors

Table 2. *Cont.*

Theme Categories	Sub Themes
Social connectedness during pandemic restrictions	Social distancing Shopping Trips out with friends or family Weather Being housebound Helping and being helped Staying in touch/communication Keeping busy Significant life event Online activities Frustrations, barriers or concerns Feeling lonely
Coping, resilience and sense of coherence	Community Being proactive/setting goals Career and retirement Faith, religion and spirituality Pre-existing groups and networks Positive outlook and personal resilience

3. Results

To answer our research questions, we present the findings from our study in the following paragraphs. However, we believe these findings are also in many cases reflective of the challenging times during which the interviews took place and provide a notable snapshot of this period in recent history. Participants were invited to feedback on the initial findings, but no responses were received by the research team.

Details of participants can be found in Table 3 below.

Table 3. Participant sample.

Participant Identifier	Gender	Age Bracket	Ethnicity	Marital Status, If Declared
P1	Female	80–89	White British	Single/Independent Living Facility
P2	Female	70–79	White British	Married/Living with partner
P3	Female	60–69	White British	Single/Living alone
P4	Female	60–69	White British	Married/Living with partner
P5	Female	60–69	White British	Married/Living with partner
P6	Female	60–69	White British	Single/Living alone
P7	Female	60–69	White British	Married/Living with partner
P8	Female	70–79	White British	Married/Living with partner
P9	Female	90+	White British	Widowed/Living alone
P10	Male	90+	White British	Single/Living alone
P11	Male	60–69	White British	Single/Living alone
P12	Male	60–69	White British	Single/Living alone
P13	Male	60–69	White British	Single/Living alone

3.1. Social Connectedness before the Pandemic

Prior to the pandemic, most participants had busy social lives; six reported regularly volunteering for local organisations, or actively running or organising activities for others. They enjoyed activities such as having coffee with friends, going to the cinema, learning foreign languages, book clubs, walking, gardening, attending church, going out for meals or to the pub, entertaining and reading plays. Many people in the sample talked of being busy and having limited free time throughout the week:

> "Before COVID-19 struck my social life was fairly busy. And it got to the point where I would have to put blank spaces in my calendar, which I used to call 'me' days." (P13)

Most participants had been taking part in organised group activities before March 2020, and regularly attended exercise classes such as Zumba, Pilates and Aqua Fit. However, organised activities were not limited to exercise groups—one participant was an active member of the University of the Third Age (U3A), and others enjoyed being part of theatre clubs, choirs, poetry clubs and book groups. For some, these activities represented an opportunity to meet people, but for others the priority was the activity itself.

> "I used to go to the choir practices and things [. . .] everyone around me seemed to know each other and people would be quite friendly. . . but I never really got to know anyone, and so I miss the singing but I don't particularly miss the social side of it." (P7)

Art and crafts were a common hobby, and P3 was a professional artist. Calligraphy, quilting, sewing, knitting, printmaking and book binding were also mentioned as regular pastimes. However, not everyone in the sample was an active socialiser—two participants said that whilst they were sociable people, their main focus was on a small group of friends and their immediate family. P10 was a notable exception, describing himself as 'a loner'. He did not belong to any groups prior to the pandemic but did enjoy spending time with family and going for walks. Despite this, he often spoke to people when he was out and about, but said that he generally preferred to keep himself to himself.

Family was an important factor in many people's lives, and visiting or being visited by relatives was a regular chance for social connection. P8—whose family lived further away—reported contacting them regularly over the internet using platforms such as Skype to make video calls, but others tended to keep in touch by phone. Although one participant stated that they had long been an active IT user, most socialising was done face to face and technology did not appear to play a significant role in anyone's lives.

3.2. Social Connectedness during Pandemic Restrictions

The strict lockdowns were the hardest for people and almost everyone had found these periods extremely difficult. For some, the situation had not improved much as restrictions had changed, and P9—who lived in an independent living facility—had been completely locked down for much of the pandemic, unable to even go into the rooms of other residents. Others simply voiced their frustrations at the disruption to their regular activities:

> "Obviously when lockdown came it was a very difficult time for me because I couldn't go out anywhere. I couldn't get the exercise I needed. It was hard. I've had support from friends and that, but I did find it really hard when [everything] was shut down. It was very, very difficult, because I was stuck in my front room, with nowhere to go—[I'd] look forward to people visiting me, and that was it." (P11)

Again, the main exception was P10, who felt that the pandemic had not impacted his life at all:

> "You know, it's no different at all. It hasn't altered my life one bit. . .you know, I just go out for a walk every day. That's it." (P10)

For P6, spending so much time at home during the pandemic had become problematic because she found that all of her activities were now taking place within the same small room:

> "I've got a small house. I've only got one reception room downstairs which is my living area. I do Pilates here, I do choir here, I do dancing here and that's where I do my work and this is where I relax. I do church meetings and everything happens here, and that's not helping I don't think." (P6)

Many had continued to volunteer in some capacity throughout the pandemic—this included delivering food to elderly people, telephone befriending or helping out at homeless shelters. P7 continued working for the Samaritans and P12 continued to run his fishing project.

However, some helping activities were new to the individual during the pandemic and happened on a smaller, more individual level. P1, for example, had been teaching people embroidery and tapestry despite not being able to meet them in person. These lessons were taking place through email exchanges where she would draw an illustration with instructions and send it on to the recipient. She also made great efforts to contact people to ensure that they were not lonely:

> "I make out a list each day or the day before of who I will contact, whether it's by email or by phone, or possibly a letter, and it's usually one or two of each every day if I can. And I think it's appreciated because I get quite a lot of comeback. . . But they are very, very lonely. And it's all women because it's all the women left as widows" (P1)

Some participants enjoyed activities at home such as dancing to music and writing poetry or letters to friends. Again, P1—who had generally rejected using the internet during the pandemic other than for sending emails—had a number of offline activities to keep her busy. These included jigsaws, learning the periodic table, reading, Sudoku and calligraphy. Likewise, P9 had been set a challenge by her quilting club to create a wall hanging, and despite her sight loss she worked with a friend to create the project, which was based on the Vera Lynn song 'There"ll be Bluebirds over the White Cliffs of Dover'.

When restrictions were briefly eased and people were allowed to eat in restaurants or meet outside, participants did enjoy activities such as singing with others outside or meeting for a coffee group in the park in small groups. P13 organised one of the latter activities and the group met regularly, mostly regardless of the weather:

> "The only weather that would really put us off going out for a walk is what it's just been doing, pouring rain—we do 'do' drizzle. [We've] been known to sit on seats, on plastic bags." (P13)

P9—despite being on strict lockdown in her residential living facility at the time of her interview—whispered conspiratorially that she had recently snuck out with a friend who had taken her to visit someone on the other side of the city:

> "So she rang up and said would I like to go over that afternoon. We'd probably have to sit in the car, but [she] says she'll give us a cup of tea, and I said 'wonderful!' Anyway, in this half built conservatory on the side of her house with bi-fold doors, we sat in the conservatory with the door open and chatted. And it was a real break. I really enjoyed it—just the three of us, sitting there chatting and inspecting what my friend had done, and me putting in my oar and saying, Oh, that's beautiful." (P9)

Participants also continued to value incidental and informal conversations with strangers, and both P10 and P2 talked about how they would often talk to people in shops or at bus stops. P10—despite stating he was a loner—had even made some new friends this way:

> " [On] 30th September [2020] I was [at] the bus stop and there was a couple there. And we'd just missed the bus, so we had quite a bit of time and we got chatting. And he said 'she's taking me out for dinner, it's my birthday.' I said 'oh yeah?' He says 'she's a wonderful cook'. I said 'is she?' He said 'yeah, what's your favourite meal?' I said 'I like a nice roast.' Anyway, the conversation goes on, and it turned out they live about 20 yards from me, but they'd only moved in not long ago. He said 'she'll bring you a roast on Sunday.' And they bring me a meal every week now. Not only that, a fortnight before Christmas they bought me a cap and a pair of shoes." (P10)

Staying connected online, by telephone or WhatsApp, played a significant role in people's lives. Zoom was frequently mentioned, and some had found creative ways to come together with others over the online platform; P4 had recently held their annual

family Burns Night celebrations online and had also started a family book group. P7 had found Zoom to be invaluable for keeping in touch with her family, which included playing games, having birthday teas and family discussions.

But for P7, Zoom also represented a very different opportunity for meaningful connection. Early in the pandemic her daughter-in-law had sadly died of COVID-19, leaving her son and grandchildren grieving in a different part of the country. This was understandably a very distressing situation—made far worse by the stay-at-home restrictions in place at the time—but she found that using Zoom rather than the telephone was preferable as a means to come together as a family and to support her son and grandchildren following the bereavement:

> "On Zoom you know, within reason [you can] be silent together and just sit and be together. On the phone that's much more challenging, you think you've got to fill every moment on a phone, whereas with our son sometimes we just sat quietly with him, not said anything, just sat there like a family after his wife died, we just sat together all of us on different streams and just. . . [he] knew we were there." (P7)

Participants also used the internet for individual activities such as pre-recorded exercise videos on YouTube or attending events and webinars. Regular online group activities with others mirrored those that had previously taken place in person, and included Quaker meetings, church services, yoga classes, exercise classes, meetings, book groups and choirs.

However, some clubs and activities did not translate well to being online or had been tried a few times only to be discontinued. P4 had been training people face-to-face before the pandemic but gave this up when everything moved online as she no longer got the same enjoyment from it. Choirs were stated to be problematic over Zoom, primarily because participants saw value in singing as a group, whereas taking part on Zoom required them to be singing alone. P2's group of ex-colleagues who regularly met in-person before March 2020 also slowly disbanded after a few online meetings as most had no appetite to hold their get-together this way. For P10 and P9, staying in touch over the phone was their favoured means of communication, particularly for P10 who did not use the internet at all.

Seven participants stated that they had participated in online activities to varying degrees, and the remaining six either had very limited involvement (either just attending online church services or to send emails), did not use it at all or were simply indifferent. For some there was active resistance to Zoom and other platforms, whilst others preferred face-to-face activity. Even active users of Zoom noted that it had its limitations, and many said that in most circumstances it was no replacement for seeing people in the flesh.

Those who had partners spoke positively about having company during restrictions, with P8 saying that her husband made her laugh and supported her at home. Others painted a general picture of stable family life and their partners featured throughout their stories. For those who were single, there were often periods of loneliness, even if they were generally proactive people and able to keep busy:

> "The second lockdown, it wasn't a huge problem, but this one is—and I think it's the weather. I'm beginning to feel lonely quite often, though I'm used to being alone." (P3)

The physical distancing from loved ones was also very difficult for participants, and those with grandchildren talked about the strain of not being able to see them. However, this appeared to be mitigated somewhat by the companionship of a partner, or even a pet. But for P6—who was living alone without any pets—this lack of physical contact had been particularly upsetting:

> "I sorely miss touch and again, living on my own and even without [. . .] so much as a dog in the house, I so miss touch, you know? And I can't hug my grandchildren, can't hug anybody. That's so important you know, we need that as human beings. . .I think, you know, that's universal and not having that has been a real issue for me really. I mean, [. . .] I've got three children. My youngest son,

> he hasn't been coming over very much but when I saw him a couple of weeks ago I said 'please can we hug?' [and] we both turned our faces away and gave each other a hug. . .and that was magical, it was lovely." (P6)

3.3. Coping, Resilience and Sense of Coherence

Many participants had experienced a significant life event or new health issue during the pandemic, creating additional challenges. P1's mobility had suffered and she had stopped driving as a result; P9 had suffered sight loss that had begun suddenly in April 2020 and P13 had suffered some health problems which turned out to be a heart problem resulting in a pacemaker being fitted in the summer of the same year. P10, P9 and P7 had all suffered bereavements during the pandemic, some of which were the direct result of the virus, and the death of P7's daughter-in-law had been particularly devastating for the family given her young age.

For P2, it was a close family member's mental health that had been the backdrop to the restrictions. Interestingly, some participants reported that the pandemic had given them space to concentrate on their own mental health or to deal with a difficult personal situation, with the restrictions acting as a welcome protective buffer. For P2 the pandemic had given her family member the space to deal with his issues away from the normal pressures of life. For P7, the pandemic had allowed her time to process her grief away from others and without having to constantly see people or explain what had happened:

> "I think it's actually not having to go out has probably helped me with my own grief and my own, you know, sort of sadness for my son and all that kind of thing. . .I probably needed this time anyway." (P7)

P12 had been running a local fishing group for a long time, which P11 began attending during the pandemic. Both noted the positive impact the group had had on their mental health during the pandemic.

> "I think, looking for positive things in the outbreak—in my opinion, it slowed the world down a lot, well more than a lot—completely almost a standstill at one point. And yet, in that time, I noticed nature thrive. And I wouldn't say I'm a full environmentalist in any sense, but I love the outdoors. I love nature." (P12)

> "I sort of find myself now a lot stronger mentally. And the people in the group have been so kind, and it's like a little—what can you say—community? [. . .] You know, you're there sat fishing and really, like you're having a chat with the lads." (P11)

Remaining positive, being proactive and setting meaningful goals were all things that helped people survive the pandemic. P8 described how being an optimist meant she always looked for the benefits in a situation, and P11 and P3—despite their significant health issues—stated that they had always tried to stay as positive as they could in life. P1 was particularly organised and proactive, and along with others in the sample expressed frustration with others who had a negative outlook:

> "I've got a neighbour, she's on her own next door, just a little bit younger than me and she's so negative, it's so sad.[. . .] They're not going anywhere or doing anything, all they're doing is complaining about the rubbish on the television and you know about this that or something else. There's a lot of negativity. [Pause] but anyway, spring is on the way, the sun is shining at the moment!" (P1)

> "I can't stand negativity. I mean we can all be negative, but there's one or two that I would call permanent moaners." (P9)

Coping and resilience were also closely related to individual identity, sense of coherence and life experiences in most cases. Working life played an important role in this and many participants had continued to pursue work interests in retirement or semi-retirement. Many of those who identified themselves as having a work identity had either continued working, undertaken voluntary work or stayed in touch with old colleagues throughout the pandemic.

Those with pre-existing connections to networks appeared to find it relatively easy to maintain their social connectedness during the restrictions:

> "I think it works best where you have an existing network. You know, you do know people face to face—like our book group has absolutely flourished." (P2)

> "I think in many ways if I hadn't been a member of this sight loss council thing I would have struggled finding things to do." (P5)

Seven participants stated that their religion or faith had helped. P11 had been a Christian for thirty years and many of his friends were part of his congregation. P8 also considered herself to be part of the church community and P7 was an active member of her Quaker meeting, both regularly volunteering in associated activities. For P7, the Quaker community had played an important role in coping with her bereavement, particularly latterly when she felt able to re-join online worship:

> "I didn't go to for a while because it was just too difficult being seen on a screen, in fact it felt very exposing; if I sort of sat quietly and started crying I felt very, very kind of, 'there', whereas in the room I would be sitting and only a few people would see that I was crying. But then gradually as we've gone back to being more involved. . .and it's people I know quite well and some people I know very well and so [. . .] that's been good, yeah." (P7)

4. Discussion

This work builds on previous work by Mau et al. [40] who studied wellbeing in older people living in Denmark during the COVID-19 pandemic. Although we sought to explore social connectedness rather than wellbeing specifically, it is clear from our study that the two are inextricably linked, and many of our findings are consistent with Mau et al.'s. These similarities may also imply that the responses from participants in both studies may be indicative of the experiences of others across comparable demographics in Westernised countries. However, unlike Mau et al.'s study, our interviews took place towards the end of restrictions rather than in the pandemic's early stages; this meant that for some of our participants frustrations associated with the prolonged lockdowns were beginning to emerge, and some reported that their lives had become much smaller and confined to a narrower social sphere than they had previously enjoyed.

Many of our participants sought out ways to stay busy and active, often through helping others. This was a particularly strong theme in our findings and channelling their energy in this way had enabled them to help others whilst also maintaining a sense of purpose. The pandemic restrictions were a period when many people found themselves in a similar situation, regardless of their age, and mobilising ways of helping others within the community increased rapidly during this time, particularly in the early days of the pandemic [44].

The participants in our sample were often inventive in how they remained mentally or physically active, adapting quickly to the crisis. This is consistent with findings from other countries, where older people were found to actively seek out new activities. In one such study from the Philippines, this ability to adapt was attributed to an individual's 'internal resilience', a resource used to adapt and cope during the periods of isolation [55]. Another study from the United States found that older people became accepting of their new circumstances fairly rapidly, even seeing them as an opportunity to embrace new experiences or achieve new goals [56]. Having a sense of purpose and clearly defined goals is closely associated with improved wellbeing [57], and this is reflected in the accounts of P1 and P9 in particular who, despite not being avid users of technology, found ingenious ways to help others, stay connected and keep occupied. Interestingly, these participants also noted that they had a positive mental outlook and had little time for negative people, indicating that they too had high levels of personal resilience.

Although we did not specifically set out to explore personal resilience, it was a strong theme in our study and there is evidence that it is often linked to personal and individual

factors. In her work on resilience in older adults, Resnick [58] identifies some of the personal attributes of resilient individuals as being high self-esteem, the ability to 'bounce back', 'carry on with life' and engage in 'meaningful activities', as well as a 'determination and willingness to persevere through challenges' (p. 155). It is clear therefore that the participants in our study had high levels of personal resilience that are likely to have pre-existed the pandemic. This may be largely due to our recruitment strategy of purposively selecting older people through existing groups, and many had also had successful careers or strong social connections prior to the pandemic which are likely to have contributed to an overall sense of coherence.

Establishing these strong social connections and maintaining social identity and sense of coherence has been shown to have significant mental health benefits and can help individuals develop and retain a sense of purpose and collective meaning throughout life [15]. Our study found that many participants had successfully established these prior to the pandemic through participation in multiple activities such as volunteering, seeing friends and family, pursuing hobbies and interests, attending exercise classes, groups and choirs, gardening, walking, fishing and belonging to church or faith groups. Given that social disconnectedness has been shown to be closely related to conditions such as anxiety and depression [3], this could explain why the majority of our sample appeared particularly positive in their outlook and steadfast in their attempts to maintain their social connections during pandemic restrictions.

This was not always the case for our participants, however, and some of those who lived alone expressed significant upset at being separated from others, particularly loved ones. P7's moving account of missing the sense of touch, and P3's admission that despite being used to being alone she had felt lonely, provide a fascinating insight into the potential limits of personal resilience, despite the apparent ability of these individuals to remain socially connected.

Others have written extensively about the difference between being lonely and being alone through choice, and some people appear to be content with relative solitude [59]. Although most of our participants described themselves as having strong social connections, there were some notable exceptions where individuals either enjoyed being alone or were reasonably content to participate in activities in a more passive way. There is often an assumption that those without regular or obvious social connections are at a disadvantage, but our study has shown that this can be a personal choice. In the case of P10, it also appeared to protect him from the pandemic almost entirely—his lack of social activity prior to the pandemic meant that he felt the impact of restrictions far less that others in our study.

However, what P10's case—and indeed the accounts of others in our study—demonstrates is the relative importance of informal social interactions, or weaker ties [23], which often take place in the local community and with strangers. It can therefore be argued that rather than being something that can be easily defined or understood, social connectedness in older age is instead constantly negotiated by the individual and can be derived from a variety of places, such as interactions with family or having a sense of belonging to the community or wider society [60]. This sense of belonging can take many forms and ensuring that older adults are included in their local communities, have good access to public transport and are able to remain mobile are all key to sustaining wellbeing in later life. This includes access to green spaces as much as to urban areas, as demonstrated by the participants who reported the therapeutic benefits of being in nature.

One of the most interesting and unexpected findings from our research was that for those experiencing significant life events during the pandemic, the restrictions sometimes acted as a protective factor that gave them space to grieve, come to terms with their circumstances or simply gain a greater appreciation for their surroundings. This is at odds with other studies which suggest that suffering a recent loss during the pandemic added to the severity of the emotional response [61], or that the restrictions and threat of the virus exacerbated existing mental health conditions [62]. For some of our participants, the

suspension of normal life appeared to be a factor in enabling them to process complex emotions, or for existing conditions to improve.

Lastly, it appears that many older people are keen to embrace new technology, and—providing they have the means to do so—are quick to adapt to using new platforms. Indeed, many in our sample actively sought out new ways of staying socially connected using email, the internet, video calling software and social media. As others have already noted, the pandemic has highlighted the potential for technology to enhance the ageing experience, and for it to be harnessed as tool for helping older people to maintain their social connections [63]. However, given the fairly homogenous nature of our sample and their relatively similar socio-economic status, our findings may not be reflective of other older adults' experiences during this time. Care therefore needs to be taken to ensure that socio-economic barriers are overcome to ensure equity of access to digital technologies and online content for older people, ref. [63] and that any attempts to address these barriers are targeted as those most at risk of being digitally excluded [12].

4.1. Study Limitations

Although homogeneity of the sample is a key feature of phenomenology and is therefore a justifiable approach for our study, this does mean that what is reported here are the experiences of a particular group of older people, all from similar demographic and socioeconomic backgrounds. There is no doubt that the stark inequalities that the pandemic exposed will have meant that those from other cultural or socioeconomic backgrounds will have experienced this period very differently.

4.2. Recommendations for Further Study

Further studies should consider ways in which protective factors such as resilience can be established throughout adulthood as a preventative measure for maintaining social connection in older age. Our findings also indicate a need for further research that explores the creation of opportunities for informal or incidental social interaction for older people, as well as ways of ensuring they have access to and knowledge of appropriate digital technology and devices.

5. Conclusions

The accounts presented in our study appear largely representative of many people's experiences of the pandemic and its associated restrictions, providing an important account of what it was like to live through a particularly challenging time in recent history. Within the context of older age, this study also provides insight into how individuals build and maintain social connections throughout their adult lives—as well as resilience and coping strategies—potentially enabling them to adapt and draw strength in times of adversity in later life. Our findings also shed light on what it means to be alone in older age, with a small number of participants clearly demonstrating that they were content largely keeping to themselves, choosing who to engage with and when and doing so on their own terms. This emphasises the need to create and maintain inclusive communities for older people that encourage and value informal social connections. There are also strong indications that older people are willing and able to adapt to using online platforms and technology to stay connected, providing they have the resources and desire to do so.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/jal3040020/s1, File S1: COREQ (COnsolidated criteria for REporting Qualitative research) Checklist.

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