



Older adults in a pandemic, vulnerability and resilience

Since the beginning of the COVID-19 pandemic in 2020, older people have been identified as belonging to an at risk group. Most countries advised isolating as much as possible, in addition to the use of masks and the hygiene measures recommended for all. Some have remained isolated since that time, for almost a year, without seeing or embracing their loved ones, if they live alone. Those living in care facilities have been unable to see their families. Many have been living in a world without hugs, of online shopping and celebrations, of sometimes having to deal with social networks they are not fully comfortable with. The difficulties are even worse for those in unstable financial situations.

I am in this category of older adults, as I am 74 years old and live alone. I spent five months without seeing my son who lives in Brazil, or my granddaughter. My daughter and her family live in London. I have an 88-year-old sister-in-law who also lives alone and who spent a year in almost total isolation. The situation of older adults during the pandemic is something that is always on my mind, not just because of my personal situation, but also because I am a researcher in developmental psychology, interested in the life cycle, from conception to death.

When preparing a lecture for the inaugural class to commemorate the 30 years of the Graduate Program in Social Psychology of the Psychological Institute of UERJ (Rio de Janeiro State University), I chose the theme “Science and Social Psychology During A Pandemic.” To this end, I identified and reviewed many scientific articles, none of which dealt with the psychological effects of the pandemic on older adults. When invited to write this editorial, I returned to my search. Although some of the results were a pleasant surprise, they must be considered with caution, and require further investigation.

Before any further comment, the variability of this population, as well as that of other age groups, should be considered in terms of health conditions, housing, educational level, schooling, support networks, life experience, beliefs and values, the presence of dementia or otherwise, among other factors, making generalization almost impossible. It is also important to think about the social inequality endemic in Brazil, which affects older adults. However, some reflections are possible.

The first impacts that emerge are due to older adults being considered part of the at risk and more vulnerable groups. Feelings of fear, anxiety, stress and even anger can be expected, and need to be accepted. In addition, conditions of isolation bring loneliness and can affect the well-being and mental health of older adults. In a systematic review by Tappenden & Tomar¹ “...it was indicated that feelings of isolation or loss of social relationships had implications for a decline in cognition, mood and sensitivity to threats” (p. 25-

26). They can lead to increased cortisol and decreased immunity, affecting sleep and causing weight gain. Thus, effects on physical and mental health are expected. Javadi and Nateghi² also mention these effects.

This is certainly worrying and requires protective measures for older adults. At the same time, there is some evidence, as discussed by Vahia, Jeste & Reynolds III³, that at least part of this population is more resilient than other groups. According to this study, resilience can be attributed to internal or external factors. The former include cognitive ability, personality traits, physical health and differences in the reaction to stress, while the latter involve aspects such as social status and financial stability. This could include the availability of a support network and some mastery of electronic and social media tools.

The authors also discuss a particularly interesting aspect, based on a study with 482 older and middle-aged adults on loneliness and wisdom. Wisdom, according to the study is “a complex personality trait, consisting of specific components such as empathy, compassion, emotional regulation, the capacity for self-reflection, decision-making abilities, and accepting the uncertainty and diversity of perspectives, social counseling and spirituality” (p. 2254). Compassion seems to be a key element.

Wisdom appears to favor resilience, which is essential for dealing with various crises, especially those as long and complex as that which we are experiencing. It is a capacity that can be developed, and involves people’s ability to adapt to difficulties, traumas, threats, tragedies or significant sources of stress. Zanon et al⁴ consider it one of the concepts of positive psychology used in interventions against the psychological suffering caused by the COVID 19 pandemic and its consequences.

A World Health Organization document⁵ lists some of the concerns of older people and their caregivers and how to deal with them: the need for practical and emotional support through informal networks and health professionals; dissemination of simple and clear information on how to reduce the risk of infection; the learning of simple practices of daily physical activities; keeping in touch with loved ones by phone or digitally (and receiving help with the latter); maintaining regular routines as much as possible or developing new ones.

A publication by the British National Health Service, cited by Tappenden & Tomar¹, complements these health-promoting recommendations. This document recommends creating a daily routine to offer structure and goals, and a weekly routine that guarantees a good mix of rest and leisure; identifying that which triggers discouragement to reduce such triggers and negative feelings; taking care of one’s health and well-being, maintaining a healthy diet and exercising regularly to maintain physical and mental health; and keeping in contact with others to reduce loneliness and isolation.

It can be seen, therefore, that although older adults represent a generally more vulnerable group, they do not always react negatively to the adverse conditions of the pandemic. Through their wisdom, they can display resilience and maintain their mental health and reasonable well-being. It is important to remain attentive to their needs and offer protection and care to promote their health, and reduce the psychological suffering inherent in a situation of threat and isolation. These recommendations need to be inscribed in a broader care scenario for older adults.

“We urgently need to reinforce policies for primary health care, create remote monitoring strategies, guarantee supplies for survival, offer concrete guidance and support to LTCFs, care for older adults who live on the streets, support older people who care for other older people or who still work informally for their livelihood, in addition to guaranteeing a humanitarian approach and palliative care, when necessary” (Kalache et al, 2020)⁶.

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