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INTRODUCTION: COVID-19 and Aging Bodies – What Do We Mean When We Say That Older Adults Are Most ‘Affected’ by COVID-19?

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The COVID-19 pandemic and – in particular – the socio-political responses to it (Fassin and Lipman 2020), are persistently challenging aging bodies across the globe: virally threatening, distancing and isolating them; categorizing, protecting and neglecting them; relocating, disinfecting and re-educating them; slowing down, accelerating and virtualizing them, and, too often, killing them. COVID-19 and its consequences for older adults and processes of aging also pose a challenge to the body of work that explores the intersection of aging and anthropology. While often cut off from those whom they wanted to voice the most, scholars were nevertheless urged to speak out and say something, preferably avoiding the much voiced adjectives “unprecedented” or “unseen.” It is on the juncture between both bodies challenged to transform – “both a reference point in a world of flux and an epitome of that flux” (Frank 1991, 40) – the contributions in this special section were developed. Each accounting for the complexities of bodily agency, they articulate particular answers to the question: what do we mean when we say that older adults are most ‘affected’ by this pandemic? Reading the articles in this section diffractively, i.e. “considering the entanglement of bodies, texts, relationships, data, language, and theory that we are just beginning to understand” (Mazzei 2014, 745), more generally offers different counternarratives to homogenized vulnerability, different faces of suffering, different allocations of responsibility and different possibilities for the anthropology of aging to account for different processes of aging.

We surely mean that responses to COVID-19 have changed the *spatio-temporalities* of aging bodies and have challenged the often precarious and vital *relations of interdependency* older adults are constitutively part of. For older adults in networks of care in South Africa, **Lenore Manderson and Susan Levine** consider how “caregiving continues in environments of lack” during COVID-19’s harsh lockdown. While a minority of white, middle-class older adults have suffered from months without face-to-face contact in institutional care, the majority of black and colored South Africans has suffered from the isolation that has only exacerbated existing health problems and has led to an increase in socio-biological suffering and mortality (suicide, cardiomyopathy, alcohol-abuse, gender-based violence). While there was certainly an excess mortality among aged South-Africans due to the virus, the consequences of COVID-19 have mostly negatively affected the possibility to care for oneself and for others. Whether South African older adults are care recipients, care providers, or both, they generally rely on fluid and instable households. This fluidity is further exacerbated by the effects of COVID-19, such as higher unemployment rates and changes in household composition. The already fragile

infrastructures of care – “the assemblage of people, spaces and material items that link the home with external structures of care” – are now extremely disrupted due to the shifting proxemics of external resources. COVID-19 security measures have thus amplified the syndemics of poverty, racial inequality, chronic conditions (such as HIV) and aging.

Cortney Huges Rinker, M. Aspen Bataille and Loumaire Figueroa Ortiz revisit the concept of the “kin contract” (Suad Joseph 2005) to account for the conflicting responsibilities Latinx elderly face today in Northern Virginia, as family and the state converge. The “kin contract” brings to the fore how “belonging, identity, citizenship and responsibility” are firstly negotiated on the level of the family. Older adults are an important and complexly wired node in the web of family life; e.g., as caregivers for grandchildren, and multi-generational households are often the pillar of economic subsistence and the result of financial, political, familial and cultural negotiations. Today, Latinx older adults are increasingly forced to navigate good citizenship – respecting physical distancing and keeping away from family members – with good (grand)parenthood – fulfilling the familial and cultural duty to care for grandchildren and support the family. The political response to COVID-19 has been both a magnifier of socio-economic and racial inequalities and a disrupter of the navigational practices of citizens to cope with these inequalities and articulate modes of belonging.

For middle-class Indian older adults, **Tannistha Samanta** foresees more promising and democratic consequences of the reorderings of space and relationality during COVID-19. She engages with Bourdieu’s concept of habitus to illuminate the cultural politics of space-making, democratic belonging and intimacy through the performance of non-kin amity and friendship among older middle-class Indians. COVID-19 restrictions have repatterned the occupation of public space and have challenged the common practice of *adda* or ‘morning walks’: routinized walks and unfocused conversations, commonly conducted as modes of later-life conviviality, strongly tied to the cultural memory of place and generally patterned by class and gender. The processual and agentive nature of habituation invites for the hypothetical question as to whether post-pandemic re-orderings of public spaces will ultimately transform the habitus of older middle-class Indians, as they engage in alternative performances of the ordinary practices of *adda*, in their houses, maybe across gender and class divides. She argues for a post-pandemic environmental gerontology that focuses on the socio-spatial dimensions of public spaces and foregrounds the performance of later-life amity as a particularly powerful counternarrative to the discourse of victimhood and passivity that was invigorated by the COVID-19 pandemic. Additionally, the author advocates for a culturally sensitive sociology of age, where multiple, often contradictory modernities are recognized and where age is consistently thought relationally, historically contingent and spatio-temporally performed.

The processuality of spaces, webs and relations of aging is similarly addressed by **Nanami Suzuki**, who explores the future possibilities for pandemic and post-pandemic aging-friendly societies in Japan. Building on years of experience in fostering intergenerational solidarity and supporting older adults to become “visible” as experienced and skilled members of society, she shares diverse flexible adaptations to the limitations in face-to-face interactions in Japan throughout first, second and third waves of COVID-19 infections. She provides examples of more extraordinary good practices such as “alternative facetime” in nursing homes and signs of solidarity from school children to hospital staff. She also pays particular attention to how aging-friendly spaces and communities can be designed to adapt to ever-changing circumstances while seeing to the needs of “living” through multiple stages of life, such as moving to a CCRC, starting the schoolyear or celebrating cultural festivities. Suzuki powerfully imagines the normalization of a community woven with threads of diverse opportunities, a social tissue flexible enough to support the abilities and needs of all generations, and particularly, to foster the communication between them, also when this means engaging with unworldly others.

When we say that COVID-19 has mostly ‘affected’ older adults, we also means that their *possibility of exerting agency* in relation to the state, to the family and non-kin peers, to physical impairments and to the future has been challenged. **Amy Clotworthy and Rudi G.J. Westendorp** illuminate the dialogue between governmental “risk management” and political agency by older adults during the COVID-19 pandemic in Denmark. As in many countries over the world, the Danish government has taken on an authoritative approach based on a risk analysis, which has led to measures that aim to protect a large, homogenized group of older adults (65+), together with the chronically ill. This policy in crisis contrasts starkly with the more neoliberal approach (e.g., risk-adverse policy, stressing individual responsibility to take rational decisions (see Clotworthy 2020)) that Denmark has developed since the nineties, and is more similar to the previous Scandinavian model, where the common good was protected and furthered by the state. Today, older adults find themselves anachronistically in a paternal state, that takes rational decisions for their “own good.” The authors show how, rather than becoming docile bodies overnight, older adults build on decades of taking up their own responsibility to respond as citizens to the uncertainty and ambiguity of political strategies by acting upon “their situated risk” (e.g., comorbidities) and reclaim political belonging through relational autonomy. The authors argue that, in future public health crises, the state would do good to take appropriate and proportional measures, taking into account that older adults are capable of acting as rational agents, and that this strategy would ultimately benefit “the common good.”

Also, **Sarah Lamb** highlights how older adults do much more with the pandemic situation than ‘just coping’ and draw on experience that comes with aging to maintain and transform selves amidst limitations. She draws from virtual and telephone conversations with older Americans, to show the variety of older adults’ experiences and strategies. Whereas, in the midst of real and large-scale human suffering, it might feel odd to voice humor, resilience and pleasure, she rightfully diagnoses this as a necessary antidote against the ageism that stems from the homogenization of a large group of older adults. Lamb shows another face of intergenerational solidarity, where most of the participants witness feeling the pandemic and quarantine as much heavier for the younger generation: while they ‘are basically fine’ as they witness having “*had a good life,*” younger people are now missing out on some of the chances to build one. The narratives also tell of how the pandemic is faced against the backdrop of accrued life experience (Vietnam war, hardship, ...) that has given them the time to accumulate resiliency to cope with the fears and losses that come with the pandemic. While much of the attention in terms of sociality of older adults has been on isolation and loneliness, these narratives also tell of another vibrant sociality, that is re-invented by older adults: while not denying that they would “dump the alone time in a second,” the narratives tell of chairs being pulled in the door opening and garden diners, of Zoomtime and facetime, and of learning experiences in the present. Similarly pointing out the agency of older adults to relate – and transform – their categorization, “oldness” and the security measures and recommendations that come with it, are embraced as an empowering category.

While equally resilient and agentive in ‘peace time,’ a phenomenological analysis of the “stories of remoteness” by older adults in rural areas in South Karelia (Russia) **Konstantin Galkin** has collected during the pandemic, shows that there are limits to processes of adaptation, that these limitations intersect with deficit infrastructures, and that isolation, loneliness and fears of becoming obsolete are felt through the body that becomes “closed and squeezed up in a narrow frame.” The stories of Marina, Ekaterina and Sergei, three older adults facing multiple chronic health conditions, show how the restrictions imposed by COVID-19 add up to the infrastructure deficits of the villages of Renelle and Pyatnoye, and mostly impact their sense of agency and the possibility to choose where to go, whom to meet, and where to seek the best medical care. The complex intertwining of physical, social and mental well-being older adults reported before the outbreak of the pandemic, is now distorted, and this crisis

makes clear that the quality of life older adults has always depended on the possibility to leave the village to go the city where they could “communicate” with friends (not unlikeable neighbors) and where they could relax, and feel alive. Caught between the fear of contracting the virus and the fear of aging or “degenerating” in isolation, the older body loses agency, mobility and futurity, as limitations endemic to living in rural areas, become insurmountable due to the consequences of COVID-19

That the consequences of the pandemic are primarily felt through the body, is also powerfully voiced in the rapid qualitative appraisal of narratives of care workers in a long-term care facility in North Carolina by **Andrea Freidus and Dena Shenk**. Turning to affect theory, they analyze fear/helplessness, sadness/grief, anger/frustration and trauma/stress and exhaustion as affective engagements with the structural deficits that prevent care workers to properly care for older adults, and for themselves. Not unlike the Latinx community, the black majority in South Africa or the older adults in South Karella, care workers are reminded during this crisis, of their position in society and of the position of those they care for. Freidus and Shenk maximize the analytical potential of emotion and the circulation of affect: while emotions are individually felt, they reflect and make up the socio-political landscapes, including persistent inequities, state’s negligence of care work and ageism. The prominent feelings the care workers report during a major outbreak reflect the structural devaluation of care workers’ lives, and of the lives of those they care for, that is even more palpable during – but far from exclusive to – this public health crisis.

The stories of untimely and lonely deaths due to COVID-19 such as reported by Freidus and Shenk, contrast starkly with Viggo’s dying as recounted by his family and friends and evoked in the multimodal ethnographic piece by **Sofie Rosenlund Lau, Nanna Hauge Kristensen and Bjarke Oxlund**. The authors realistically capture the unforeseen opportunities for qualitative and worthy dying in pandemic times, as the ordinary modern practices of “timing and taming death” are disrupted. The life of Viggo, a Danish man in his mid-70’s, living with several impairments, was commonly characterized by the ordinary pace of caregiving. As the soundbites express, COVID-19 was first but a background noise, a politicized event intersecting with the sounds of pills ticking in a glass, the hello’s and goodbye’s of careworkers, the making of sandwiches and Viggo’s laughter and cheerfulness. When Viggo becomes infected with COVID-19, this ordinariness was distorted and an “interlinkage of personal and intimate time with national and global biopolitical chronologies” takes place. Yet, Viggo dies a death that was out of tune with the public spectacle of COVID-19, “that was not ugly at all” and that reversed the modern pace of dying and the pace of traditional mortuary practices. This reversal allowed for both dying and mourning to regain a timeliness and intimacy, that is not only exceptional for the pandemic episode, but also questions the timeliness of modern dying as stretched in time through life-sustaining treatment, and of modern mortuary rituals as detached from the social process of mourning.

Of course, we also mean, that – on the juncture of both bodies – (critical) gerontology and the anthropology of aging are ‘affected’ as well, as they are confronted with latent tensions and lacunae in theorizing age and aging. “Two scandals” in Quebec invite **Annette Leibing** to once more think critically about critical gerontology, as “scandals are, because of their disruptive nature, an ideal way of getting closer to core values of a given society.” The first scandal pertains to, as evoked by Freidus and Shenk, the inhumane living (and dying) conditions in nursing homes that have escaped the confines of closed, understaffed care units and have become center stage during COVID-19, especially now that the male-dominated military have entered the field of emergency and voiced their concerns. The mediatic and gerontological responses to this scandal, predominately reproduce the humanitarianism of a critical gerontology 1.0, and, as Leibing points out, its limitations. Humanitarian critiques are founded in a clear division of responsibilities and of the ‘good’ and the ‘bad.’ The strong empathic

affects this rhetoric provokes re-inforces homogenized categories (e.g., vulnerable older adults needing care from resilient citizens) and clearly divides those responsible to care from those worthy of care. The moral responsibility to “do some good” can only result in “momentary citizenship,” as it only surfaces the structural inequalities that are foundational to humanitarianism in the first place. As modern Robin Hoods bring laughter to older residents with dementia disguised as well-meaning elderly clowns, the categories that are the starting point of this encounter, have remained the same, which Leibing rightfully diagnoses as the second scandal. She argues for adding 2.0. to the current version, 1.0. This would be the foundation of a critical gerontology that both looks for concrete solutions for situations of injustice, inequality, exclusion, and everyday suffering, *and* critiques the very grounds upon which the subject of their concern and the affects this provokes are articulated.

Christine Verbruggen, Britteny M. Howell and Kaylee Simmons, similarly address the importance of a concept critique to avoid contesting the othering in ageism with different forms of othering. Like Leibing, they question the benefits of humanitarian approaches promoting intergenerational solidarity to contest ageism during and after COVID-19 or promoting the image of older adults as sources of wisdom, warmth and innocence as a counternarrative to frailty and vulnerability. Both benevolent ageism – calling to protect ‘vulnerable’ elderly from the threat of viral infection – and hostile ageism – calling to protect society from the threat of ‘vulnerable’ elderly – homogenize and other “the elderly.” What has gone largely unnoticed, however, is how the contestation of the “othering of elderly” has provoked the invigoration of different forms of both in and outgroup othering of those who will be “forever old” Through an analysis of the Newsletters published by the Flemish Council for the Elderly during different states of emergency of COVID-19 in Belgium, they show how much anti-ageist discourse, both activist and academic, risks exacerbating the dichotomy between Third and Fourth Age leaving older adults who cannot prove happiness, resilience, indispensability, and who might be frail, dependent on care, and maybe even without desires for the future, without a space to speak from. The authors remind of the possibility for scholars in the field of anthropology and aging, to account for the neither-nor that permeates all narratives of aging, and conclude that: “how older adults talk during a global pandemic, matters.”

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Notes

1. Previous versions of the articles by Amy Clotworthy and Rudi G.J. Westendorp, Konstantin Galkin, Tannistha Samanta and Sarah Lamb (together with Ji Chen, Clarie Ogden, Tirtza Schramm, and Lin Xinbei) were published in the *Age of COVID-19* blogpost series, a series of reflections on the experiences of aging during COVID-19, simultaneously posted by AAGE and Somatosphere: <https://anthropologyandgerontology.com/aage-news/the-age-of-covid-19/>. As long as the effects of COVID-19 impact lives of older adults, we are warmly welcoming new contributions to the series.

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