Older Adults in the 2020 Coronavirus Pandemic: Reflections on Vulnerability, Grief, and the Vertical Limit

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ABSTRACT

Despite improving life expectancies in recent years, complications and mortality in older adult COVID-19 infections are higher than any other age group. The impact is significant in older adults and family members and friends who are unable to be with them during illness and death. Additionally, the safety guidelines for masks, distancing, and isolation during outbreaks/exposure contribute to mental and physical health difficulties and have altered and interrupted grief rituals across the world. This commentary addresses these increased vulnerabilities for older adults who are already dealing with the challenges of aging bodies and isolation from families, i.e. who are living in the vertical limits of this life.

Keywords: Older adults; Aging; COVID-19

DESCRIPTION

In the 2000 movie, The Vertical Limit, a mountain climbing team is working to rescue another team trapped at an unsafe height. One member of the rescue team explains to his partner that they are beyond the vertical limit, the height at which life is compromised quickly. According to Harvard Health Publishing [1] medical problems and mortality are enhanced in thin air when oxygen levels fall as climbers get higher. Above 8,000 feet, older adults can begin to have physical problems [para 11]. The body can adjust for a time to the reduced oxygen levels but higher altitudes result in increasing altitude sickness and can be fatal [para 19]. This is true of so many situations in life as we adapt to change and loss [2]. Harris and Ellor suggested that older adulthood may be “the point at which our health gradually declines with greater risk for a variety of conditions that can be fatal” [p.1]. The pandemic of 2020 takes that understanding to a new level of critical experience.

In a time of scientific and health developments which have increased both the average life expectancy of persons and the health, wellness, and quality of life for older persons [3-5], the sudden and intractable pandemic of COVID-19 threatens that progress in tangible and intangible ways. In early 2020, a worldwide pandemic changed life for millions of people in the world. First detected in China, the Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-CoV-2) caused the disease called Covid-19 [6] and spread quickly across the world infecting millions and then killing more than a million worldwide by October, 2020.

The worldwide mortality rate is currently 2.8% [7]. While the morbidity rate varies in age groups, at this time, older adults are particularly vulnerable to the pernicious effects of the Coronavirus, including death as “8 out of 10 COVID-19 deaths reported in the U.S. have been in adults 65 years and older” [8]. The numbers and percentages are staggering. The stories are even more sobering. Here are two examples assembled from a variety of experiences.

Maria has been the caregiver to her mother, Anna, for the past two years. Maria works as an evening shift registered nurse in the emergency room of her local hospital. In March of 2020, Maria tested positive for COVID 19, not realizing that she had been bringing the virus home to her 87-year-old mother for several days. Maria got sick and then Anna got sick. Maria’s brother and his fiancé arrived the next day as they were to get married the following weekend. Anna died of COVID 19 the following week. The wedding had to be postponed and even Anna’s funeral had to be put off until a chaplain stepped in to do a Zoom based memorial service for Anna. Maria, Jose, and Jean have all
recovered from COVID 19, but their grief for Anna is just beginning, especially for Maria.

John and his wife are raising their three grandchildren as their daughter is in prison. John and Mary love their grandchildren, but both work in housekeeping and maintenance jobs and have to be away a lot during the day. When John got sick with COVID 19, he was able to stay in a neighbor’s shed to isolate himself from his family. His wife would bring him food and slide it under the door, but they knew that if anything happened, their grandchildren would not have anyone. Mary thought she could hear John breathing, but he did not speak to her for a couple of hours. Finally, she opened the door a crack and realized he was unresponsive. She called 911 and they came and transported him to the hospital where he died later that day. Her grief is profound as they are uninsured and could not have afforded any more help for him even if it had been available, but she was also guilt stricken that he suffered and died with no family around him.

These deaths deprive adult children of the wisdom of their parents and deprive grandchildren and great grandchildren of the time, attention, regard, and unconditional love of older adults who see in them the future of their legacy and of the world [9,10]. Some argue that older adults will die one day anyway and while that is true, this pandemic has deprived older adults and the children, grandchildren, and great grandchildren who love them not only of additional years with the older adults.

The pandemic, because of rampant contagion including from those who are asymptomatic and apparently well, forces quarantines and lock downs and isolation. Grandparents are in their homes or in care facilities without physical contact with children and young people. Grandparents are deprived of being there for their children and grandchildren for visits, respite care, and holidays. Across the world, many grandparents who would in other circumstances have made visits to meet their new grandchildren are instead isolated and months later still haven’t met them, touched them, or held them [9]. Stories include those who drive to the hospital to see newborns or prematurely born newborns and are not allowed in hospital waiting rooms or hospital rooms because of the coronavirus [11].

Young adults are deprived of weekend respites from parenting once found by weekend adventures of grandchildren with their grandparents. Children are separated from beloved grandparents. Grandparents and great-grandparents hunger for the hugs of children and the joyful voices of play [10]. Missing are children’s choirs singing in care facilities on the weekend. Missing is the opportunity for Easter egg hunts and Halloween trick or treating in care facilities with older adults laughing with children and remembering their own celebrations in days gone by.

The losses of visits, relationship building, family time together, and creating memories together impact older adults, leaving them isolated and depending on technology for contact with family members [12]. Many do not have access to the technology for electronic visits. Nurses and other health care professionals are sometimes able to facilitate an occasional technology visit. Those must often by necessity be brief, are not private, and often awkward.

Reading a book to a three-year-old on a video call is better than nothing, but simply not the same. Beyond these relationship and memory building losses, the death of beloved parents or grandparents in care facilities and emergency rooms and intensive care units impacts final goodbyes. Not being able to be in ICU waiting rooms or at bedside in the loved one’s final moments steals the chance for whispered words of love at the end. Infection control measures for funerals limit the traditional ways of showing care and providing support for the bereaved [13]. The need for older adults to isolate to protect from coronavirus exposure makes the normal avenues for grieving inaccessible to them. When we cannot take a casserole or sit Shiva or pray together or share sweet memories and pictures, the comforts of grieving together are absent. Covid-19 is taking away not only lives but the healing of ritual in grief [14,15]. It is like being deprived of emotional oxygen so necessary to healing and health.

The longer the pandemic lasts and the burden of multiple losses and grief increases, the greater the impact on physical and mental health. How tragic that we face a psychological vertical limit when the quality of life of older adults is as threatened and compromised as the physical vertical limit for older adults. The similarities are stark. The oxygen of laughter, the warmth of human touch, the beauty of presence at the end of life, and the potential for human growth and achievement that comes with learning intergenerationally are all compromised like oxygen sucked out of the room of life.

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