



## COVID-19 and Third Age: psychological relapses of "new behaviours"

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**DOI: 10.2478/gssfj-2020-0017**

### **Abstract**

*The pandemic has forced many countries to introduce restrictions on individual freedom and to support the adoption of hygienically responsible behaviour in order to contain the spread of the infection. The elderly, one of the most fragile sections of the population, have paid and are paying the highest price in terms of contagion and deaths. In Italy, for example, the average age of patients who have died and are positive for SARS-CoV-2 is 80 years (median 82, range 0-109, InterQuartile Range - IQR 74-88). The median age of SARS-CoV-2 positive deceased patients is over 30 years higher than that of infected patients (median age: deceased patients 82 years - infected patients 48 years) [data from Istituto Superiore di Sanità updated 18/11/2020]. It is clear that preventive measures are essential to preserve the elderly from the risk of contracting COVID-19. The psychological impact on the elderly and their relatives of the introduction of "new behaviours" and health safety rules that greatly limit social relationships will be discussed. The medium and long term effects of the various forms of isolation that affect both those living in the family and those who are guests of dedicated facilities concern both emotional and cognitive aspects. The risk is that at the end of the pandemic emergency a large number of elderly people will face increasing levels of non-self-sufficiency and the need for medical and health interventions, which were not necessary in the pre-pandemic phase.*

**Keywords:** *old age; loneliness; self-sufficiency; COVID-19*

### **1. Introduction**

The spread of COVID-19 has, within a short period of time, assumed the dimensions of a global pandemic affecting the vast majority of nations. The novelty of this coronavirus and the lack of effective countermeasures have been and are the main cause of the pandemic's development. For these reasons, the fight against the virus has mainly taken the form of the dissemination of good personal hygiene practices, the adoption of protective devices and social distancing, i.e. prevention activities, pending the production of effective vaccines that will strengthen the prevention system.

As of February 2020, Italy has experienced long periods of limited mobility, changes in the way work and training and upheavals in interpersonal relations, followed closely by almost all countries in the world.

Much has been said and written about the effects of lockdown periods on the economy and on training. While the effects in the economic field are already evident [see the reduction in GDP, which will take several years to recover (Maliszewska, Mattoo, van der Mensbrugge, 2020)] so much so that most governments are forced to intervene financially to support entrepreneurs, craftsmen and workers, the potential negative effects of an education provided mainly or entirely at a distance can only be verified in the medium term.

The fact that the debate on the effects of the pandemic is focused on economics and education is hardly surprising. There is, however, one sector of the population on which only the immediate effects of the pandemic have been focused, without examining in depth what the future effects of the pandemic may be on the quality of life and self-sufficiency of these people, and the economic costs that the various governments will have to bear to cope with these effects.

We refer to the third age, demographically understood as the population over 65, even if, from a psychological and functional point of view, the tendency is now to start this period with the age of 70.

Even if, in the world population, the number of people over 65 seems to be limited compared to other age groups [Fig. 1], the situation changes radically when we analyse the age composition of the European population [Fig. 2], even more so when the analysis concerns nations such as Germany and Italy [Fig. 3], the oldest in the old continent.

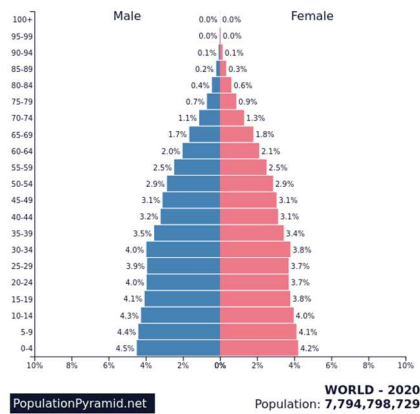


Fig. 1: Age and gender distribution of the world's population in 2020 [Source PopulationPyramid.net]

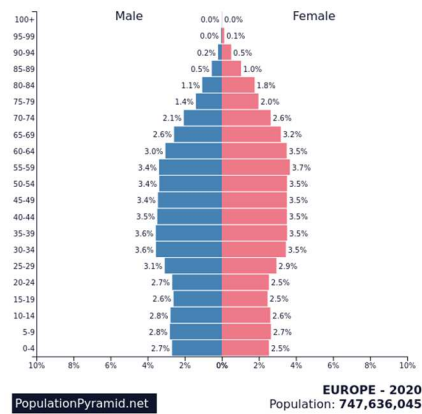


Fig. 2: Age and gender distribution of the European population in 2020 [Source PopulationPyramid.net]

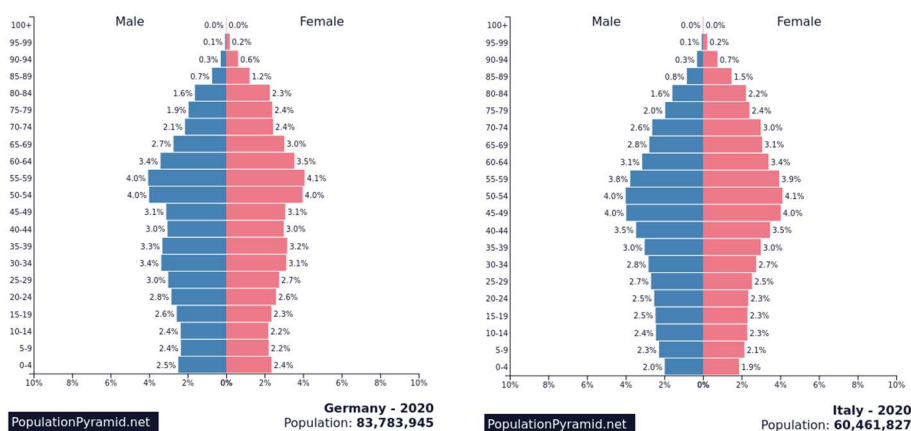


Fig. 3: Age and gender distribution of the population of Germany and Italy in 2020 [Source PopulationPyramid.net]

The over-65s in the world today make up 9.3%, and in Italy they account for 23.3%, a figure that will not even be reached in the world population in 2100 [22.6%], when in Italy the elderly will make up 36.3% (Impact Scool Magazine, 2020).

In the first months of the pandemic, interest in the elderly was linked to the initial belief that the virus affected almost exclusively the elderly and those with debilitating diseases from the point of view of the immune system: both groups would not have had the necessary immune defences to combat the epidemic. The facts have shown that the virus can also affect very young people, but the fact remains that the data indicate that the elderly are the section of the population most affected by COVID-19. In Italy, for example, the median age of deceased SARS-CoV-2 positive patients is 80 years (median 82, range 0-109, InterQuartile Range - IQR 74-88). The median age of deceased SARS-CoV-2 positive patients is more than 30 years higher than that of infected patients (median ages: deceased patients 82 years - infected patients 48 years) [Istituto Superiore di Sanità data updated 18/11/2020].

The development of outbreaks in many residences for the elderly has also ended up focusing the attention of the media and of those who were and are trying to study the phenomenon on the fragility of the elderly and their high mortality rate.

## 2. From emergency to post-COVID-19

In this article we want to shift the focus to the medium-term effects of anti-COVID measures on the elderly population. In other words, we want to focus on those who will survive the pandemic in order to assess which side effects will affect the quality of their lives.

In order to do this, we must first address the issue of self-sufficiency and the factors that can promote it. Historically, the onset of old age has coincided with retirement age: the increase in life expectancy and the slipping of the age limit for workers have encouraged a shift in the threshold of old age. This assimilation of old age and retirement is due to the perception, until a few decades ago, of old age as a withdrawal from life, a return to a phase of non-productivity and dependence. Even in more recent times, at the height of the pandemic, there was no lack of a current of thought

that stigmatised the little usefulness of the elderly, arguing that death should be weighed in relation to people's productivity: those who supported the idea of having to accept the sacrifice of human lives in order to achieve herd immunity did so on the basis that, if human losses had concerned, as they did, mainly the elderly, they would have been a lesser evil, albeit a necessary one. Even if, nowadays, we are inclined to think of the third age in an active key, we cannot fail to consider the importance of changes, in the life of an individual, as sources of stress to which the need to activate forms of adaptation follows. The interruption of the working activity determines a radical change in the habits of life, in social and family relationships and in personal characteristics such as self-esteem, self-efficacy and self-confidence. All these changes require effective adaptations, without which the individual will tend to withdraw into himself, to isolate himself, a fact which, as we shall see, can have a significant impact on psychological well-being and cognitive processes, leading to a gradual lack of self-sufficiency, earlier than one's age.

Every period of transition, of passage from a known state to a less known one, involves stress, the extent of which depends on the nature of the change and the adaptive capacities [Chao, 2011] of the individual. Work occupies a not insignificant percentage of a person's typical day [slightly less than 40% when travel is taken into account (ISTAT, 2019)] and encourages the establishment of social relationships. The tendency to socialise occurs not only in the workplace but also on the way to work, and sometimes work colleagues become part of the small circle of friends. The end of an employment relationship due to age limits suddenly makes available an amount of free time never experienced in the past: taking into account the free time enjoyed during working age, a pensioner finds himself having to occupy around 55% of his typical day (ISTAT, 2019). At the same time, the social relationships that the workplace fostered and cemented are disappearing, making it more difficult to 'fill' the void created by retirement. The return to a more participatory family life also entails difficulties and adaptations: the change of role, the social characterisation, the greater amount of time to spend in contact with family members and the loss of parenthood often associated with retirement as it coincides with the departure of children from the family unit represent so many challenges that the newly retired person has to face. Living together with one's spouse, in particular, seems to require a re-modulation of the relationship, an accommodation of common interests and a greater flexibility in reciprocal behaviour: in fact, the more time one spends together, the more occasions for confrontation-contrast increase, as can be seen from the increase in separations in the areas most affected by COVID-19 subjected to long term restrictions of movement.

But the most interesting element is the passage from an active life with the rhythms dictated by work, to a new phase of existence that can be just as lively and interesting (and in many cases more so than the previous life) but can also result in inactivity, dead time, existential boredom and depression. Maintaining an active lifestyle is helped by a good level of activation, having cultural interests/hobbies to which one can now devote more time, the conviction that retirement and, more generally, the third age, represents a new phase of existence and not the last stage of life. Obviously, in order for activity to characterise this period of life, it is necessary to possess a good level of psycho-physical well-being.

A virtuous circle is created in which keeping active has a positive effect on cognitive functioning, which is maintained in relative efficiency for a longer period of time, favouring the maintenance of a good level of self-sufficiency: all this, obviously, in the absence of invalidating pathologies.

The same virtuous circle can be observed when one relates the number and frequency of social relations to the level of self-sufficiency: the greater the number of social relations, the longer the individual maintains his or her self-sufficiency, and the greater the level of self-sufficiency, the wider the social network.

### **3. Pandemic and normal ageing**

From what has been written above it is clear that maintaining a good number of social relationships is important for the preservation of cognitive functions, self-sufficiency and a good level of perceived psychological well-being, which depends on the presence of positive elements and not only on the absence of negative factors. The pandemic has forced many states to implement lockdown periods of varying severity. The ban on leaving the house, except for documented needs, has limited the possibility of maintaining an active lifestyle. The fact of being able to go out, beyond the permitted occasions (shopping, going to the doctor, etc.), only to carry out physical activities of a certain importance (e.g. jogging, biking, etc.) has certainly not favoured the carrying out of activities more appropriate to old age. In addition, the fear of contracting the virus, which, as has been said, was more lethal for the older age groups, discouraged the carrying out of activities outside the home, leading to a significant reduction in social relations. It could be said that this phenomenon is common to all age groups, but the ability of the elderly to adapt, i.e. to implement replacement behaviour, is less than that of young people and adults. The latter, in fact, faced with restrictions in social contacts, at work, at school and in their free time, have rapidly adapted to new forms of smart working, distance learning and have made more frequent use of mobile phones and tablets to interact remotely with social channels. In the period March-April 2020, corresponding to the first lockdown of the year, there was an increase of between 30% and 40% in traffic on the network: it is estimated that almost half of the world's population is active on the internet and around 2/3 have a mobile phone. However, it was also discovered that signal coverage is not yet present in all territories and that large parts of the population do not have internet access at home. Elderly people suffer from a lack of digital inclusion to a greater extent than young people and adults. Consequently, their ability to respond to social isolation caused by anti-COVID-19 restrictions is lower than that of the rest of the population. As mentioned above, the lower the level of activity and the lower the number and frequency of social relationships, the higher the risk of incurring cognitive impairments that may lead to reduced self-sufficiency.

### **4. Effects of the pandemic in institutionalised elderly people**

If anti-COVID-19 restrictions are a problem for healthy elderly people who live independently and have retained a good level of self-sufficiency, they have greater negative effects when the elderly person is a guest in a dedicated facility. The presence, in a relatively limited environment such as a residence for the elderly (RSA),

of many people potentially at risk given the mortality data by age group, has made it necessary to adopt even stricter restrictive measures. These measures had a twofold purpose: to prevent the spread of the virus from outside the RSAs, and to prevent the residents' families and relatives from becoming potential spreaders of the virus to the outside world in the event of positive cases among the residents. We know that the application of these measures has been deficient, at least in Italy, and that in some facilities 100% positivity and high mortality rates have been reached. We know less about the side effects of the total isolation to which residents of residences for the elderly have been subjected, but we can estimate that they have been of greater magnitude than those suffered by those leading a self-sufficient life. Visits from family members represent the only physical link with the outside world for many of those residing in dedicated facilities: the long interruption of relations with relatives and the almost certain contraction of relations with other residents and staff in order to safeguard everyone's health have exacerbated the sense of loneliness, offering space for depressive thoughts. It is well known that a depressive state can affect cognitive functions: in the most extreme cases the depressed patient can show symptoms similar to those of the onset of degenerative dementias (it is not by chance that we talk about pseudo-dementia when cognitive deficits are associated with a strong depression) [Bianchin, Faggian, 2019]. If depression can induce mood changes and reduced proactivity, cognitive impairment reduces people's autonomy increasing the need for support from caregivers.

## 5. Conclusions

We can imagine that the pandemic, once defeated, will leave a series of economic, health and psychological problems. The extraordinary expenses incurred by the countries affected by the virus, associated with the reduction in consumption and production, will lead to a debt situation that will take several years to recover. From the health point of view, some of the ailments complained of by those who have recovered from COVID-19 are already known, and we can expect an increase in the number of dependent people and an acceleration of the ageing process among the elderly. As regards psychological aspects, although the return to normality may favour the reduction of the disorders observed during the pandemic, in particular during lockdown periods, there will be portions of the population, such as those who have suffered bereavements due to COVID-19 and the elderly with their difficulties in re-establishing the network of social relations, who may manifest a particular fragility associated with difficulties in resuming the pre-COVID-19 lifestyle. These needs will also contribute to increasing the economic damage caused by the pandemic: implementing supportive interventions among institutionalised elderly people would make it possible to contain the loss of self-sufficiency while safeguarding the psychological well-being of the elderly and containing the care costs that would result from a lack of attention to the side effects of isolation resulting from social distancing.

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