

What successful ageing can teach us about surviving the COVID-19 crisis?



Like you, my news feed both professionally and personally has been littered with motivational quotes on how to stay connected during these difficult times. Ideas on eating well and cooking on a budget. Ideas for craft activities to keep the mind active. National Theatres across the Globe, live streaming their shows for those who can no longer get to see them in person.

Many who took their goals and motivation from work, have found themselves at home wrestling with new technology in order to stay connected, shifting to other ways to stay fit and healthy. Still many more, have found themselves suddenly out of work facing weeks and months on an ever-shrinking income with no idea when and how far their savings will stretch. For many older people, this scenario sounds all too familiar and like the diverse populations that we are, there will be some who find resilience to see themselves through this ever-changing landscape and there will be others who slip into apathy and poor mental health behaviours. It is therefore quite ironic, that the age group largely ignored in many reports on the current health crisis other than as statistics, can actually teach us about how we might best survive this time. Those successful agers are perhaps those who should be providing the much-needed commentary from their banks of wisdom.

So why is successful ageing a useful lens through which to view how we might best come out of this health crisis a more resilient version of our former selves?

Well let's start with a canter through other ageing theories.

Definitions, such as active ageing or healthy ageing, hold normative definitions of an ideal state at the heart of their thinking. Such normative outcomes imply a highly standardised society with the standards extolled being those that reflect the values and priorities of the middle and upper classes. Ageing, however, should not be a phenomenon restricted, defined and /or dictated by social class.

Successful ageing on the other hand refers to adaptivity and behavioural plasticity which also does not imply a single outcome or societally driven life goal. Being older in years should not logically mean you are unhealthy but unfortunately medical ageism is alive and well.



'YOU'RE DELIBERATLY PUTTING YOURSELF
AT RISK OF ILL HEALTH BY BEING OVER 65...'

In other theories, disengaging from your former life is noted a way to age well and respond to the rapid decline in social contact and ageing changes. **This Disengagement Theory** deems it to be an essential facet of a healthy society in terms of its stability for those who are old to make way for those who are young. In our current crisis that would mean that the way to survive would be to give up all of who you are and adopt the mantle of an entirely new role in society. Disengagement theory, however, is one of the most heavily criticised owing to its overt ageism.

Activity theory, which suggests the complete opposite, concludes that social inclusion and interaction are the precursors to ageing well. It has translated to be one of the most often used theories in the development of activities for older people in aged care and retirement living communities. However as with other ageing theories, Activity Theory is not without its flaws. The research conducted in this area has often been focused on ubiquitous activities without a more detailed examination of the relative impact between a wide range of people. This is like saying that all everyone needs to do is learn to play bridge or do a jigsaw or walk 5km a day to age well. In other words, the benefit from each activity will be felt the same by all people who take part in it.

This is why the Top Ten Checklists way to survive the COVID-19 crisis are useless for many. They do not recognise the individual nature of the person and they do not understand the process or stage of thinking that the person will find themselves experiencing.

In Continuity Theory, the main assumption is that we can age well by leaning on the construct of who we were in our past and thereby creating developmental goals for ourselves so we can design who we want to be in the future. This theory misses the fundamental concept that continuity from your past to your future might not be possible especially where no past experience exists that is relevant to your redesigned future.

What these theories all have in common is the exploration of resilience, which is highly adaptive at a universal level, and can lead to what we colloquially known as “grit”. But what they all also lack is the understanding of the impact of ageing physically as entirely personal and so is the relationship to the ensuing changes.

It is here then that the body of knowledge on the process of successful ageing will be most helpful. It acknowledges that the balance between gains and losses becomes less positive through ageing and this phenomenon is also part of the subjective expectations about old age.

So, could it be that in order to arrive out the other end of this health crisis with a good dose of resilience, it is as much about our understanding of the inherent gains and losses we are currently experiencing and our expectations that need to adjust accordingly? Not simply trying to keep going with the life we had before we were confined indoors.

It is this central assumption that underpins the overall concept of successful ageing that is most relevant to how it might teach us in our current health crisis. In particular around the process of selection, optimisation, and compensation. Let me explain

If the process of achieving successful ageing helps individuals minimise loss and maximise gains in response to everyday functioning, then we probably need to sit up and listen hard. The research tells us that those who age successfully in turn achieve a sense of wellbeing, high self-assessed quality of life and a sense of personal fulfilment.

From this it is possible to conclude that those not able to adapt quickly to their changing circumstances might struggle the most. Even if that adaptation is temporary. This process of successful ageing involves selecting new goals, optimising living with the resources available and compensating for what you can no longer do on your own.

Let's take a look at each of those processes.

Selection refers to the search, creation and acceptance of goals and expectations against the backdrop of increasing restrictions. It has strong links to the findings of strong self-worth and self-efficacy in personality psychology.

It is particularly relevant in older people as the array of resources potentially diminishes but is now highly relevant in these COVID-19 times, as resources are stripped away from us, whether its income, social contact, help with the children and so on.

Optimisation, the second concept, refers to the development of resources and therefore increased adaptation. Examples include developing new skills or refining existing skills and regularly checking in how those new skills are tracking against the backdrop of those new goals.

Compensation, the third component of successful ageing, is the processes of mastering the loss of resources in old age and the use of alternative means to reach the same goal. Examples of compensation include external support such as people and technology and allotting more time to achieve the desired goal. For successful ageing at home, further examples include home modifications such as grab rails in the shower, ramps to accommodate easier access to the home and changing floor materials to avoid slipping.

So, how could we apply this successful ageing thinking to our current COVID-19 situation.

Research tells us that older people most able to adapt well to ageing and have better mental health behaviours, will engage with either a selection of new goals, optimisation of the resources already held or compensate for the loss of resources.

A useful exercise, therefore, is to firstly see if you are doing any of those things. Are you reaching out to people for help or are you trying to do it all on your own (compensation)? Are you adapting to your new situation and checking in with yourself and others about the new ways of living and whether they are really working for you (Optimisation)? Or have you adapted to your new situation by letting go of existing goals and ways of living (Selection). We know in successful ageing, that those most at risk of not developing positive mental health behaviours are those not showing any of the examples of behaviour change in any of those three domains.

So, when you have finished reading this, why not make a list of things you have adapted from your pre-COVID life to the life you expect to live now. How often have you reached out for help?

How have you selected which goals to keep going with and what you have chosen to refine? Are there any skills that you had forgotten you had that are now proving useful? Or are there new skills that you have had to learn such as making work video calls that have been challenging but ultimately satisfying. By making these positive choices to change, rather than feeling this is all being done to you, will find your resilience grow. A useful skill when you retire perhaps?

Now is also the opportunity to take this time to stop and reflect about how these experiences are those keenly felt by our older population. No motivational quotes for them. No extra support on a day-to-day basis. No live streamed concerts or cut-price local food delivery.

So, this global health crisis is helping us learn about resilience and grit. It has also given us a front row seat to declining mental health when the supporting structures of work are ripped from us when we didn't ask for the change. This inevitable process, like ageing and retirement are the lived experiences of many of our older population. Maybe at last we can afford the respect to those successful agers and whose lived experience is more permanent than a COVID-19 crisis. We could certainly learn a thing or two I'm sure.