

Stop calling them 'elderly': Talking to older adults about self-isolating

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Geoffrey Hoffman, assistant professor of nursing at the University of Michigan, studies older adult care and health policies that affect older adults. The mortality rate for COVID-19 increases for older adults, yet we've seen anecdotal evidence and media reports of older adults not self-isolating and millennials flouting warnings against gathering in groups. Hoffman discusses stigma and isolation among older adults, and how to talk to your older parents and friends about staying safe in coronavirus.

Why do you think some older adults don't heed warnings to self-isolate?

First, we don't have population data telling us that older adults are going out more than others. That said, I, like everyone else, have anecdotal observations from my own family with some of those same concerns, and I've seen the media reports. My caution would be to be wary of that anecdotal information. Ingrained stereotypes often can influence our perceptions, letting us possibly overstate the problem. For instance, [negative views](#) about aging, including stereotyping older

adults as incapable of making decisions or taking care of themselves, may let us more easily perceive that they aren't doing so. It's fairly easy to stereotype. For instance, the word "elderly" has a negative connotation. Older adult is a less stigmatizing choice. That said, stereotypes embedded in language and thinking can lead to stigma, and I think stigma might explain some of these observed behaviors of going out when we think older adults should self-isolate.

If one is an older adult, and wants to avoid stigma, a natural response is to perceive oneself as safe and healthy, and not at risk, and to engage in behavior accordingly. I study falls, and I think those also illustrate some of the same stigma where older adults are often reluctant to discuss them and may engage in behaviors that others consider unsafe—yet that response may actually reflect a drive to stay active and enjoy a good quality of life. I think we need to be careful, and remember that things aren't entirely black and white. Things that don't appear entirely ideal from a public health or prevention perspective, including for [coronavirus](#), aren't all bad—they may be healthy in the sense that they reflect a desire of older adults to engage and have a full quality of life.

There is a psychological theory that is really interesting that I've applied to falls, that may have some bearing here. People like to operate in an environment that feels safe to them. What often happens with aging, when there are functional limitations, is that operating in the usual environment becomes less safe, so you start restricting down—you don't use the second floor, or you have to go to a nursing home. That's called secondary control, and that process can be really jarring. I think that can apply to what we're seeing now.

Moving to those secondary control patterns, like moving into a nursing home, or using a cane so you can more safely manage your environment—older

adults push back against those changes because of stigma and not wanting to feel "old" as in perceived to be frail and limited by others. I think that loss of control can feel very wrenching, and coronavirus may trigger some of those feelings, like they're sort of giving up the car keys to their own life. All of us to some extent have less primary control or ability to master our environments right now, and have had to restrict how we operate within our usual environments, which has also been very jarring. The impact on older adults from these transitions and the sense of loss of autonomy may be even greater.

Many older adults don't work and don't use social media. They depend on social interaction to stay engaged. Imagine if a vast majority of younger and middle-aged adults didn't have technology or didn't know how to use it. One of my grandmas, when she was 88 and she was getting more lonely, I tried to set her up with Skype on an iPad we got for her, but her arthritic fingers couldn't operate it. Loneliness and isolation are really big issues for older adults and that's something I really worry about. I would love to see some kind of intergenerational effort ... but you haven't heard of a big national mobilization to help support these older adults on a broad scale, and that to me is a little heartbreaking. So less self-isolation may also be a way to stay connected.

How can we talk to older adults to make them take self-isolation seriously without stigmatizing?

A guiding principle in gerontology to support older adults is to value autonomy and choice. That can be a challenge if, for instance, your grandmother only wants to eat ice cream. You may become uncomfortable, but it may be appropriate to highly value that choice over your appreciation for the health effects of that choice. That emphasis on autonomy can be difficult with this virus situation. We know the numbers—they're pretty bad for the oldest older adults. So, education and support are crucial. Gently and respectfully being supportive of autonomy but acknowledging risk is critical, so I might say more than shaming or talking, it might help to walk the walk. Give older adults information about risk, but also provide help with technology.

Deliver medications and groceries; clean door knobs, call nursing homes, provide support to caregivers. It's a more courteous way to ease older adults into a nonstigmatized safe place to address the virus. If it's a stigma that's driving this, we have to have a really nonstigmatic approach.

You read terms for the coronavirus like "boomer remover" and see photos of millennials partying in groups. Has this revealed something about generational rifts?

I think culturally the U.S. has perceived aging as a negative, and we worship youth. The boomers' high level of activity and living longer is a sign of progress that aging doesn't have to be negatively perceived, and I think rifts are closing because of that progress. At the same time, because boomers no longer see themselves as old, we do risk re-stigmatizing them in this process, both by calling them out (for not self-isolating) and also for neglecting the truly frail older adults. When I hear family members say, "I'm not old," we're re-stigmatizing people that they think are old, who are the many of us and our friends and [family members](#) with long-term conditions like dementia or functional limitations. Many of us will end up with those or other conditions, and we'd all do well to find ways to support aging, rather than being afraid of or scorning it. The privileged, functional [older adults](#) and the young are both enabling us to stigmatize frailty, and this is really damaging. When we do so, we make it that much easier to think of being old as simply being frail and vulnerable as opposed to finding ways to optimize function while supporting independence, autonomy and well-being.

Provided by University of Michigan

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