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Article

Adapting in Later Life During a Health Crisis—Loro Viejo Sí Aprende a Hablar: A Grounded Theory of Older Adults' Adaptation Processes in the UK and Colombia

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Abstract

The COVID-19 pandemic brought unprecedented challenges, particularly for older adults. They were identified as a high-risk group. While research has primarily focused on health measures, less is known about their adaptation processes during this period in the UK and Colombia. This study explores "how older adults in the UK and Colombia adapted during the health crisis after one year". We conducted interviews with 29 participants in the UK and 32 participants in Colombia, aged 63–95, about their experiences one year after the pandemic. We analysed their anonymised transcripts using constructivist grounded theory. The pandemic highlighted older adults' ability to learn new skills in the face of adversities. Some found new goals; others found pleasure in optimising existing skills and tasks. Some compensated for the lack of social connectivity by intensifying hobbies. We identified three broad ways older adults adapted. Cognitive adaptation included acceptance, positive reframing, and religious trust. Emotional regulation was experienced not only through deep freeze, weather impact, social support, religion, pet companionship but also emotional struggles. Finally behavioural adaptation was enacted through routine modification, use of virtual technologies, intertwined cognitive–emotional–behavioural adaptation, and previous experiences. However, adaptation varied, with some individuals struggling to adapt, highlighting that while adaptation is possible for some, it is not universal among all older adults.

Keywords: adaptation; COVID-19; older adults; cross-cultural

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1. Introduction

The unexpectedly announced COVID-19 pandemic by the WHO in 2020, caused by the SARS-CoV-2 virus, disrupted lifestyles globally and forced approximately one-third of the world's population into lockdown in March 2020 [1]. Lockdown measures included closing all non-necessary shops, schools, community centres, and gyms and forced social and physical distancing, especially aimed at protecting older adults [2,3].

Older adults were the population most affected by the health crisis. Many suffered from comorbidities, polypharmacy, and a reduced immune system, making them more vulnerable [4]; hence, they were at higher risk of contracting and experiencing a severe disease and early mortality compared to younger generations [5,6]. In consequence, older adults were forced to embrace lifestyle changes, which in some cases led to psycho-social threats such as loneliness or isolation [7]. They were potentially the most affected by the health and safety measures, especially from the lockdowns and social distancing, resulting in further impacts such as mental health problems, ageism, and increased family disruption [8–12].

1.1. Cross-Cultural Studies

The authors used an existing collaboration to undertake this unique study during the COVID-19 pandemic. Cross-cultural studies compare two or more countries and use similar approaches and methodologies. They systematically compare human behaviour, thoughts, beliefs, and emotions to understand people's experiences in different countries [13]. Thus, cross-cultural studies are vital in promoting mutual understanding among individuals from diverse backgrounds [14–17]. This is of specific interest as it enables the generation of new knowledge not only for Western, educated, industrialised, rich, and democratic (WEIRD, [15]) countries but also for developing countries like Colombia. There are significant economic and social differences between Colombia and the United Kingdom (UK). Colombia has a significantly lower per capita GDP of $6.1K compared to the UK's $43K. (https://www.cia.gov/the-world-factbook/field/real-gdp-per-capita/country-comparison, accessed on 10 January 2021). In Colombia, the average life expectancy is estimated to be 76 years, compared to 83 years in the UK. Similar disparities are found in the categories of unemployment (Colombia 10.7%, UK 3.17%) and education expenditure (Colombia 4.5% of GDP, UK 5.4%). Additionally, there are a large number of Colombians over the age of 66 living below the UN poverty line [18,19] (Table 1).

Table 1. Sociodemographic data from the UK and Colombia (January 2021) [18].

Data	UK	Colombia
Population	67 million	51 million
Life expectancy	83 years	76 years
People aged 65 and over	19%	9%
GDP per capita	$43K	$6.1K
Unemployment	3.17%	10.7%
Education expenditure	5.4%	4.5%
Living under the UN poverty line	Total 12.4%, age 66+ 15.5%	Total 35.7%, age 66+ 28%
Internet access (2021)	96%	73%
Health care	NHS	2017, 94.41% (45.5 m) covered with insurance
ICU beds per 1000 inhabitants	2.4	1.48

Thus, the health-protecting policies varied in both countries and were determined by economic, cultural, and social factors [20,21]. Unequal access to social and health services has dramatically affected some regions worldwide, such as Latin America [21,22]. In this article, we focused on internal psychological adaptation processes used by older adults, which have been little studied in the cross-cultural context. Furthermore, little is known about how cross-cultural differences impacted older adults' lives and adaptation processes during the COVID-19 pandemic. To address this knowledge gap, we explore and compare

the lived experiences of older adults in the United Kingdom (UK) and Colombia (CO) during the COVID-19 pandemic (for more details, see below).

1.2. The Challenges of the Study

This study was undertaken during the COVID-19 pandemic in the UK and Colombia. The study in the UK was part of a nationally representative study (C19PRC, https://www.sheffield.ac.uk/psychology-consortium-covid19, accessed on 9 June 2025), whilst the study in Colombia was undertaken by the second author applying qualitative methodology only. As the pandemic started, the second and last authors agreed to explore the lived experiences in both countries during the COVID-19 pandemic using broadly the same qualitative methodology. However, we faced some challenges:

Challenge 1: The ethics application was approved quickly in the UK but took nearly one year in Colombia. To account for different start dates, this study uses interviews from January to June 2021, corresponding to Wave 2 in the UK and Wave 1 in Colombia (see Figure 1).

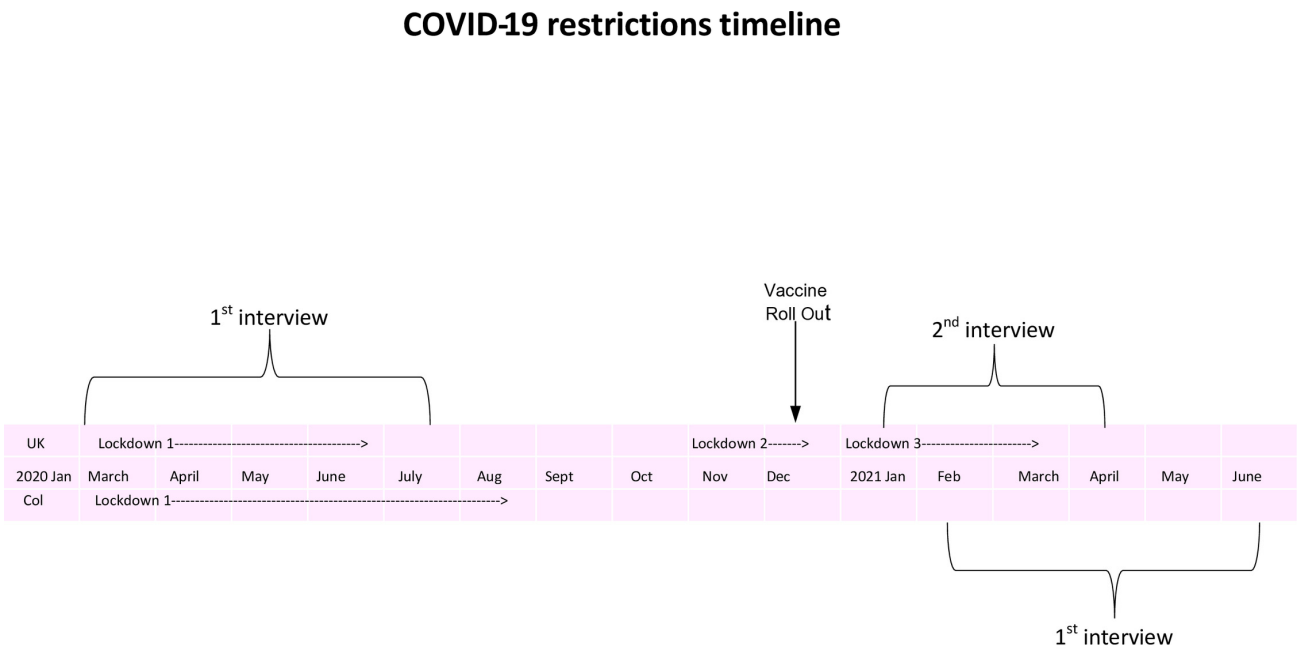

Figure 1. Broad timeline of COVID-19 UK/CO. Broad lockdown timeline for the first year of the COVID-19 pandemic in both the UK and Colombia. Participants in the interviews reflected on the first year of the pandemic. Lockdown refers to the closure of all non-essential activities (shops, gyms, community centres, etc.). Adults aged 70 and over were advised to stay at home and self-isolate, and in Colombia, it was mandatory (March–July 2020); the sanitary emergency continued in Colombia until June 2022, where the use of masks was mandatory. Adapted from [10] Derrer-Merk et al.

Challenge 2: The interviews were held in English in the UK and Spanish in Colombia, with translations provided by the second author, fluent in both languages. Ongoing discussions about the meanings of the English and Spanish quotes helped to address cultural bias [14].

Challenge 3: Both countries had different socio-economic resources and regulations during the COVID-19 pandemic (Table 1; Figure 1). Regular online discussions were important to gain a mutual deeper understanding of the protective health measures and individual experiences in each country.

Challenge 4: Gaining a mutual understanding of participants' cultural values and experiences from both countries. This was achieved through regular discussions.

1.3. United Kingdom

When the SARS-CoV-2 (known as COVID-19) arrived in the UK, a nationwide lockdown was implemented in England, Wales, Scotland, and Northern Ireland, with slightly different dates. In England, the lockdown began on the 23rd of March 2020 and lasted for 12 weeks [23]. During this period, people in the UK had reduced permission to exercise and leave their homes. People identified as having a greater risk of developing serious complications, and all people aged 70 and over were advised not to leave home for 12 weeks (March 2020 until June 2020) (a process called "shielding") [9,10,24,25]. Leaving the house was only permitted for essential needs. In the following months, more local restrictions and three nationwide lockdowns, with slight differences in the constituent nations depending on the incidence, were implemented, but the second and third were not age-related (see Figure 1).

1.4. Colombia

On 12 March 2020, the government of Colombia declared a public health emergency, and a lockdown began. Various health emergency measures and social and economic actions against SARS-CoV-2 were enacted by the Ministerio de Salud y Protección Social [3], such as subsidies, lockdowns, and an increased capacity in hospitals and ICU beds. The measures taken in 2020 were differentiated by age, from March to June 2020, and the Colombian government implemented the Mandatory Sanitary Measure of Preventive Lockdown for people aged 70 and older to protect older adults [3,10]. This mandatory policy to stay indoors for at least three months for people aged 70+ was challenged, and in June 2020, the restrictions began to be relaxed (Figure 1), and adults aged 70 and above were allowed to leave the house and physically exercise twice a week for half an hour a day [3]. Since then, Colombia has gradually implemented a protocol for easing the restrictions [3] (Figure 1).

1.5. Adaptation to the COVID-19 Health Crisis

Various theories have been developed to understand older adults' adaptation processes to adversity [26–29]. This study is of particular interest as adaptation processes are important to maintain physical, psychological, and social well-being in, e.g., demanding circumstances like the COVID-19 pandemic. Understanding the adaptation process in older adults necessitates a thorough grasp of motivation, which serves as a pivotal element, as emphasised by Nikitin and Freund [28]. Therefore, "adaptation does not only encompass the adjustment of a person to changes in the availability of internal and external resources and demands of the environment but also entails that persons proactively place themselves and shape their environment according to their goals" [28] (p. 5).

One well-established model, Selective Optimisation with Compensation (SOC), proposed by Baltes and Baltes [26], focuses on lifelong learning processes see also [30]. This model states that individuals change their prioritising of goals as they age and that this process consists of a trade-off between elective (self-chosen) goal selection and loss-based selection (due to constraints or losses) [28,31]. Optimisation refers to the process of using existing resources to achieve the adapted goals [32,33], whereas the use of alternative strategies to overcome the losses or constraints is defined as compensation.

Another widely recognised theory is Carstensen's [34] Socioemotional Selectivity Theory (SST), which emphasises that goal selection is based on the motivation of either (a) "knowledge-related" or (b) "emotionally meaningful" goals [35] (p. 4). SST suggests that, in old age, people select situations that require a lesser negative emotional response and prioritise goals that provide positive emotional experiences related to their perceived limited lifespan [29,36,37]. Brandtstädter and Rothermund [38], in their two-process framework

of assimilative and accommodative adaptation, described this process from a behavioural perspective. The intentional effort to modify an actual situation is called the assimilative process of adaptation. The accommodative process of adaptation includes all efforts to change not the situation but to adjust individual goals. The adaptive process of accommodation (change of goals) becomes more important when resources are limited [39].

The COVID-19 pandemic challenged older adults not only with respect to the process of ageing under the health and safety measures but also by creating problems of how to adapt to sudden lifestyle changes and continuous restrictions lasting more than one year. Despite the large volume of scientific literature regarding the COVID-19 pandemic, only a few studies have focused on how older adults adapted to the pandemic and its restrictions. It has been reported by Aybar-Damali et al. [40] that older adults adapted well even under these constraints. These authors stressed that there were beneficial outcomes and that older adults often focused on already existing goals and discovered "previously unattended capacities" (p. 9). A case study by Sadang et al. [41] reported that older adults were able to rely on internal resilience to adapt well to the crisis. Fuller and Huseth-Zosel [42] highlighted the ability of older adults to regulate their emotions during the first months of the COVID-19 pandemic (see also Sterina et al. [43,44]). In a recent scoping review, Omari et al. [45] explored the experiences of older populations during humanitarian crises. They found that 22 out of 84 studies reported coping and adaptation strategies used in response to such crises. Some studies highlighted personal growth and self-regulation behaviours, while others identified strategies, including maintaining a positive attitude and drawing on previous experiences. Furthermore, they found that participants emphasised self-care practices. These included, e.g., practising religion, taking on new activities or roles, and highlighted the importance of social support, meaningful relationships, and social connectivity for maintaining self-esteem, self-efficacy, and overall well-being.

Most of these studies focused on coping and adaptation mechanisms following acute events or at the onset of the pandemic. In contrast, our study addresses a notable gap by examining the prolonged adaptation of older adults one year into a global health crisis, across two socio-culturally distinct contexts. Using a constructivist grounded theory approach, we explore not only what adaptation looks like over time but also how cognitive, emotional, and behavioural dimensions of adaptation emerge and evolve in older adults' lived experiences during an extended period of disruption. To support this aim, we used the cognitive behavioural approach as a sensitising concept [46], offering a lens through which to examine how individuals made sense of and responded to the challenges posed by the COVID-19 pandemic. This approach enabled us to explore the interplay between thoughts, emotions, and behaviours in participants' narratives, helping to illuminate the psychological mechanisms underpinning the adaptation process during the pandemic in later life. Increasing globalisation and the COVID-19 pandemic require research not only in Western, educated, industrialised, rich, and democratic (WEIRD) countries but also in socio-economic developing countries [15]. To our knowledge, there has been no cross-cultural, qualitative constructivist grounded theory study investigating the process of adaptation during the COVID-19 pandemic in the UK and Colombia after the first year.

This study provides in-depth insight and contributes to a deeper understanding of older adults' lived experiences and the ways in which they adapted during the COVID-19 pandemic in the UK and Colombia. This article's research question asked: How did older adults adapt their lives and lifestyles to the challenges of the pandemic? We focus on commonalities and differences between two economically and socially diverse countries, the UK and Colombia [10,19].

2. Materials and Methods

This study is part of a series of a larger research project, the C19PRC project. A potential overlap may be found in design and methodology—including context, ethical approval, recruitment processes, data collection methods, analysis, and participant quotations because the research is part of a larger, ongoing series conducted under the umbrella of the C19PRC consortium [9,10,47,48]. However, it is important to highlight that such overlaps are understood as consistent research practices amongst larger research projects. This study mentions attribution to the original research [9,10,48] to address potential overlaps and maintain transparency. By openly acknowledging the shared methodology and ensuring that all sources and prior work are accurately cited, the authors indicate the source by citation and speech marks when quotations are used.

To enhance the knowledge of cross-cultural lived experiences of adaptation processes in older adults, the authors undertook exploratory qualitative research using the constructivist grounded theory methodology approach of Charmaz [49,50]. This aims to develop theories grounded in the data. We developed a cross-cultural comparison earlier between the UK and Colombia [10] by collecting data in both countries with the same interview method, with minor differences based on language adaptations. The interviews in this study took place between January 2021 and April 2021 (Figure 1), with slight differences in both countries.

Constructivist grounded theory [49,50] views knowledge generation as a situated and co-constructed process between researchers and participants. In line with Charmaz's [50] constructivist grounded theory and Weber's concept of "verstehen", our study adopts an interpretive approach that seeks imaginative understanding of participants' lived experiences, recognising multiple realities and how individuals make meaning in adaptation to COVID-19 [51,52].

2.1. Context

In the UK, the C19PRC research consortium, established in March 2020, sought to examine the psychological, social, and economic effects of the COVID-19 pandemic (https://www.sheffield.ac.uk/psychology-consortium-covid19, accessed on 9 June 2025). This longitudinal internet panel survey inquired: (1) knowledge, attitudes, and behaviours related to COVID-19; (2) the prevalence of common mental health disorders; (3) the influence of psychological factors on those disorders; and (4) how social and political attitudes shaped the public's response to the pandemic. The C19PRC consortium used quota sampling to collect a sample of adults that reflected the national population related to age, gender, and household income (n = 2025) [9,10,47,48]. Although the consortium was created in the UK, it included collaborations from Ireland, Italy, and Spain. This qualitative study is based on an established collaboration between the UK authors and their Colombian colleague to conduct qualitative research simultaneously in the UK and Colombia during the COVID-19 pandemic, using constructivist grounded theory methodology. The unique circumstances allowed for exploring older adults' lived experiences in two distinct socio-economic and cultural contexts. The study maintained analytical consistency by applying the same methodology in both countries in examining how older adults adapted to the health crisis. This approach not only advanced theoretical development but also filled an important gap in cross-cultural gerontological research, particularly regarding psychological adaptation in later life during global disruptions. The two studies proceeded independently once the schedule and sampling strategy were agreed upon.

2.2. Recruitment

While the UK qualitative add-on study (C19PR study) included two waves [9,10,48], only Wave 2 (n = 29) participants were included here, alongside 32 participants from Colombia, as our focus was on prolonged adaptation during the pandemic across both countries. For a detailed recruitment timeline, please see Figure 1. To capture diverse perspectives, participants were recruited based on age, gender balance, and living situation (alone or not living alone). Whilst in the UK dataset, more detailed socioeconomic and psychological information was available [47], Colombian data were limited to age, gender, and living situation due to structural and logistical constraints. This limitation, particularly during remote data collection amid COVID-19, reflects the challenges of qualitative research in resource-constrained settings [53]. For consistency, therefore, we focus only on age, gender, and living situation. The focus on rich, lived experiences aligns with the exploratory nature of this study, and we aimed for purposive sampling rather than generalisability.

As outlined above, the UK sample was derived from quota sampling. On the other hand, Colombian participants were recruited through a snowball sampling method, using social networks, emails, and participant referrals. Participants from the UK received a GBP 10.00 voucher as compensation. Due to financial limitations in Colombia, participants were not compensated for their time.

The interview team at the University of Liverpool recruited potential participants in groups of 5–10 and discontinued recruitment once theme saturation was achieved.

2.3. Participants

This article considers the data obtained from the second interview in the UK and the initial interview in Colombia (Figure 1). It is noteworthy that both groups of interviews occurred between the Spring and Summer of 2021. The sample in this study was, therefore, 61 participants in total of whom 27 were men and 34 women (CO = 16 men, 16 women; UK = 11 men, 18 women) (UK age range 65–83, mean = 71, SD = 5; CO age range 63–95; mean = 69, SD = 9) (Supplementary Materials S1).

2.4. Ethical Approvals for the UK and Colombia

The UK's ethical approval for the national representative study was granted by the University of Sheffield (ref: 033759) (approval date 17 March 2020). The qualitative sub-study was approved by the University of Liverpool (ref: 7632-7628) (approval date 31 March 2020). The Universidad El Bosque, Bogota-Colombia granted ethical approval for the data collection in Colombia (ref: 002-2021) (approval date 19 February 2021).

2.5. Data Collection

The data collection for this study was based on a semi-structured interview guide, which remained consistent across both countries through in-depth interviews. The interview guide was guided by sensitising concepts [46,50] and broadly structured around the questions: What did you do? And how did you feel? [10]. The interviews were not strictly organised; the goal was to discover what mattered most to the participants. This approach considers "participants' views and voices as integral to the analysis—and its presentation" (sic) [49] (p. 402). Participants were guided chronologically through their experiences of COVID-19. They were asked about their pre-pandemic experiences, followed by questions about their experiences during the pandemic. Subsequently, they were prompted to share their anticipations regarding life after the pandemic. Lastly, they were invited to offer advice to individuals facing similar circumstances.

In line with the principles of CGT and theoretical sampling, the guide was iteratively adapted in response to emerging participant narratives. For example, prompts such as

"What did you change when the pandemic started?" and "What helped you to feel well?" were added as new themes emerged during the early interviews. This allowed subsequent questions to be refined to explore developing categories more deeply and to follow the participants' meanings and experiences.

The interviews were conducted remotely, some via phone but mostly via online conferencing tools, and ranged from 30 to 90 min. We asked about participants' preferred interview method, and they selected how they wanted to proceed. All interviews were audio-recorded and transcribed verbatim by an external service in both countries. Participants received an information sheet and a consent form to review and sign ahead of the interview. We ensured confidentiality and anonymity throughout the process.

"The interview teams conducted all the interviews in the participants' native languages—Spanish for Colombia and English for the UK. The Spanish quotes used in this article have been translated into English and can be seen in the original language" [10] (p. 10) and in Supplementary Materials S2. Certain Spanish or English quotes may sound strange to English speakers. Nevertheless, to maintain the meaning of the participants' data from the interviews, we opted to showcase the quotes as they are rather than refining their grammar. The gold standard of back translation of the Spanish quotes had been undertaken by colleagues from the Universidad El Bosque (Supplementary Materials S2).

2.6. Analysis

In line with our epistimological stance, our theoretical coding and analysis aimed to co-construct a deeper, data-grounded understanding of participants' adaptation processes within a substantive theory. This interpretive orientation informed our theoretical analysis. Charmaz [50] says: "I assume that neither data nor theories are discovered either as given in the data or the analysis. Rather, we are part of the world we study, the data we collect, and the analyses we produce" (p. 17). The analysis is based on the principles of constructivist grounded theory, including induction, deduction, and abduction by applying constant comparison [54].

We employed constant comparison throughout the research process—comparing experiences (or incidents) within and across interviews, codes within and across participants, and emerging categories with new data. After initial line-by-line coding, we used constant comparison to refine and merge codes, which were then used to re-examine earlier transcripts for recurrence and variation. These comparisons allowed us to identify conceptual patterns, divergences, and variations, which were iteratively compared against new data, consistent with CGT's abductive logic (finding the most plausible explanation, [50]). The analyses were performed manually using MS Word and Excel. Interviews were initially coded and analysed by researchers from the countries of origin in the UK and Colombia, then exchanged after the initial coding. First, the interviews were reviewed to gain an overall impression, followed by detailed line-by-line coding compiled into a codebook. This procedure was iterative and reflective: As new themes emerged, efforts were made to identify them in earlier sections of the interview. Following this, focused coding categories were extracted for each interview, and the transcripts were compared to identify broader themes and commonalities or diversities. Memos were central to our analytic process and were used to explore links between focused codes, higher-level categories, and to support the reflexivity during the analysis. Through abductive reasoning, we developed theoretical insights by moving iteratively between empirical data, memos, and relevant literature. The result was a grounded, co-constructed theoretical understanding of older adults' adaptation processes, shaped through dialogue between data, researchers, and existing theoretical frameworks. This iterative process ensured reflexivity and analytical thinking [50]. Theme saturation was achieved when additional data collection (through theoretical sampling)

did not bring new insights or theoretical concepts [50]. Both teams met regularly online to discuss the analysis. All authors discussed findings and contributed to the final article. We intentionally did not use predetermined categories. Instead of imposing fixed definitions, we intentionally relied on sensitising concepts [46,50] as described earlier. This approach allowed us to remain open to the meanings and experiences of participants, enabling these concepts to emerge and evolve from the data rather than confining them, and aligns with the principles of constructivist grounded theory [46,50]. We identified three broad ways older adults adapted. Cognitive adaptation included positive reframing, acceptance, and religious trust. Emotional regulation was experienced not only through deep freeze, weather impact, social support, religion, and pet companionship but also emotional struggles. Finally, behavioural adaptation was enacted through routine modification and the use of virtual technologies. It also intertwined the cognitive, emotional, and behavioural alongside the influence of previous experiences.

The quotes' country of origin is represented by CO (Colombia) and UK (United Kingdom); gender is identified by F/M (women) and M/H (men) (Supplementary Materials S1 and S2). The quotes included in this study are sourced from the dataset, as named above; however, some quotes may be interpreted differently and can be used in various contexts. As a result, they may also appear in previously published articles [9,10,48].

3. Findings

Our study found that many older adults engaged in a flexible process of adaptation during the pandemic. Many participants developed positive attitudes towards the sudden changes in lifestyle that were forced upon them. Our findings highlight the importance of cognitive, emotional, and behavioural adaptation, and each will be discussed in turn.

3.1. Cognitive Adaptation

Participants in the UK, as well as in Colombia, felt challenged at the beginning and throughout the pandemic on how to adapt. Interestingly, despite the prolonged period of protective health measures, many participants described how adopting a more positive perspective enabled them to adjust more effectively to the new circumstances. This process of positive reframing, interpreting challenges in a constructive or hopeful light, emerged as a one strategy in their adaptation strategy.

3.1.1. Positive Reframing

After enduring the restrictions for almost one year and unable to see an end in the foreseeable future, M10UKW2 spoke of his need to accept what had happened and look at the positive aspects of his life.

> "Well, you've got to take the rough with the smooth, haven't you? (. . .) I've started trying getting the attitude now that, look, bad things, possibly/probably are going to happen, but look at the tremendous health I've had up to now. Try and put a good spin on it." (M10UKW2)

COSH03 mentioned the importance of a positive attitude to maintain well-being:

> "I tell you, I am a person who tries to handle things positively and when you are positive, nothing distresses you, nor does it make you sad." (COSH03)

3.1.2. Acceptance

Acceptance was identified as a vital cognitive strategy that supported older adults in adapting to the uncertainties of the pandemic. By acknowledging the realities of the situation without becoming overwhelmed, participants were able to respond with greater flexibility. For many, this attitude of acceptance—paired with a willingness to adjust

to ongoing restrictions—proved essential in maintaining their emotional well-being as M6UKW2 told:

> "Because otherwise if you didn't, I think it could really get to you and, not drive you crazy, that's wrong word, but it could upset you mentally and make you very, very depressed. (. . .) Take it for what it is and just get on with it." (M6UKW2)

3.1.3. Religious Trust

One difference between the two countries is in terms of religious belief and practice. Britain, like many countries, has a low level of religious observance, whereas observance is high in Colombia (25% vs. 83%; Pew Research Centre [55]). In Colombia, many participants found hope, security, optimism, meaning, and trust in religious beliefs. For example:

> "With the help of God one can get ahead, not thinking about what? or keep thinking, oh! this happened to me! Rather I am not going to get out of this (. . .) one has to trust that all things will be solved with God's help." (COAM08)

Remarkably, in both countries, many participants demonstrated a positive attitude and acceptance towards the restrictions enforced by the pandemic (see coding example, Table 2).

Table 2. Coding examples of cognitive adaptation.

Adaptation Strategies	Subthemes	Quotations
Cognitive adaptation	Positive reframing—Seeing life positively	"Well, you've got to take the rough with the smooth, haven't you? (. . .) I've started trying getting the attitude now that, look, bad things, possibly/probably are going to happen, but look at the tremendous health I've had up to now. Try and put a good spin on it." (M10UKW2)
		"I tell you, I am a person who tries to handle things positively and when you are positive, nothing distresses you, nor does it make you sad." (COSH03)
	Acceptance	"Because otherwise if you didn't, I think it could really get to you and, not drive you crazy, that's wrong word, but it could upset you mentally and make you very, very depressed. (. . .) Take it for what it is and just get on with it." (M6UKW2)
	Religious trust	"With the help of God one can get ahead, not thinking about what? or keep thinking, oh! this happened to me! Rather I am not going to get out of this (. . .) one has to trust that all things will be solved with God's help." (COAM08)

The following coding table summarises the quotations used in this article related to subthemes and themes of cognitive adaptation processes. This enhances analytical transparency and demonstrates the rigor of the authors' quality criteria employed.

3.2. Emotional Regulation

Life experiences beforehand were important in facilitating adaptation during the pandemic, according to Carstensen et al. [56], and the coping strategies that many of our participants had previously developed were employed during this time. Many demonstrated the ability to focus on the present moment and on positive aspects of life. In practical terms, participants experienced family support and stayed in (at least remote) contact with friends or social groups. We also identified a new adaptation strategy which some participants employed, one participant described it as putting themselves in "deep freeze".

3.2.1. Deep Freeze

A strategy akin to a "deep freeze" was mentioned by some participants, where they temporarily paused their previous lifestyle, allowing themselves to conserve energy and maintain stability during overwhelming or uncertain phases of the pandemic and hoping for the crisis to end:

> "But yes, no, there's not exactly low-level anxiety but there's a kind of a 'self in the deep freeze' for a bit, so I've put myself in storage." (F10UKW2)

This finding was also evident when participants from the UK were impacted by the weather.

3.2.2. Impact of Weather

In the UK, participants also endured the pressure of the winter months. Many were waiting for better weather to pursue their desire to work in the garden. For example:

> "The weather at the moment makes me anxious, lonely, and sad because it keeps snowing [laughs] and I want to get out to the garden and put some plants in and I can't." (M6UKW2)

While the weather impacted some people's well-being, many found social support essential.

3.2.3. Social Support

The social support from family and friends was evident in both countries and was crucial to maintaining emotional stability:

> "The friendships and relationships that one has that gives us a lot of strength and makes us happy because there is nothing more beautiful than human relationships." (COSH03)

Similarly, F11 UK W2 spoke of how her family gives her emotional stability:

> "Yes, if I didn't have my family. (Laughs) I would definitely be anxious or lonely." (F11UKW2)

3.2.4. Pet Companionship

The cultural differences in what supports people's adaptation strategies were evident when only participants from the UK spoke about the comfort they received from pets to maintain emotional stability.

M13UKW2 talked of their therapeutic impact:

> "The dog (. . .) they bring a lot of joy and lot of fun, (. . .) I think having a pet is a great help, it's therapeutic." (M13UKW2)

It is important to acknowledge that some participants faced significant challenges in adapting, with difficulties in emotional regulation impacting their well-being.

3.2.5. Struggled to Adapt

One participant compared life during the pandemic to life in prison, noting how hard it was to tolerate the health and safety measures, despite his wish to comply with them. Nevertheless, he did manage to find ways to adapt:

> "Sometimes the lockdown is like a prison (. . .) That (the lockdown) gets on my nerves, so as not to fight with my wife, I prefer to go up to the terrace, I prefer to lock myself in one of the rooms to watch TV. This situation gets on my nerves, no matter how much I want to control them, it's tough." (COAH05)

Another participant found that her sleep difficulties worsened during the lockdowns, and she struggled to adapt:

> "Now it's worse (sleep difficulties), now with the pandemic it's worse, because for example, I turn off the TV late at night, not because I'm sleepy because, I have to tell myself no, I'm going to turn it off to see if I fall asleep because otherwise, I'll spend all night watching TV. I don't like to take pills or anything like that, I try to fall asleep on my own. . . (erm). . . yes, but right now with the pandemic it's been like more noticeable that (sleep problems)." (COAM01)

Additional challenges were faced by one participant because her husband was recently disabled and had lost the ability to walk. Furthermore, she lost her job. Collectively, these events made it hard for her to maintain emotional well-being:

> "Yes, pretty miserable overall. I have to keep geeing myself along and saying oh come on, let's do something productive, let's do. . . It's quite hard getting motivated." (F1UKW2)

One participant spoke of her difficulties but found that reflecting on her situation helped her to regulate her emotional well-being.

> "You feel low sometimes but then I think it's the same with everyone, not me particularly so I'm not special. There can't be anxiety-free life, to be honest." (F17UKW2)

Similar to the cognitive adaptation, religious faith was also mentioned as a central source of strength and comfort during the pandemic, related to emotional regulation.

3.2.6. Religious Trust

In Colombia, religious beliefs were utilised to achieve the same ends:

> "And I always thank God for every moment, I am in communication with him (God), well, thanks to him I wake up well." (COSH05)

In summary, many participants were able to regulate their emotions, and key strategies for achieving this included staying in a "deep freeze", religion, pets, and support from family and friends. However, as shown earlier in this section, some participants struggled to adapt and suffered due to additional burdens (see coding examples, Table 3).

Table 3. Coding examples of emotional regulation and struggle.

Adaptation Strategies	Subthemes	Quotations
Emotional regulation	Deep freeze	"But yes, no, there's not exactly low-level anxiety but there's a kind of a 'self in the deep freeze' for a bit, so I've put myself in storage." (F10UKW2)
	Impact of weather	"The weather at the moment makes me anxious, lonely, and sad because it keeps snowing [laughs] and I want to get out to the garden and put some plants in and I can't." (M6UKW2)
	Social support	"Yes, if I didn't have my family. (Laughs) I would definitely be anxious or lonely." (F11UKW2)
		"The friendships and relationships that one has that gives us a lot of strength and makes us happy because there is nothing more beautiful than human relationships." (COSH03)
	Pets' companionship	"The dog (. . .) they bring a lot of joy and lot of fun, (. . .) I think having a pet is a great help, it's therapeutic." (M13UKW2)

Table 3. *Cont.*

Adaptation Strategies	Subthemes	Quotations
	Emotional struggle	"Yes, pretty miserable overall. I have to keep geeing myself along and saying oh come on, let's do something productive, let's do… It's quite hard getting motivated." (F1UKW2)
		"You feel low sometimes but then I think it's the same with everyone, not me particularly so I'm not special. There can't be anxiety-free life, to be honest." (F17UKW2)
		"Sometimes the lockdown is like a prison (…) That (the lockdown) gets on my nerves, so as not to fight with my wife, I prefer to go up to the terrace, I prefer to lock myself in one of the rooms to watch TV. This situation gets on my nerves, no matter how much I want to control them, it's tough." (COAH05)
		"Now it's worse (sleep difficulties), now with the pandemic it's worse, because for example, I turn off the TV late at night, not because I'm sleepy because, I have to tell myself no, I'm going to turn it off to see if I fall asleep because otherwise, I'll spend all night watching TV. I don't like to take pills or anything like that, I try to fall asleep on my own… (erm)… yes, but right now with the pandemic it's been like more noticeable that (sleep problems)." (COAM01)
	Religion and faith	"And I always thank God for every moment, I am in communication with him (God), well, thanks to him I wake up well." (COSH05)

3.3. Behavioural Adaptation

In addition to cognitive adaptation and emotional regulation, this study also identified behavioural adaptation strategies. Participants clearly described altering their daily routines and utilising virtual technologies to actively support their well-being during the pandemic.

3.3.1. Routine Modification

The participants in both countries faced a series of behavioural challenges in adapting to the pandemic. In general, participants were flexible and able to make adaptations to their routines; they learned new activities, were creative, and became involved in new activities and hobbies.

One participant focused on changes in routine, which supported the self-care:

> "I changed my daily routine, if I had to go out to the street and do some kind of errands … then I would end up making a single trip but several errands to take advantage of the time and get home, take off my clothes and take a shower, that…let's say that changed everything for me because I was used to taking a bath very early and that changed my whole routine… but I had to do it for the sake of self-care." (COAH03)

M12UKW2 intensified his hobby, whilst COSMO3 spoke of how productive she was:

> "Yes. I'm lucky in that one of my major hobbies is cycling, which I can still do. So, I go out on my bike almost every day as long as the weather's good, or not bad." (M12UKW2)

> "I said to myself no, I don't have to get bored (…) I don't like TV either, but I learned to pray and watch Mass on TV. I listened to the radio while knitting. I knit-

> ted scarves for all of the 36 employees (. . .) escaping a little from the confinement that already seemed very long. I have lived it with tranquillity." (COSM03)

Participants spoke of the benefits of these changes. For example, COSM08 found pleasure in changing where she slept.

> "There have been virtual encounters that at least entertain me, at least one can see the other person . . . my apartment is on a corner, so one side faces east and the other west, so I sleep in different places to see the sunsets, the sky, and I loved it." (COSM08)

3.3.2. Use of Virtual Technologies

Staying connected with family and friends required the switch from face-to-face interaction to virtual meetings. For example, F14 spoke of the value of virtual conferencing tools and discussed what they learned as a consequence and also their importance for well-being.

> "Zoom has been amazing. (. . .) I have learned all sorts of technical skills, things that I never would have thought I could do. I have had a learning curve as well. (. . .) I have learned how to set up a Zoom account and control a meeting and assign people to breakout rooms. (. . .). I am quite confident with my technical skills, which has been a good thing." (F14UKW2)

COSH01 discussed how he maintained social connectedness when face-to-face meetings were not possible:

> "Fortunately, there are all these tools like WhatsApp with video calls, and then it was possible to do teleconferences. For example, my cell phone allowed four people so sometimes we would do teleconferences with my cousins, with my siblings." (COSH01)

Although we identified specific adaptation processes in cognitive, emotional, and behavioural domains, it is important to emphasise that these processes are often interrelated and intertwined.

3.3.3. Intertwined Cognitive, Emotional, and Behavioural Adaptation

Evidence suggests that older adults' adaptation rarely occurs in isolation; instead, changes in one domain frequently influence and interact with others and align with the cognitive behavioural approach. For example:

> "Except drinking too much [laughs], like having a drink every night because it's the only thing to look forward to. I haven't read since before Christmas and normally I always have a book on the go, but I've just the lost the patience to get into a book and that was always one of my main hobbies, having a good book on the go, (. . .) It feels like an empty life at the moment really." (F12UKW2)

In line with Baltes' SOC model [26], participants drew on prior experiences to adapt during the pandemic, using familiar strategies to focus on what mattered, and make the most of available resources.

3.3.4. Previous Experience

One participant talked about how the experience of the first lockdown made it easier to adapt to new restrictions during later lockdowns.

> "The second lockdown has been easier because I know exactly how it works. The only annoying thing is that it has now been three months since I have been to the barber." (M3UKW2)

It is important to note that the adaptation amongst our participants varied in terms of the processes and how they experienced the challenge of the health measures.

Table 4 summarises the quotations used in this article related to subthemes and themes of behavioural adaptation processes.

Table 4. Coding examples of behavioural adaptation.

Adaptation Strategies	Subthemes	Quotations
Behavioural	Change of routine	"Yes. I'm lucky in that one of my major hobbies is cycling, which I can still do. So, I go out on my bike almost every day as long as the weather's good, or not bad." (M12UKW2)
		"I changed my daily routine, if I had to go out to the street and do some kind of errands . . . then I would end up making a single trip but several errands to take advantage of the time and get home, take off my clothes and take a shower, that. . .let's say that changed everything for me because I was used to taking a bath very early and that changed my whole routine. . . but I had to do it for the sake of self-care." (COAH03)
		"There have been virtual encounters that at least entertain me, at least one can see the other person . . . my apartment is on a corner, so one side faces east and the other west, so I sleep in different places to see the sunsets, the sky, and I loved it." (COSM08)
		"I said to myself no, I don't have to get bored (. . .) I don't like TV either, but I learned to pray and watch Mass on TV. I listened to the radio while knitting. I knitted scarves for all of the 36 employees (. . .) escaping a little from the confinement that already seemed very long. I have lived it with tranquillity." (COSM03)
	Use new technology	"Zoom has been amazing. (. . .) I have learned all sorts of technical skills, things that I never would have thought I could do. I have had a learning curve as well. (. . .) I have learned how to set up a Zoom account and control a meeting and assign people to breakout rooms. (. . .). I am quite confident with my technical skills, which has been a good thing." (F14UKW2)
		"Fortunately, there are all these tools like WhatsApp with video calls, and then it was possible to do teleconferences. For example, my cell phone allowed four people so sometimes we would do teleconferences with my cousins, with my siblings." (COSH01)
	Intertwined cognitive, emotional, and behavioural adaptation	"Except drinking too much [laughs], like having a drink every night because it's the only thing to look forward to. I haven't read since before Christmas and normally I always have a book on the go, but I've just the lost the patience to get into a book and that was always one of my main hobbies, having a good book on the go, (. . .) It feels like an empty life at the moment really." (F12UKW2)
	Previous experience	"The second lockdown has been easier because I know exactly how it works. The only annoying thing is that it has now been three months since I have been to the barber." (M3UKW2)

4. Discussion

This article explored how older adults adapted during the first year of the COVID-19 pandemic using a constructivist grounded theory approach [50]. The aim was to develop a theory grounded in participants' lived experiences and not to provide generalisable findings. Our purposive sample, drawn from two distinct socio-cultural contexts, was chosen for theoretical relevance. While we acknowledge the absence of detailed demographic data,

especially for Colombia, this aligns with qualitative research priorities, which emphasise depth, meaning, and analytic rigour over statistical generalisation [50,57].

During the COVID-19 pandemic, risk communication focused on older adults' vulnerability, often overlooking recognition of their capacity for adaptation [10,58,59]. Hence, the capacity of people to adapt to stressful life events was mostly neglected despite decades of evidence that this capacity existed [26,28,56]. Our study demonstrates that older adults in two distinct countries were able to adapt to a health crisis across a one-year period (see Figure 2). We acknowledge the heterogeneity within the participants' experiences and suggest that some participants needed more support than others.

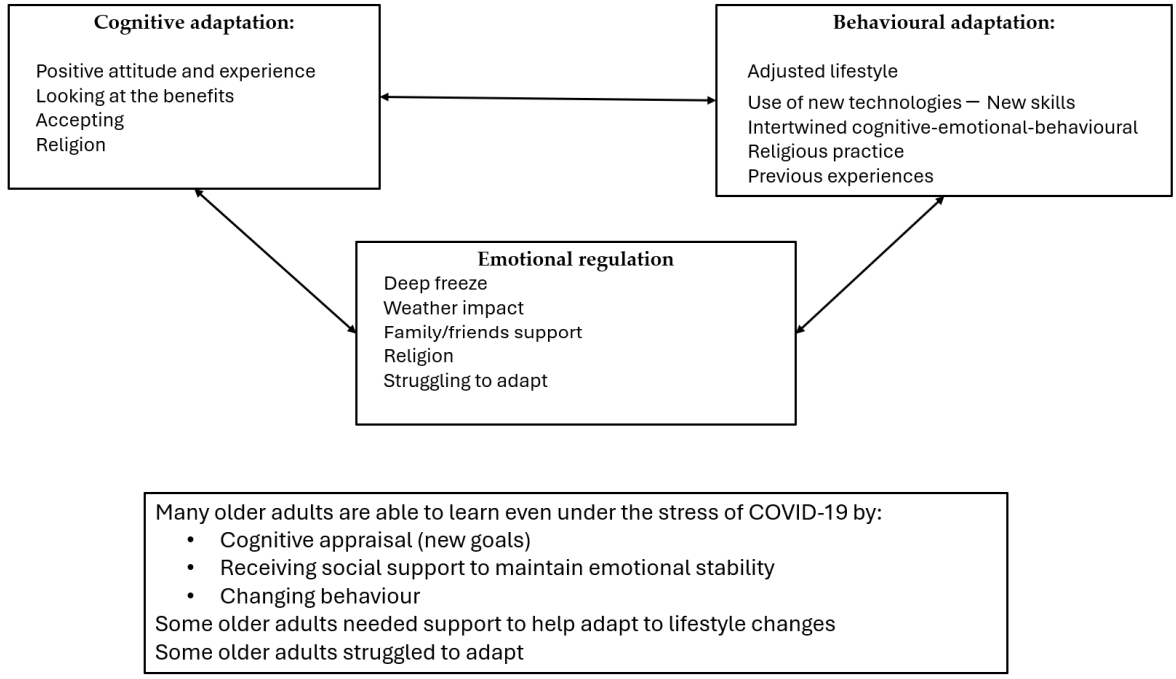

Figure 2. Processes of adaptation of older adults during the COVID-19 pandemic in the UK and Colombia.

Despite cross-cultural and socio-economic differences between Colombia and the UK, participants of this study demonstrated strikingly similar adaptation processes during the health crisis. This finding supports earlier results of a universal ability to adapt cognitively, regulate emotions, and accommodate in later life [38,60,61]. Participants' adaptability became evident as they faced unique challenges, including disrupted social connectivity, the health threat of the SARS-CoV-2 virus, and the disruption of daily routines. Previous experiences might have supported their adaptation processes despite geographical and cultural differences, as Reniers et al. [62] identified. While the external circumstances differed, the internal strengths and processes of adaptation appeared to be shared by many older adults, highlighting the remarkable adaptation ability inherent in ageing populations [56]. However, whilst we found many similarities in the psychological adaptation process in both countries, we acknowledge cultural differences [16]. The shared experiences of cognitive, emotional, and behavioural adaptation in this study provide important evidence that older adults used a variety of adaptation processes in the fast-paced health crisis in both the UK and Colombia.

Older adults' positive reframing, acceptance, and religious trust related to the unexpected health crises were identified when participants talked about their positive attitudes towards the health protection measures and maintaining well-being (achieving changes within the person), which aligns with findings from Nikitin and Freund [28]. This cogni-

tive ability of goal selection enabled them to adapt to the required lifestyle changes and maintain their well-being. This finding aligns with the SOC model developed by Baltes and Baltes [26]; see also [56]. The ability and capacity to regulate emotions were particularly notable, as found earlier by Fuller and Huseth-Zosel [42]; see also Carstensen et al. [56]. Nonetheless, our data revealed that this ability was consistent but varied. Many participants were able to endure a "deep freeze", staying apart from loved ones until the pandemic was over. Support from family and friends was important in maintaining emotional stability. For some British participants, pets were therapeutic, likely replacing the physical and emotional proximity gap and supporting findings from Reniers et al. [62]. Interestingly, many participants from Colombia reported that religious beliefs helped them experience comfort and support to maintain their well-being [63]. Similar findings were reported from Puerto Rico by Camacho et al. [64], who found that older adults coping mechanisms, such as cognitive, socio-emotional, spiritual, and behavioural strategies, and highlighted a renewed value for meaningful relationships (in a systematic review see also Guzzardo et al. [65]; from Switzerland Lima et al. [66]. Farhang et al. [67] in Chile explored the coping strategies used by older adults with mild cognitive impairment (MCI) during the COVID-19 pandemic and identified similar adaptation strategies to those found in this study. They emphasised that participants used a variety of coping strategies, including approaches such as acceptance, positive reframing, and religious practices. Participants also used problem-focused methods like seeking support, planning, and maintaining connections with loved ones. Furthermore, they found that self-distraction was experienced as particularly beneficial, contributing to a sense of comfort and emotional regulation [67].

Nonetheless, some participants struggled with the pandemic, especially when there were additional burdens and more support was needed. In addition, many participants learned new technical skills, which helped them stay connected. This finding supports the accommodative adaptation process outlined by Brandtstädter and Rothermund [38].

Our findings support the concept of adaption in later life (SOC model: Baltes & Baltes [26], the socioemotional selectivity theory [34], where participants aimed to be proximate and have positive emotional experiences with loved ones, and the accommodative adaptation process, people changing goals [38]. Our study goes further than Omari et al. [45]'s findings by highlighting a variety of coping and adaptation strategies after a prolonged health crisis. Furthermore, our findings also highlight the interplay of adaptation processes and how cognitive, emotional, and behavioural components are intertwined.

Moreover, this study brought to the fore the interconnectedness of individuals within the community and the wider society with its regulations and policies (ecological approach), which in turn influenced and supported participants' ability to adapt to a health crisis, resulting in well-being for many [68,69].

Future studies could inquire how added stress influences adaptive mechanisms and how this varies between different countries. Investigating further factors such as chronic illness, cognitive decline, caregiving duties, or any other form of adversity may affect the adaptation strategies of older adults and could deepen the understanding of intersectionality [70,71]. Addressing the policy implications during a health crisis, it is important to acknowledge that many older individuals talked about their capacity for learning and adapting, even in the face of stressful circumstances, such as a pandemic, which aligns with earlier findings by Brinkhof et al. [72]. Therefore, this research shifted its focus towards the strengths and resources of older adults, recognising them as essential abilities in later life. Furthermore, despite challenges, their capacity to adapt during a health crisis challenges the common beliefs about older adults' vulnerability during the pandemic. This finding should be integrated into future policy and practice decision-making. The authors acknowledge the difficult balance between safeguarding older adults and enabling them to manage

their self-care during health crises. We encourage policymakers to engage older adults in future health crises. Involving them in inclusive decision-making can help identify and acknowledge their specific needs and resources, promoting a more inclusive approach to health crises.

5. Limitations and Future Directions

While this study provides valuable insights into older adults' adaptation across two culturally and socioeconomically distinct settings, it has limitations. Remote data collection, particularly in Colombia, restricted our ability to gather detailed contextual information (e.g., health status, caregiving, housing, or broader socioeconomic indicators). As a result, we did not conduct an intersectional analysis, although additional demographic data were available for the UK sample [47]. Furthermore, the study used purposive sampling and was not designed to be statistically representative. Our focus was on developing a grounded theory of adaptation based on lived experiences, but future research could deepen this work by exploring how intersecting social factors shape resilience in later life.

Another limitation of the research was that initial recruitment in the UK occurred through Qualtrics, an online platform, meaning that participants were already connected to the internet (refer to McBride et al. [47] for a more detailed discussion). As a result, this sample does not account for those who are digitally excluded. Participants were required to access either phone or online interactions to take part in the interview. However, we managed to provide an MS Word version of the interview schedule when needed, and one participant utilised this method to engage with the study. Nonetheless, one of the benefits of this recruitment strategy was the ability to achieve a more stratified sample than is typically possible in qualitative research. For instance, we successfully recruited more men living alone than is usually feasible. The method also allowed for quicker recruitment than would normally happen, which was particularly crucial during the rapidly evolving pandemic situation.

Supplementary Materials: The following supporting information can be downloaded at https://www.mdpi.com/article/10.3390/jal5030022/s1, Material S1: Participants' demographics from the UK and Colombia; Material S2: Original and translated Colombian quotes.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study, both verbally and in writing.

Data Availability Statement: Due to the nature of this research, participants of this study did not agree to their data being shared publicly. Data will be stored and backed up in line with the GDPR on a university drive, and it will be available only to the research team, who will be required to sign an agreement to keep the data stored only on their university computers in password-protected files. The data can be accessed on request via Brewer, Gayle (Vice Chair Ethics Committee) gbrewer@liverpool.ac.uk, from the University of Liverpool. The Colombian data that support the findings of this study are available from the second author, [MFR], upon reasonable request only.

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