

Old Age and the Pandemic

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Some of the people who have been most affected by and who are at greatest risk of COVID-19 have been older adults.

It is widely recognized that older adults comprise a large and growing age group across much of the industrialized world. Argentina has one of the largest ageing populations within Latin America.

Older adults are a diverse group. They range in age by several decades and they face many social and psychophysical health conditions. Responding to their particular health care and treatment needs is a major longstanding social issue. Measures that attempt to promote active and healthy aging are needed.

The greatest challenges to addressing this issue have traditionally related to age-based discrimination and prejudices, such as the well-known theory of disengagement,^[1] translated to Spanish as 'detachment'.^[2] By treating old age as just a process of generalized involution, solely dependent on biological factors, this theory contributed to abandonment and age discrimination. The conscious and unconscious influence of this theory extends into the study of all areas of study involving old age. Psychoanalysis, too, has not been spared this effect and, even today, has limited its scope by neglecting old age both in theory and in the context of psychotherapeutic care.

The pandemic created a context in which the terrifying threat of contagion shed light on the neglect of older adults, who have been some of the most affected citizens in several countries. This context also threatens to produce age discrimination. A context of forced loneliness and social isolation, as well as institutional living in elder care nursing homes, has been linked to the highest percentage of deaths worldwide. It is worthwhile noting that these deaths came from a small percentage of the sickest within the aging population, not from the majority who live in the community.

Governments have taken many measures to protect this population from additional risk, some of which were rejected by older adults for being blatantly discriminatory. For example, the officials of the city of Buenos Aires tried to prohibit and regulate the travel of people over the age of 70, which infringed upon their rights.

The pandemic and extraordinary measures such as social distancing and sheltering in place have led to a host of problems among older adults.

There are important differences within this broad age group. For some, manifestations of inner conflicts and personal histories play a much larger role than chronic illnesses.^[3] Psychological health depends on the capacity to think about old age and an understanding of one's own ageing process. Maintaining social and work ties and activities also allows one to offset depressive tendencies and to avoid regressing towards the pole of psychic disintegration.

Older adults' emotional histories and inner worlds may serve as a refuge, helping them tolerate being isolated from friends and family. However, the weight of prolonged social distancing may become intolerable nonetheless because of the cumulative effect of losing intergenerational, bodily-affective contact, such as visits from grandchildren, children, and friends. Loneliness is major challenge for

some older adults, one that they previously overcame by going to community centers and various activities are now lost.

Life as a couple stirs up the same conflicts and disagreements of previous life stages, and some adult children are shouldering the burden of acting as mediators or caregivers. There seem to be few urban families living in multi-generational households during lockdown. Adult children may greatly fear infecting their parents, the support they can provide or making it rather more distant than necessary.

Mourning has become more difficult. It is impossible to have funerals for those that die during a shelter-in-place. Funerals are out-of-place and rituals are suspended, contributing to the fear of losing loved ones.

Some couples enjoy the company that the shelter-in-place has imposed on them, and, depending on their former and respective mental and relational health, the couple members reach a satisfying and pleasant coexistence.

Many older adults live alone but are not isolated. They have kept busy with social and professional activities through old age. For them, it seems that sheltering-in-place has not prevented them from keeping up a dynamic life. Creative activity helps them. They have numerous, well-developed psychic resources, and they are used to facing the difficulties of life successfully and with courage.

For older adults, adapting psychotherapeutic care to shelter-in-place and to new communication technologies has resulted in several solutions.

For some, losing face-to-face encounters in the consulting room meant suspending treatment. For them, the lack of interpersonal contact could not be replaced through other means. They felt that they could not reproduce the verbal and non-verbal exchanges and the silences presented by an analytic session. Attempts to retain the session or offer alternatives were futile. Their character made them quite averse to new technologies. I would not consider it to be a special kind of resistance but rather a desire to preserve the therapeutic bond and to resist the impositions of shelter-in-place, relying on the assumption that they will recover the space at some point.

Others have continued treatment uninterrupted and approached it with a positive attitude. These patients are generally endowed with well-integrated personalities and they involve themselves in many activities.

Some people over the age of 80 have phone sessions and avoid video. They are motivated by conflicts with their children and frustrated by the shelter-in-place situation, which brings up memories of paranoid experiences and the aftermath of war trauma. During periods of isolation, narcissistic personalities experience melancholic regressions with occasional lapses in reality testing, delirium, or pseudo-hallucinatory episodes, in which they relive childhood states of frustration and suffering. Many of these scenarios, which are not restricted to older adults, seem to occur rather subtly, which does not make them less dangerous and may instead lead to progressive decompensation or risky behaviors.

Providing care and treatment to older adults is challenging. The pandemic has made this even more apparent. We need professionals who are committed to the care of older adults, and we need to provide training for professionals who did not without training in geriatric care and who may even refuse to treat them.

Major changes await old age after the pandemic. The effects of COVID-19 on humanity's sanitary, cultural, intergenerational spheres are unpredictable.

[1] Cumming, E. & Henry, W.E. (1961). *Growing Old*. New York: Basic Books.

[2] Salvarezza, L. (1988). *Psychogeriatrics: Theory and Practice*. Buenos Aires: Paidós.

[3] Rozitchner, E.M. (2012). *La vejez no pensada*. Buenos Aires: Psicolibro ed.

Translation: Jorge Alcantar