




Letter to the Editor

The Elderly as the Symbol of a Generation's Experience through Covid-19 Pandemic

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Coronaviruses are a large family of viruses first discovered in 1960. On two occasions, the coronavirus spread rapidly resulting in an increased death toll; in 2003 the SARS coronavirus hit China and in 2012, the MERS coronavirus hit Saudi Arabia (1). Most recently, in 2019, a rare type of this virus, called covid-19, spread through China (2). By 27 June, 2020, 9,727,000 people were diagnosed with the disease around the world, 492,000 of whom have died. Laboratory studies in Iran (from the onset of the disease up to June 27) have shown that 215,096 people have contracted the disease, 10,130 of whom have deceased (3).

The unprecedented nature as well as the high spread rate of this disease has caused panic among individuals that leads to psychosocial disorders in some cases. Vulnerable groups, including cardiovascular patients, patients with pulmonary complications and immunodeficiency and the elderly face substantial risks. The present article focuses on concern for the coronavirus in the elderly and the psychosocial support (free from prejudice) extended toward them.

While in the 20th century, the main challenge of public health consisted of "increasing life expectancy", in the 21st century, the challenge is to improve the quality of life (4). Hence, the healthcare system does not focus on simply increasing the lifespan in the elderly, but considers just as important the quality of their lives. Since the outbreak of the coronavirus, economic and social structures have undergone changes that have, in turn, changed the quality of relations between the elderly and their friends, neighbors and relatives. On the one hand, some old people have lost their jobs, a fact that has consequently decreased their contacts with the work environment. Furthermore, the lockdown on public places such as parks, mosques and religious-cultural events, imposed so as to curb the spread of the disease, has further limited the interactive

network of the elderly. As a result the social interactions of the elderly have drastically decreased which influences their psychosocial health (5). Furthermore, social media messages about how the virus infects the elderly more readily, decreases their self-confidence and shatters their hope of treatment (in case of catching the disease). Such an approach toward the disease in this manner only poses problems to the elderly in emergency situations. It can be argued that such an approach, taken to its extremes, can be considered as an instance of elder neglect.

Limited research attesting to the vulnerability of the elderly in crises (6-7) such as the coronavirus has led to biased, and at times extreme, opinions about the capabilities of the elderly. In other words, the dominant view highlights the weakness and the helplessness of the elderly. Such an outlook can lead to social stigma which marginalizes this group and renders them more vulnerable against viral diseases.

Other studies have shown, for instance, that the adults surviving natural disasters have experienced a higher level of positive mental health in comparison to the youth. This study shows that, interestingly, following a natural disaster, old age does not lead to higher vulnerability (8). These studies indicate that the elderly are fitting narrators of the past who can, at the same time, add diversity to social interactions and spread hope for better days among the youth. Having served as witnesses to hardships and ups and downs through history, the elderly have amassed priceless experience that, used in the correct way, provides them with the ability to encourage hope and resiliency as well as motivate their families and the society.

It is true that a crisis such as the coronavirus poses a different level of risk to the elderly, but this simply means that the elderly must be more cautious. Apart from following a healthy lifestyle, the emotional

support given by the family and the acquaintances enables the elderly to engage in constructive relations with other members of the society (9). It is imperative, facing the present crisis, that we reinforce a sense of responsibility in the elderly. What we extend toward them can be regarded as some sort of investment the benefits of which we will enjoy in near future.

At the onset of the coronavirus, there were rumors of the virus being manufactured so as to remove non-productive and older people from the lifecycle in order to make way for productive and younger members of the society. Recent reports in some countries confirm that some hospitals extend limited care toward their older patients. Psychosocial experts, focusing on social factors that influence healthcare services, must fight inhumane biases that violate people's natural rights and must enlighten the public against such tendencies. The elderly are valuable members of any society who deserve equal social as well as clinical support. Organizing extensive psychosocial support during the coronavirus crisis is a cross-sectional endeavor that requires collaboration among several public and private apparatuses and experts from various fields of study (10).

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Authors' contributions

Mohammad Sabzi designed the study, and collected the data. Dr. Seyyed Mohammad Hossein Javadi provided scientific content. Sara Nouroozi, and Moslem Arian collected the data and revised the manuscript. All the authors read and approved the final manuscript.

Conflict of Interests

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References

1. Yamamoto M, Matsuyama S, Li X, Takeda M, Kawaguchi Y, Inoue JI, et al. Identification of nafamostat as a potent inhibitor of Middle East respiratory syndrome coronavirus S protein-mediated membrane fusion using the split-protein-based cell-cell fusion assay. *Antimicrobial Agents and Chemotherapy*. 2016; 60(11): 6532-9.
2. Canrong WU, Yang Y, Yang LI, Zhang P, Wang Y, Wang Q. Furin, a potential therapeutic target for COVID-19. *ChinArxiv* [Internet]. 2020

3. Ministry of Health and Medical Education of the Islamic Republic of Iran [Internet]. 2020. Available from: <https://behdasht.gov.ir/>
4. Farzaneh S, Alizadeh S. A survey on effects of social risk factors on social health of elderlies of Babol. *Quarterly of Socio-Cultural Development Studies*. 2013; 2(1): 183-208. [Persian]
5. Khalili F, Sam Sh, Sharifirad GhR, Hassanzadeh A, Kazemi M. The relationship between perceived social support and social health of elderly. *Journal of Health System Research*. 2011; 7(6):1216-25. [Persian]
6. Jia Z, Tian W, Liu W, Cao Y, Yan J, Shun Z. Are the elderly more vulnerable to psychological impact of natural disaster? A population-based survey of adult survivors of the 2008 Sichuan earthquake. *BMC Public Health*. 2010; 10(1): 1–11.
7. Lin MR, Huang W, Huang C, Hwang HF, Tsai LW, Chiu YN. The impact of the Chi-Chi earthquake on quality of life among elderly survivors in Taiwan—a before and after study. *Quality of Life Research*. 2002; 11(4): 379–388.
8. Hassan Rafiey, Momtaz YA, Alipour F, Khankeh H, Ahmadi S, Khoshnami MS, Khoshnami S. Are older people more vulnerable to long-term impacts of disasters?. *Clinical Interventions in Aging*. 2016; 11: 1791-5
9. Sajjadi H, Biglaryian A. Quality of life among elderly women in Kahrizak charity foundation, Tehran, Iran. *Payesh*. 2007; 6(2): 105-8. [Persian]
10. Javadi SMH, Arian M, Qorbani-Vanajemi M. The need for psychosocial interventions to manage the coronavirus crisis. *Iranian Journal of Psychiatry and Behavioral Sciences*. 2020; 14(1).