

Editorial

What Can We Learn About Psychological Aging By Studying Covid-19?

Lynn M. Martire, PhD¹ and Derek M. Isaacowitz, PhD^{2,*}

¹The Pennsylvania State University, University Park, USA. ²Northeastern University College of Sciences, Boston, Massachusetts, USA.

*Address correspondence to: Derek M. Isaacowitz, PhD, Northeastern University College of Sciences, Boston, MA, USA. E-mail: dmi@neu.edu

The coronavirus 2019 (COVID-19) pandemic has had a worldwide impact in all domains of functioning including health, psychological well-being, financial stability, and social connection. At the time of this writing (November, 2020), the number of COVID-19 infections had escalated significantly since the summer months and many countries were reinstating mandatory use of face masks and social distancing. The threat to the most vulnerable individuals in our population, including the oldest members of society, has been a cause of significant concern since the beginning of this pandemic and will continue to be an important area of health research. In this special section, we present a series of brief research reports focused on the COVID-19 crisis and its psychological implications for older adults.

Papers in this special section provide a snapshot of functioning during the earliest months of the pandemic, in the Winter and Spring of 2020, across a variety of populations and contexts. In addition to Americans living under varying social and travel restrictions, these papers report on experiences of individuals living in Sweden during a period of voluntary social distancing (Kivi et al., 2020) and individuals living in Spain during a mandatory lockdown (Losada-Baltar et al., 2020). Notably, half of these studies utilize life span samples that allow for evaluating how older age predicts better or worse functioning (Barber & Kim, 2020; Bruine de Bruin, 2020; Klaiber et al., 2020; Losada-Balter et al., 2020; Pearman et al., 2020). Moreover, two papers offer valuable perspectives on why being older may strengthen the ability to deal with adversity (Lind et al., 2020) and the importance of using behavioral research to reduce ageism and promote intergenerational solidarity (Ayalon et al., 2020).

Generally speaking, findings from this group of papers suggest that older adults continued to show the prepandemic levels of psychological well-being that are typical of this population (Charles & Carstensen, 2010). Older age was associated with less loneliness and depressive symptoms (Losada-Baltar et al., 2020), and fewer anxiety symptoms (Bruine de Bruin, 2020). In a longitudinal study conducted in Sweden, Kivi and colleagues (2020) found that life satisfaction and loneliness remained stable compared to previous years, and there was an increase in self-rated health and financial satisfaction. Interestingly, more worries about society and more social distancing were related to higher well-being. Klaiber and colleagues (2020) found that, in the early weeks of the pandemic, older adults did not differ from younger adults in their exposure to COVID-19 stressors, but did report better emotional well-being and less reactivity to stressors. As highlighted in the article by Lind and colleagues (2020), older age may proffer psychosocial strengths for dealing with adversity that have been acquired through experiencing life challenges and living through historical periods of population-wide stressors and considerable societal change.

While findings from these brief reports are encouraging, there are of course exceptions. In a longitudinal study, older adults living under shelter-in-place orders reported higher depression and greater loneliness following the onset of the pandemic (Krendl & Perry, 2020). In addition, older individuals who had more negative expectations regarding the duration of the pandemic and its impact on income and the ability to return to “normal” life experienced more stress and negative affect (Whitehead, 2020). Pearman and colleagues (2020) found that anxiety about developing COVID-19 was associated with more COVID-19 stress for older adults relative to younger adults, but proactive coping

(i.e., steps to modify or avoid a stressful event before its occurrence) was associated with less COVID-19 stress.

Putting the Findings in Perspective

In order to better understand the impact of this pandemic on psychological functioning and processes in older adults, it is important to keep in mind that older adults are not a monolithic group (Ayalon et al., 2020). Reflecting the broader literature, this group of studies focuses on community-residing older adults and not nursing home populations who are experiencing the highest infection and mortality rates and perhaps the greatest declines in psychological functioning. As suggested by the Strength and Vulnerability Integration Model (SAVI; Charles, 2010), individuals may experience better psychological well-being in late adulthood to the extent that they are able to control their exposure to stressors. Long-term care residents and older adults who are dependent on family caregivers who visit them in their home have less control over COVID-19 exposure, and greater social isolation, than their independent counterparts. As noted by others (e.g., Luchetti et al., 2020), studies suggesting resilience to loneliness during the pandemic have not included these populations. Moreover, there is evidence that certain minority groups are experiencing worse physical health effects of Covid-19 (Sze et al., 2020), but the work presented in this special section does not yet systematically consider variability in psychological processes across race and ethnicity.

In the context of an infectious disease pandemic, it also is important to keep in mind that the heterogeneity seen at older ages includes variability in the extent to which individuals perceive a risk to their health. One study in this group of papers showed that older age was associated with less perceived risk of getting COVID-19 than younger adults, but also greater perceived risk of dying if getting COVID-19 (Bruine de Bruin, 2020). Similarly, Barber and Kim (2020) found, in comparison to younger adults, older adults (and particularly older men) were more likely to endorse that people are overreacting to the threat of COVID-19 and that it is really no different than the flu. These findings are important because risk perceptions drive subsequent behaviors to protect one's health and the health of others, including social distancing, washing hands, and wearing masks to reduce exposure to respiratory viruses such as COVID-19 (Jefferson et al., 2011).

What Are the Next Steps in Studying Psychological Aging and Covid-19?

We have already noted the need for studying psychological processes in a wider range of older adults, considering both nursing home residents as well as more systematically describing the experiences of groups of diverse racial and ethnic backgrounds. Other next steps seem important as

well. Critically, the COVID-19 pandemic is unfolding in time, but the studies in this special section provide primarily a cross-sectional snapshot of the earliest days of the pandemic. Single time-point studies make sense early on, but the next generation of COVID-19 studies will need to take more seriously that psychological processes are likely to change dynamically as the pandemic itself changes. Micro-longitudinal studies that follow individuals over time will therefore be especially important.

The studies in this special section give some hints about topics that are likely to be important for the next generation of COVID studies. Clearly, loneliness is a critical topic to consider in the context of a pandemic that leads individuals to stay at home and not be able to see friends and family. Given this social disconnection, technology use may play an increasing role in everyone's social life, raising interesting questions about whether older adults face extra barriers in using technology for social connection, and if indeed they might experience even greater benefits from doing so. Thus, the technology-social connection axis will be important for future work.

The next generation of work on COVID should also take seriously that beliefs and attitudes are important in predicting key psychological and physical outcomes. Ageist beliefs may constrain how care is provided and how risk behaviors are assessed. Expectations about how older people *are* or *should be* may also dictate how resources are apportioned. One danger of highlighting the apparent emotional resilience of older adults during the early parts of the pandemic is that such findings might be taken (incorrectly) as evidence that older adults do not need help. The next generation of COVID research on aging will need to seriously consider how psychological processes like attitudes and beliefs can help or hinder older adults getting their full range of needs understood and met.

More generally, the work in this special has been primarily descriptive, which was fitting for providing a snapshot of the earliest days of the pandemic. The next generation of work will need to be more mechanistic, drawing from and testing conceptual models, with the goal of using our knowledge of the pandemic context not just for cataloguing its effects but also for informing and refining how we understand psychological aging more generally.

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