A Siege on Positive Ageing: Experiences of identity threat and coping among Older Adults during COVID-19 pandemic.

Short title: *COVID-19 Age-based Identity Threats*

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Abstract

Older adults face significant ageing identity changes and threats that have consequences for their mental health and wellbeing. The COVID-19 pandemic has heightened these age-based challenges due to government policies and public messaging pertaining to older adults' proportionally higher vulnerability to the virus. The present research explored how the pandemic has impacted the social identities of older adults and how these challenges have been met. Eleven focus groups were conducted with 32 UK older adults and one younger person from a range of household compositions. Guided by the social identity approach, a thematic analysis found that participants faced a number of identity threats: loss of autonomy and control, loss of opportunities to enact meaningful identities, and loss of usefulness. Despite these threats, we also found participants used identity management strategies and mobilised existing or new social identities to both give and receive support and to retain a meaningful and purposeful life. The practical implications we suggest are that post-pandemic social recovery focuses on fostering older adults' active contributions and roles within their social groups and communities.

On 11th March 2020, COVID-19 was declared a pandemic (World Health Organisation, 2020). By December 2021, approximately 264 million individuals have been infected, with approximately 5.2 million deaths (Worldometer, 2021). In the UK, more than 142,000 deaths have been recorded (ONS, 2021), with older adults being disproportionately affected (Previtali et al., 2020). Preventative measures including lockdowns for over 70s, and ‘shielding’ for those highly medically vulnerable, were implemented to curb the spread of infection, requiring social isolation, having essential items delivered, and maintaining a two-metre distance from people outside of the household (Brooke & Jackson, 2020). These preventative measures functioned to gain control over the viral spread and reduce hospitalisations/deaths. However, the age cut-off was arbitrary and did not differentiate older adults' medical needs (Previtali et al., 2020).

Beyond the pertinent medical vulnerabilities of older adults to COVID-19, public discourse has at times conveyed ideas of older adults as frail and helpless, socially vulnerable, lonely, dependent on others for protection, and non-contributing members of society (Ayalon et al., 2021; Monahan et al., 2020; Previtali et al., 2020). These discourses may have threatened the positive ageing identities of older adults as agentic, autonomous, and resilient members of society (Previtali et al., 2020). Age-based stereotypes can have a longer-term impact on older adults' self-esteem and cognitive performance (Haslam et al., 2012), cause feelings of loneliness (Rippon & Steptoe, 2018), and worsen general wellbeing (Kotter-Grühn et al., 2009).

Many older adults were able to demonstrate resilience during various pandemic restrictions (Alcover et al., 2020; Brooke & Clark, 2020). However, studies to date have not provided an in depth understanding of how they engaged with and countered identity threats and how this might have varied amongst differently situated older adults (e.g. people living alone or together at home during the pandemic). Such an analysis helps us to elucidate the identity processes that form resilience and can inform the resources and actions required to remedy identity threats among older adults and other socially vulnerable groups. To examine

this issue, we utilise Social Identity Theory to examine the needs and vulnerabilities inherent in the identity of older adulthood.

The Social Identity of Older Adults and Age-based Stereotypes

The Social Identity Approach to Health posits that group memberships provide individuals with social identities, and these identities act as psychological resources that aid in dealing with the challenges in life (Haslam et al., 2018; Haslam et al., 2009; Jetten et al., 2012). Psychological resources include belonging and connectedness, meaning and purpose to activities, reciprocal social support, and feelings of personal control over one's life (Greenaway et al., 2015; Haslam et al., 2018; Steffens et al., 2016).

Older adulthood is a stage of life during which group memberships are subject to change due to major life transitions, such as bereavement, retirement, or moving into residential care. These transitions entail social identity loss (Haslam et al., 2018). For instance, retirement for most people constitutes an irreversible identity change (Haslam et al., 2019), often accompanied with no longer feeling viewed as a productive member of society (Klehe et al., 2012). New or other existing social identities can be utilised to adjust to such changes, as illustrated in the Social Identity Model of Identity Change (SIMIC: Jetten et al., 2009). In the example of retirement, as an individual loses a workplace identity, they can adjust by strengthening their ties with a group within their existing social network, or develop new group memberships. The psychological needs that were satisfied through contributing to society via their work, can in turn be met through supportive and purposive roles in groups such as friends, family, neighbours, and social groups (Allan, 1986), and volunteering (Bowe et al., 2020; Gray & Stevenson, 2020; Stevenson et al., 2021). However, opportunities and resources need be available for such transitions to occur successfully.

Older adults also contend with negative age-related stereotypes, at least in many Western societies where older adults can be depicted as physically ill, less competent, and socially dependent (Bugental & Hehman, 2007; Haslam et al., 2012). The social identity approach is also useful for understanding how older adults deal with and are impacted by age-related stereotypes. For example, by maintaining a positive identity as a grandparent, a member of church, or a volunteer, older adults who encounter negative stereotypes can resist internalising them, and maintain their identities in more positive, self-determined ways (Haslam et al., 2018). However, if access to psychological resources provided by social identities is undermined, then older adults could experience an intensification of the threats of marginalisation and redundancy that they were already facing ([BLINDED]).

We apply this social identity perspective on ageing identity to gain insight into how older people have managed threats to their identities during the COVID-19 pandemic and the implications of any experiences of identity threat.

The Current Study

Research has begun to document older adults' experiences of living through the pandemic and its impact on their health and wellbeing (e.g. Heid et al., 2021; Talbot & Briggs, 2021). Some deprivations and negative affect have been experienced by older adults globally during COVID-19 (Gonçalves et al., 2021). Conversely, many older adults were able to find ways of coping with the restrictions (Alcover et al., 2020; Brooke & Clark, 2020) and some positive outcomes have been identified, such as community solidarity and support (Bowe et al., in press; Drury et al., 2021). These reported inconsistencies may be due to situational factors such as pre-existing social and healthcare inequalities, and older adults living situations. As Gonçalves et al. (2021) note, there is a relative paucity of qualitative explorations of older

adults' experiences during the pandemic and an absence of theoretically-guided explorations of their vulnerabilities and resilience.

A qualitative approach allows for a close and rich exploration of identity processes during the pandemic, how older adults have experienced identity challenges, and how they have responded to such challenges. Given the context of known challenges of ageing stereotypes and identity loss in later life, we conducted an analysis informed by social identity theory on how the pandemic affected our older adults' social connections and status. We aim to identify common ways that the pandemic impacted the social identities of older adults and how these identity challenges have been met.

Method

Design

Focus groups can provide a space for an egalitarian exchange of views and encourage the production of accounts of shared experience (Krueger, 1994; Wilkinson, 1998). They were used in this study to explore shared experiences of social distancing and shielding measures in the lives of older adults. Thematic analysis (TA) is a rigorous and flexible analytical approach that can support a theoretical realist analysis (Braun & Clarke, 2006), which we used to explore the common types of impact that the pandemic had on older adults' social identities, informed by social identity theory (see example, Bowe et al., 2019).

Participants

We used a strategic sampling strategy, aiming to gain a breadth of older adults over 50 years (criteria established by Age UK, a major charity working with older adults), a range of living status (married, living with children, living alone) and gender. This resulted in eleven focus groups with two to five participants, grouped to allow participants to share insights based on similar living situations during the pandemic. There were 32 older adults and one younger

participant in a household group with her older parents. 26 participants were recruited via a participant panel of older adults, seven participants were recruited via snowball sampling through existing participants. Table 1 details participant demographics.

Focus group context and process

Focus groups were conducted between September to December 2020, after the first national UK lockdown (March - May 2020) and participants were still subject to a regional ‘tiered’ system of restrictions. While focus groups had to be conducted online, online focus groups have been shown to be an effective means of collecting rich data with older adult samples (Morrison et al., 2020). Groups were facilitated by [BLINDED], an experienced female facilitator. They were conducted on Microsoft Teams, and lasted between 60 and 133 minutes ($M = 106$ minutes). To maintain efficacy in online focus groups, participants were invited to practice sessions beforehand. A focus group schedule (see supplementary materials) was designed to probe how COVID-19 had impacted the social connectedness of older adults, their self-concept and experiences as older adults and the ways in which they had coped.

Analytic method

Focus groups were recorded, transcribed verbatim, and analysis followed the six-step process laid out by Braun and Clarke (2006). Audio was listened to and transcripts re-read, initial ideas noted, before using NVivo 12.0, to generate and organise codes. The dataset was coded inductively, and then codes that shared similar meanings across focus groups were clustered into themes. Coding was driven by a consideration of social identity processes with appreciation for participant experiences, including paying attention to cases that did not appear to fit general patterns (Mays & Pope, 1995). [BLINDED] conducted the initial familiarisation, coding, and theme development stages, in consultation with the team. To ensure theoretical

rigour, the thematic structure was discussed and revised in accordance with the Social Identity Approach.

[Table 1 here]

Results and Discussion

Data analysis yielded two main themes. Theme one, *Key identity challenges facing older adults due to the COVID-19 pandemic*, represents the identity threats that occurred when shielding and other measures were introduced, including loss of autonomy and control, loss of opportunities to enact valued identities, and loss of usefulness. Theme two, *Using existing identities for coping with the COVID-19 pandemic* represents participants' attempts to assert resilience during these challenges, including a renewed sense of identity and community belonging.

[Table 2 here]

Theme 1: Key identity challenges facing older adults due to the COVID-19 pandemic

Theme 1 highlights social identity threats resulting from the COVID-19 pandemic and related social restrictions. Older adults commonly experience reduced social networks and a changing role in their social groups. However, containment measures imposed by the pandemic created an environment where participants experienced a more rapid change in their social connections and status. These changes impacted the wellbeing of many participants, who reported reduced motivation as a result.

Subtheme 1.1 Loss of autonomy and control

The UK government's pandemic policies communicated and re-enforced older adult's medical vulnerability. There were marked differences in participant's attitudes to these policies. Some recognised their own vulnerability, due to a medical condition or being over 70 years of

age, and hence believed shielding to be a necessary policy. However, most participants expressed some degree of anger about the treatment of older adults as a homogenous group:

Extract 1: Sarah, 74, married, Focus group 4

“I got a bit cross ‘cos I’ve got no physical illnesses so I didn’t have to be sort of I felt I didn’t have to be staying in and I felt quite like an ageist thing. I was probably fitter than some of the thirty-year olds, forty-year olds or whatever”

Sarah’s assertive response challenges the UK government’s approach to protecting the medically vulnerable. She points to herself as not fitting the vulnerable category, and believes the policy response was ageist. Participants who felt that they should not have to stay at home reported threats to their autonomy in having their behaviour restricted.

Their families also challenged older adult’s autonomy. Family members served to re-enforce the perception of older adults’ medical vulnerability by repeating and enforcing the shielding rules of the government. Younger family typically presented this as a desire to protect their loved ones, but participants reported feeling infantilized in their role within the family:

Extract 2: Audrey, 78, widow, Focus group 10

‘...So, when COVID hit initially, because of – how can I put it? – my issues? ...I suddenly became the child, and my sons became the parents and telling me what I could do and what I couldn’t do. And, one of the main things was I wasn’t allowed to go out in their opinion and I really struggled with that greatly’

Audrey describes a lost ability to make decisions during the pandemic and the reversal of the parent/child relationship as a dramatic role change within her family. Only older adults with diminished capacity typically experience this kind of role reversal (Previtali et al., 2020). As such, the pandemic created a concept of older adults as in need of protection, homogenising

the group, and emphasising a stereotype of older adults as vulnerable. Such age-based stereotypes can undermine older adult's self-efficacy (Haslam et al., 2012).

Subtheme 1.2 Loss of opportunities to enact meaningful identities

According to the social identity approach, groups can benefit wellbeing by providing meaning to individuals via their group roles (Jetten et al., 2017). The sudden and enforced social separation due to the pandemic disrupted many participants' active social lives, and their meaningful roles within friendship, family, and social groups. Participants reported missing people, missing physical contact, and missing social activities. Moreover, participants struggled to practice their roles and access meaning from the restricted interactions with group members that they were able to have (e.g. due to social distancing). While these issues affected people of all ages, in this subtheme we identify how these challenges relate to ageing identities.

For instance, grandparenting is often a significant source of meaning for older adults, and the restrictions prevented their ability to meaningfully enact their grandparenting identities:

Extract 3: Isla, 64, married, Focus group 2

'I don't think you ever come to terms with it...because we're quite close to our grandchildren we've seen them since day one and I think that's one reason I retired was to actually spend a lot of time with them. So, yeah, I still think it was a horrible time to have missed so much of their lives because with small children three or four months is a big chunk'

For Isla the grandparent identity was one of her most important, having superseded that of 'worker' when she retired. Reduced contact with grandchildren had an especially distressing element because her ability to fulfil her grandparenting role was constrained by the rapid pace of her grandchildren's development.

Pandemic-related disruption was particularly problematic where geographical closeness to friends and family members had enabled regular face-to-face contact pre-

pandemic. Further, this altered routine contact had a pronounced impact for single participants living alone who had had structured daily and weekly routines around social activities. Our three focus groups with single older adults highlighted how living alone and social isolation during pandemic instigated a loss of routine as well as a loss of meaningful interaction:

Extract 4: Enid, 73, divorced, Focus group 6

'I think I forgot the days of the week...because [prepandemic] I was out virtually every day seeing friends or at some sort of craft group or I was helping out someone and [during the pandemic] I've no structure to my day so I actually got my diary out and I was ticking off and counting the actual days then I knew...I've got no appointments, nothing to, no reason to get up'

COVID-19 meant that shielding older adults who relied on frequent social interactions with friends, family and social groups to fulfil their roles had lost their usual activities, leading to a lack of motivation, boredom, low mood, and a sense of lost meaning in their lives. When these group memberships are threatened, we expect to see negative impacts on wellbeing (Haslam et al., 2018). For older adults, uncertainty about the time-frame for regaining those lost activities compounded their distress, and they felt they had limited future opportunities to meaningfully re-engage in those identities.

Subtheme 1.3 Loss of usefulness

Older adults' sense of usefulness to society is often threatened, with experiences of ageism often beginning whilst still in work and furthering into retirement (Klehe et al., 2012). The pandemic further undermined older adults' sense of usefulness by preventing access to groups where they could actively demonstrate their worth. Pre-pandemic, many participants enjoyed group memberships such as volunteering and informal activities within their local communities. These groups were suspended during the pandemic, and the related activities either abandoned or adopted as solo pursuits.

Extract 5: Tina, 72, single, Focus group 11

'I did feel quite useless, because there's nothing I could do. Because I'm clinically vulnerable, I couldn't offer to help anybody, or do anybody's shopping or anything. So, I did feel like a bit of a spare part really.'

For Tina, being told she was clinically vulnerable meant that she was not able to help anyone. This was common across the sample though was particularly a problem for older adults who fulfilled caring and volunteering roles and self-categorised as 'givers of help'. Initially helping came in many guises, with participants volunteering or making significant contributions to community networks. The pandemic threatened these identities:

Extract 6: Lisa, 77, married, Focus group 4

'It's awful even now I miss it terribly visiting in the hospital dreadfully. I'd been doing it for eleven years now and I really miss it.....So, it's just one of those things and maybe it will come back who knows. Now you know because of my age I may not even be able to do it ever again I don't know.'

Like many participants, Lisa had been volunteering for many years and had built good relationships with other volunteers, affording her social connections and fulfilment of her role as a useful member of society. A particular characteristic of loss of identity for this age group was that they feared that due to their age and health they might never return to these roles. A dearth of these group memberships meant participants felt lacking use or value in their lives, with loss of "existential security" (Haslam et al., 2008).

Theme 2: Using existing identities for coping with the COVID-19 pandemic.

We have established the ways in which participants felt their identities threatened. The second theme focuses on participants' adaption to the challenges posed by the pandemic.

Despite reporting low mood and lack of motivation, this second theme demonstrates participants ability to mobilise positive socially connected and engaged identities to overcome the distress they experienced - distancing themselves from identifying as ‘old’, enhancing their community identities, and engaging in social support.

Subtheme 2.1 Managing the older adult identity to negotiate the pandemic

Older adults are less impacted by negative age stereotypes if they do not self-categorise as older (Hess et al., 2003). Accordingly, many of our participants attempted to maintain a positive identity by distancing themselves from a negative ‘older’ adult category. Participants explicitly identified as ‘young’, talked about age being a ‘state of mind’, or identified with younger friends whilst describing others as ‘old’ or ‘elderly’. Some other participants elevated the status of older adults through social comparisons, with themselves being ‘*lucky*’ or ‘*fortunate*’ relative to other groups:

Extract 7: Bethan, 72, married; Ellie, 78, married, Focus group 3

Bethan: ‘Certainly, for me I am much more thinking that the younger people have been so disadvantaged, it’s not we’ve been fine...I just feel very sorry for them’

Ellie: ‘I agree with you its them I worry about what life has instore for them...managing university isn’t easy at the moment at all...I’d love to see a future for the younger people a real future. The sort of opportunities I had’.

Bethan and Ellie characterise the younger population as more deserving of support during the crisis. Their consideration of younger people is presented as the moral responsibility of the older generation. It also serves to displace the emphasis on older adults as needy, vulnerable and dependent.

Other participants could explicitly draw upon their ‘older’ age as a source of generational pride:

Extract 8: Anna, 76, widow, Focus group 6

'you just get on with it I think you have to...I think the older generation have got this attitude that you just get on with it...it's because we are war babies you see'

Anna references her “war baby” identity, this sense of generational ability to cope (Weiss & Lang, 2009) appeared across focus groups in different household compositions. Participants recognised that being part of this generation had afforded them experience of adversity and development of resilience, which could now be drawn upon, thus placing oneself in a favourable position to younger people.

Subtheme 2.2 Support via a sense of shared community identity

Participants reflected on a feeling of common fate with others in their locale and drew strength from collective coping. Disasters can give rise to collaboration and a shared identity amongst locally affected communities (Drury et al., 2016; McNamara, Stevenson, & Muldoon, 2013), as Trish reports:

Extract 9: Trish, 72, divorced, Focus group 5

'Well I think also we were all in the same boat...everyone was kind of under the same restrictions and in it together and I think there was you know spirit of the so-called Blitz not that I was around at the time but that's what they say...'

Trish draws on communal nostalgic concepts of war-time collective community spirit; success through times of adversity (Iyer & Jetten, 2011; Wildschut et al., 2014). Thus, while social contact was limited, an outward view of nation offered a sense of national success and identity continuity.

Many participants reported actively engaging in neighbourhood activities through distanced means, and these activities facilitated collective coping and an enhanced sense of community or neighbourhood spirit (Stevenson et al., 2020). Harriet elaborates on one example:

Extract 10: Harriet, 75, married, Focus group 6

‘... it’s been absolutely marvellous...people were giving things away and swapping and asking questions, offering to shop and I actually gave quite a lot of plants away, so I was potting things up, vegetables and cuttings and such like and leaving them at the gate for people to pick up...I would say the entire street is my friend now’.

Harriet emphasises the gains made for her neighbourhood through the resources shared in their online group, and that she was able to make a valuable contribution to her local community. Instances of these new-found communities were expressed across men and women in the focus groups, and people who were living with families and living alone.

Further shared bonding activities such as communal activities reiterated a sense of neighbourhood connection:

Extract 11: Terry, 73, divorced, Focus group 9

‘It makes you feel part of the community doesn’t it...I think it was VE Day we all got together you know in a social distance and we even invested in a marquee at the end of September because we thought that come Halloween the kids could have a party, we could have film nights and make money for the food bank...’

Terry’s account emphasises how celebratory occasions demonstrated the neighbourhood’s care for its residents. Some residents reported finding a new group connection with their locale that helped them cope with the stressors of the pandemic.

Subtheme 2.3 Adapting social identities to enable giving and receiving of support

Many participants rallied to adapt their family roles, and reassert ways to support others or “be useful”. It was important for several participants to make use of limited opportunities to provide face-to-face support to others, such as shopping, baking/cooking, and socially distanced visits when allowed. Participants were more willing to provide support than to receive it themselves and expressed discomfort about asking for help. Participant's reluctance to avail of support was evidently due to incompatibility with their identity of ‘giver of help’ and some were explicit in their fear that to do so would place themselves into the negative stereotype of a needy, dependent and burdensome older adult:

Extract 12: Ellie, 78, married, Focus group 3

‘Well if I couldn’t get through whatever I was doing I would probably ask my family for some help but it would be a last resort because I really don’t want them to see me as being vulnerable and needing their help...they would answer any help I requested and if I was really stuck I’ve got a nice neighbour and she would be the same. We’ve gone through quite a lot of incidents together and I feel I could say to her you know but I wouldn’t do it with everybody I just don’t want people to see me as a burden. You know I want to sort my own life out and be independent.’

This desire to maintain independence and resilience was experienced across the sample. Help seeking needed to be reciprocal and with individuals with whom they had established relationships.

Extract 13: Isabel, 74, divorced, Focus group 5

‘Isabel: If one of us feels a bit low we will ring each other up and you can be on the phone or on messenger for about an hour two hours and we feel a bit better.’

Isabel highlighted that participants were comfortable exchanging emotional support with those whom shared an identity as struggling during the pandemic, in opposition to extract 12 where Ellie suggested she would avoid help seeking with family. A possible interpretation

is that the pandemic heightened concerns about age-based divisions and age-based in-group and out-group feeling (Fowler & Gasiorek, 2020). Older adults may be less comfortable showing vulnerability to younger generations, in an attempt to avoid negative stereotyping from out-group members.

Conclusion

We adopted a Social Identity Approach to investigate experiences of identity threat and identity coping strategies in the context of the COVID-19 pandemic among our sample of older adult participants. COVID-19 provided a ‘perfect storm’ of negative ageing stereotypes (Ayalon et al., 2020), as lockdown measures emphasised older adults’ vulnerabilities to illness and mortality, and restricted access to social connections that could have enabled counteracting this stereotype (see Hopkins et al, 2007). This study demonstrates a three-fold distinction of identity threats for older adults in the context of COVID-19: loss of autonomy and control, loss of opportunities to enact meaningful identities, and loss of usefulness.

Firstly, policies and discourse served to make our participants often feel unfairly targeted, and this threatened their feelings of usefulness and autonomy. For some participants, younger family members restricted their autonomy, accelerating a relationship of dependency (see Previtali et al., 2020). Moreover, the social engagements, voluntary activities and family roles disrupted by COVID-19 were the very social activities used and valued by our participants to experience positive ageing in normal times (see Bowling, 2005). In line with research on social relationships and activities offsetting the identity losses of older adulthood (Haslam, et al., 2021), participants had valued their proactive and prosocial activities. The social restrictions of COVID-19 undermined key routines and relationships that gave meaning to their lives (Bowe et al., 2020; Gray & Stevenson, 2020).

There was resilience and coping among our sample, regardless of participants' living situations. Some participants used digital resources to overcome restrictions and remain connected to their social groups. Gonçalves et al. (2021) also reported on the resilience and fast adaption to the changed realities of life in older adults. Some of the participants reported a newfound sense of shared community with neighbours and a feeling of national solidarity (see also Drury et al., 2021). Thus, in line with the Social Identity Model of Identity Change, resilience was associated with maintaining and gaining new identities (Haslam et al, 2018).

Moreover, many participants were keen to use what connectivity remained to reassert their usefulness within their social groups (see Lindsay-Smith et al., 2018). The identity of the 'older adult' provided cognitive resources from belonging to a war-time generation and through comparisons to the younger generations. The various strategies employed by older adults to negotiate feelings of age discrimination served as resources to deal with this identity threat.

Notably, our sample was restricted to British, white individuals over 50. We do not know which of the raised issues are of relevance to other age groups who have been impacted by the pandemic. This study was also not suitable for undertaking an age-based analysis due to organising focus groups by living situation rather than age. Nonetheless, we attempted to capture the breadth of older adults' experiences by recruiting a range of ages, living status and gender. Additional effects of the pandemic may have been excluded due to our theoretically derived focus on identity, and as focus groups were conducted online, only individuals who have access to and the skills to use the technology took part in the research.

Most advice and support during the pandemic has focussed on protecting vulnerable older adults' (Ayalon et. al., 2020). Characterising older adults in protectionist terms inadvertently reinforces stereotypes of redundancy, burdensomeness and incapacity, stereotypes that many older adults have carefully negotiated and successfully overcome in their pre-pandemic lives

(Haslam et al., 2018). In this study, participants achieved some success in navigating the challenges, but others may not have access or skills and may require ongoing additional help. A constructive message would be to recognise the considerable contribution older adults make to family, community, and national life (Cook, 2011; Principi et al., 2014). Next steps are to gear support structures enabling them to return to their prior functions, to counter the downward effects on wellbeing created from the pandemic. Services designed to empower older adults to use the inherent resilience of their identities to contribute to their families and communities could reduce the social effects of the pandemic.

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Table 1. Participant Demographics

Ages (Mean)	Gender	Ethnicity	Relationship/Living Status
Older adults = 52-79 (72.1), younger adult = 27	Female = 25, Male = 8	White British = 33	Married, living with partner = 15 Single, living with parents = 1 Divorced, living alone = 9 Widow, living alone = 5 Separated, living with family = 1 Single, living alone = 2

Table 2. Table of Themes

1: Key identity challenges facing older adults due to the COVID-19 pandemic	2: Using existing identities for coping with the COVID-19 pandemic
Subthemes:	
i. Loss of autonomy and control	i. Managing the older adult identity to negotiate the pandemic
ii. Loss of opportunities to enact meaningful identities	ii. Support via a sense of shared community identity
iii. Loss of usefulness	iii. Adapting social identities to enable giving and receiving of support