



REVIEW ARTICLE

“COVID-19 Psychology” among Older Adults: As a Grief Process

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ABSTRACT

COVID-19 Pandemic affected individuals around the world dramatically. It is a transition process influencing the coping resources of individuals. Several disorders such as coronavirus fear/anxiety, illness-anxiety disorder, and obsessive-compulsive disorder have been seen among individuals. Older adults have had trouble during the COVID-19 pandemic. Lockdown experience lasting many days, social isolation, being able to leave home in a limited time zone affect older adults negatively. The paper is focused on interpreting psychological stages determined by Elizabeth Kübler-Ross and David Kessler (2005) to the COVID-19 process. Those stages help professionals to understand older adults' reactions afterward COVID-19 Pandemic. In addition, the paper includes cognitive, behavioral, and emotional suggestions to cope with COVID-19 psychology.

Keywords: COVID-19 pandemic, COVID-19 psychology, older adults, coping, meaning-making, cognitivebehavioral-emotional strategies

Key Practitioners Message

1. Older adults have trouble during the COVID-19 pandemic and the psychological consequences are still unknown among them.
2. Among psychological disorders coronavirus fear, illness-anxiety disorder, and obsessive-compulsive disorder are more likely seen and it is difficult somehow to differentiate symptoms of those disorders.
3. The COVID-19 leads to “the loss of normal life” and therefore, psychological reactions are quite similar as in the grief process, which is defined by [Elizabeth Kübler-Ross and David Kessler \(2005\)](#).

A pandemic process that affects the whole world is alarming for humanity. There have been approximately 25 million cases affected by COVID-19 across the world and the numbers are going to increased ([Worldometer,](#)

[2020](#)). The COVID-19 changes most aspects of life completely including social life, economic life, and daily life. In the days when the COVID-19 virus appeared, it could not imagine that the virus would affect individuals, families, cities, and countries so much. Nowadays, people follow what is going on through a window where life is re-framed with “# stay at home”. They think, examine, try to understand, and analyze the pandemic process that helps them to elaborate the COVID-19 process, which is so uncertain ([Han, Cha, & Lee, 2020](#)). In this respect, “This must be a dream of what we are going through.” “Someone should tell us that a movie was made.” or “How long should we stay at home?”, “Will my loved ones be affected by viruses?”, “Should the numbers on the TV screen agitate me?”, and “What awaits me in the future?” are some questions that can hold people’s minds. All these are very natural reactions that encountering in processes not known and prepare individuals for this process. Our spiritual world is in full preparation for the COVID-19

process to regulate complex emotions and thoughts. The unknown virus affects coping resources completely. While we are in a state of intensity regarding our emotions, thoughts, and behavior, people may feel mentally tired, depressed, and energized from time to time.

Psychological Effects of COVID-19 Pandemic

Psychological effects have been examined about COVID-19 Pandemic even after individuals have been increasingly affected by the virus. It is stated that the pandemic has influenced individuals as lower down subjective well-being of the individuals ([Zacher & Rudolph, 2020](#)). In an Italian study conducted approximately 1000 people revealed that there was a positive relationship between the length of social isolation time and the prevalence of psychological disorders (i.e., depression, helplessness) ([Pancani, Marinucci, Aureli, & Riva, 2020](#)). In another study examining the effect of lockdown, depression and stress rates varied between 8 to 20 percent ([Atalan, 2020](#)). In a study conducted in the US and Canada, COVID-stress includes perceived danger and contamination, financial fears, xenophobia about COVID-19, compulsions, and re-assurance seeking about health and traumatic stress reactions ([Taylor et al., 2020](#)).

Apart from those studies mentioned above, new problems are added to this. To include three of them here, coronavirus fear, illness-anxiety disorder, and obsessive-compulsive disorder are explained. However, the symptoms of those disorders are quite similar. Therefore, it is difficult to differentiate those disorders.

A significant process can be experienced with a phobia about fear of catching COVID-19, and avoiding places and people where the disease will be transmitted. Those symptoms are under the umbrella of fear/anxiety that anyone with a phobia may feel nervous at the thought of his/her illness, tell that his/her heart is beating too fast, and he/she is out of breath and trembling. It is called coronavirus fear/anxiety ([Lee, Jobe, Mathis, & Gibbons, 2020](#)). Physiological concerns, dealing with ideas about self/closed one's health and disturbances in daily functioning with avoiding others to be in social life are some complaints about fear of catching COVID-19 ([Arora, Jha, Alat, & Das, 2020](#)). Similarly, a study evaluating fear of coronavirus with open-ended questions reveal that there were significant concerns about the health of relatives or loved ones, work overload of health care staff, and financial outcomes in the COVID-19 outbreak ([Mertens, Gerritsen, Duijndam, Salemink, & Engelhard, 2020](#)). In another study, those concerns can be seen in four areas fear of own health, fear for loved ones, fear about the unknown future, and fear of taking an action ([Schimmenti, Billieux, & Starcevic, 2020](#)).

Illness anxiety disorder is also seen during the COVID-19 pandemic. A condition appears in the form of a firm belief that the person is a COVID-19 disease in

himself/herself. Although the person does not show any symptoms of illness anxiety disorder, he/she seeks assurance about their health ([Scarella, Boland, & Barsky, 2019](#)). In this case, he/she goes to the hospital, asks for a series of tests, and is not be convinced despite the non-occurrence of the results about COVID-19. It is mentioned that in hospital emergency conditions, it is more likely to misinterpret bodily sensations as COVID-19 ([Asmundson & Taylor, 2020](#)). In a study exploring the association between illness anxiety disorder and psychopathology relations, illness anxiety was significantly predicted depression ([Lee & Crunk, 2020](#)). Also, the study found the prevalence of depression by illness anxiety disorder increased by 6%.

Obsessive-Compulsive Disorder (OCD) is another disorder that is more likely to be seen in this process with contamination obsession and cleaning compulsion ([Aardema, 2020](#)). Healthcare professionals have mentioned the importance of cleaning hands during the COVID-19 pandemic. There has been a similar number of advertisements on media. Therefore, during this pandemic, obsession with COVID-19 virus contamination has been elevated. Rules explained by the doctors to avoid contamination can trigger the obsession with contamination. Thoughts such as "I wonder if I was able to wash my hand well enough?", "To escape COVID-19 I need to wash my hands in 30 seconds" are some examples of contamination obsession. Those obsessions followed by compulsion during the COVID-19 pandemic leads to an increase in threat perception which results in loss of reality perception ([Aardema, 2020](#)). Besides, patients with OCD are also negatively affected by the pandemic. For instance, elevated scores of OCD among one-third of OCD patients were reported since those patients had demonstrated additional obsessions and compulsions ([Benatti et al., 2020](#)). In a summary, the COVID-19 pandemic has negative psychological effects on human beings.

Older Adults Experience in COVID-19 Pandemic

Older adults have experienced several difficulties during the COVID-19 pandemic and the psychological consequences are still unknown among older adults ([Kivi, Hansson, & Bjälkebring, 2020](#)). Lockdown experience lasting many days, social isolation, being able to leave home in a limited time zone affect older adults negatively. Sharing high mortality rate due to COVID-19 among older adults ([Ayalon, 2020](#); [Worldometer, 2020](#)), existing multiple health problems ([Montero-Odasso et al., 2020](#); [Steinman, Perry, & Perissinotto, 2020](#)), personal losses, lack of social relations ([van Tilburg, Steinmetz, Stolte, van der Roest, & de Vries, 2020](#)), feel nervous about own health and health of the loved ones ([Montero-Odasso et al., 2020](#)) increases stress level. The high level of stress during the pandemic is pointed out to lead to sleeping problems and depression among older adults ([Schrack, Wanigatunga, & Juraschek, 2020](#)).

Besides, the living place seems to be so important during the COVID-19 pandemic. Older adults living in institutions are affected more negatively than counterparts living in their homes ([Petretto, & Pili, 2020](#)). It is mentioned that they have suffered the loss of friends living in the same institutions. They have less social contact than older adults living in their homes ([van Tilburg et al., 2020](#)). However, this does not mean living at home is better than living in an institution. Whom to live with is considered important during this break since it is easy for older adults to obtain basic needs from their loved ones. In this regard, it is mentioned that older adults living alone suffering some problems with drug and food supply ([Petretto, & Pili, 2020](#)). Similarly, older adults living at home suffer medical problems but they try to solve them themselves ([Steinman et al., 2020](#)).

Besides, older adults have experienced social pressures in society. They are perceived as “selfish” in complying with societal rules ([Ayalon, 2020](#), p. 1221). They perceived societal threats while living in a society ([van Tilburg et al., 2020](#)). The risk is mentioned about ageism towards older adults and negative social attitudes towards older adults are increasing to discrimination of them ([Ayalon, 2020](#); [Petretto, & Pili, 2020](#)). The lockdown has been applied to older adults around the world while people with other age ranges have continued their regular life. It is highlighted that those applications lead to a kind of perception that COVID-19 is not belonging to people but is belonging to older adults ([Ayalon, 2020](#)). During those experiences, older adults are experiencing emotional loneliness that would also decrease their well-being ([van Tilburg et al., 2020](#)). Emotional loneliness leads to potential harm with social isolation ([Steinman et al., 2020](#)). It is noted that they experience emotional burden ([Parlapani et al., 2020](#)). Besides, they are experiencing difficulty in terms of active aging ([Petretto, & Pili, 2020](#)). In addition, it is stated that personal losses increase the perceived threat resulting in higher emotional and social loneliness ([van Tilburg et al., 2020](#)). In a British study comparing before and after pandemic experiences, older adult’s loneliness ratio (37% from 2017 to 2019) increased to 51% afterward COVID-19. When comparing older adults in living places, community-dwelling older adults were reported less loneliness than older adults living in institutions ([van Tilburg et al., 2020](#)).

In a qualitative study asking older adults about common stressors during COVID-19, social restrictions, concerns for the loved one, and loneliness were mostly reported stressors among US older adults ([Whitehead & Torossian, in press](#)). The study also demonstrated quantitative correlations between low psychological well-being (negative affect) and high levels of stress about concerns for loved ones and uncertainty for the future. Moreover, it was found that older adults who reported exercise/self-care, be in nature, and having faith were reported positive psychological well-being ([Whitehead & Torossian, in press](#)).

A study conducted with older adults living in Sweden revealed that older adults having higher worry about health and economic consequences of COVID-19 reported less life satisfaction, self-rated health, and higher loneliness ([Kivi et al., 2020](#)). Also, individuals with high concerns about the social consequences of COVID-19 reported less loneliness.

In a study conducted with older adults living in Greece ([Parlapani et al., 2020](#)), women reported higher depression, sleep difficulty, fear, and intolerance to uncertainty than men. Similar to [Kivi et al. study \(2020\)](#), they found a higher loneliness ratio among older adults living alone.

COVID-19 Pandemic Itself: As a Grief Process Among Older Adults

Older adults have lost many relatives during the COVID-19 pandemic. Besides, they have experienced numerous concerns about their health or the health of their relatives. They have gone through a limited process where they have restricted their social life to the home environment. It would not be wrong to define all these changes as “the loss of normal life”. At this point, it can be considered that the psychological stages determined by [Elizabeth Kübler-Ross and David Kessler \(2005\)](#) for the grief process can also be experienced during the COVID-19 process. The COVID-19 itself leads to loss of daily life in routine. It is stated that losses during the COVID-19 pandemic become more complicated among older adults ([Goveas & Shear, 2020](#)). Administrators prohibit people to join the ceremony of those who had deceased due to COVID-19. Cultural and religious ceremonies could not be done that leads the grief process more complicated ([Goveas & Shear, 2020](#)). The experience of older adults during the COVID-19 pandemic is called “anticipatory grief, disenfranchised grief, and complicated grief for individuals” and those experiences are not only belonging to individuals but also their families, and their caregivers ([Wallace, Wladkowski, Gibson, & White, 2020](#), p. e70). There is a difficulty in communication between older adults and their families. It is recommended to families as communicating older adults receiving palliative care that communication might be the last chance to connect with older adults ([Wallace et al., 2020](#)).

It is suggested to consider regular practice about grief to COVID-19 Pandemic ([Wallace et al., 2020](#)). Psychological reactions afterward COVID-19 can be explained by stages of grief defined by [Elizabeth Kübler-Ross and David Kessler \(2005\)](#) ([Figure 1](#)). Those stages are defined as denial, anger, bargain, depression, and acceptance. Here those reactions due to COVID-19 are explained.

Denial

Denial is the first step. This stage helps us get away from the problem and survive in the first place ([Kübler-Ross & Kessler, 2005](#)). It can be seen among older adults in such sentences: “COVID-19 is on the other side of the world. My country is so far from here. It is impossible to reach here”. It is the stage in which the person denies

the existence of the problem. Death news from other countries about COVID-19 makes no sense to older adults. The person is in shock, as if numb. This is why he/she wanted to escape from the hospital where he/she was forcibly closed due to the risk of COVID-19. Similarly, noncompliance to use mask is showing one denial response ([Jetten, Reicher, Haslam, & Cruwys, 2020](#)). In a study examining the role of denial afterward, COVID-19 revealed that there was a positive correlation between negative affect and denial in a study examining the effect of COVID-19 ([Zacher & Rudolph, 2020](#)). On the other hand, denial and shock are tools for us to cope. Denial helps us speed up feelings of grief. There is grace in denial. As someone begins to ask questions as he/she realizes the reality of loss and the danger of COVID 19, he/she unknowingly begins the process of healing. He/she is getting stronger and the denial effect that we felt so strong at first is starting to fade.

Figure 1
COVID-19 Psychology as a Grief Process Among Older Adults

Denial	Anger	Bargain
<ul style="list-style-type: none"> • «COVID-19 is on the other side of the world. My country is so far from here» 	<ul style="list-style-type: none"> • «I hate the COVID-19 and the effects of the virus on my relatives and me» 	<ul style="list-style-type: none"> • «Please God, let these days pass with good health, unlike what I did not do before»
Depression	Acceptance	Meaning Making
<ul style="list-style-type: none"> • «I feel like retired from life, I do not want to do anything» 	<ul style="list-style-type: none"> • «I aware the rules of living during COVID-19» 	<ul style="list-style-type: none"> • «I can increase meaning of my life by writing a journey during pandemic»

Anger

Anger is a necessary stage of the healing process ([Kübler-Ross & Kessler, 2005](#)). People tend to dismiss negative emotions such as anger, to reject them. Sometimes this anger can feel like it will never end. Among nearly 2400 people living in the United Kingdom, 56% of them reported anger while 25% of them reported observing someone with anger due to COVID-19 ([Han et al., 2020](#)). It is so healthy to feel anger, even though it may seem endless. The older adults may want to shout, "How cruel is the virus COVID-19?", "I hate the COVID-19 and the effects of the virus on my relatives and me". It is hard to manage anger. It is stated that anger during COVID-19 might lead to increase misinformation about the virus by using social media to obtain information about the virus ([Han et al., 2020](#)). Despite the leading to such problems, on the other hand, the more you feel the anger, the more it will start to dissipate, and the more you will recover. There are many other emotions underlying anger. Older adults

will surely have opportunities to explore them. Sometimes it can be challenging to face the limits of anger and managing. The person can feel anger towards many people, from his/her anger towards his/her doctors, his/her family, and his/her loved ones. However, anger is a powerful tool to keep the individual "here and now" despite experiencing times of intense uncertainty such as COVID-19. It is an indicator of your anger intensity cognitively.

Bargain

Bargaining might also be seen in COVID-19 processes. Older adults' sentences including bargaining and negotiating are "Please God, let these days pass with good health, unlike what I did not do before...", "If I regain my health, I never do ...". Also, other sentences are part of bargaining: "I can get rid of this virus from myself if I pay attention to my cleanliness". Bargaining is also occupied with reality as "I slept and woke up, it turns out that these days I lived were a bad dream". These pursuits are all about the desire to go back in time ([Kübler-Ross & Kessler, 2005](#)). As mentioned in the theory, guilt has appeared as an emotion that people often encounter during the negotiation process. Even with the guilt the people feel, people sit at a table and make an effort to calm it. They try to do everything since they cannot solve the guilty emotions created by the COVID-19. They subject it to take several negotiated actions that we see as the "way out" so long as they "forget" or "calm down".

Depression

After the bargaining phase, attention turns to daily life. Negative emotions manifest themselves, and grief seems to be too deep to bear ([Kübler-Ross & Kessler, 2005](#)). Older adults may feel like this situation will last forever. They are alike retired from life, they do not want to do anything, eat or sleep. They strive to get rid of grief by sleeping excessively and eating. The statistics being shown every day about COVID-19 are depressing, and depression is a normal and natural response. It would be unusual for someone not to grieve for those who died, for those who lost their health. Consistently, the higher depression rates have been seen afterward the COVID-19 Pandemic ([Atalan, 2020](#); [Pancani et al., 2020](#)).

Acceptance

Acceptance is often confused with what happened with the concept of being "good" or "okay" ([Kübler-Ross & Kessler, 2005](#)). This stage is about accepting the reality of COVID-19 and accepting the persistence of this new situation. It is the stage that people learn to live with it. Older adults are accepting a new set of norms with which they must learn to live. They need to rearrange their lives and reconsider roles. For instance, they adopt online-social interaction with friends and family members.

Meaning Making

Kessler revealed that in addition to the stages mentioned above, a sixth stage also exists in this process. After accepting, there is an interpretation stage called finding the meaning of the event and putting the event down (Kübler-Ross & Kessler, 2005). After the loss, it can be experienced as finding meaning in the life of the person, changing life, understanding the value of life (Kübler-Ross & Kessler, 2005). In facing the virus, there is a possibility to define the meaning of life. In addition, to guide people who have had similar experiences, a process of interpretation is experienced among older adults such as explaining their experiences, writing books, writing poems, making videos, and giving pieces of training. Being able to help survivors of the COVID-19 process is also a way of making sense.

Conclusion

Older adults have been affected by the COVID-19 Pandemic that has disrupted regular life. Their psychological reactions are quite similar to reactions seen after grief. It is considered that older adults generally do not experience the above-mentioned stages separately. Each stage is not experienced linearly. Also, COVID-19 Pandemic can be accepted as the grief of "normal life". To find meaning-making of the "new normal life", cognitive, emotional, and behavioral recommendations are written below. As mentioned by WHO (2017), developing the internal capacity of older adults is so prominent that involves physical and psychological capacity. Therefore, these recommendations written below are considered helpful to increase intrinsic ability during a pandemic.

Cognitive Strategies

The importance of stimulating cognition is mentioned by WHO (2017). It is also related to delay dementia problems (Steinman et al., 2020). Nowadays, as a part of cognitive stimulation, there will be an intense need to gather information about the course of the disease in COVID 19 and patients with it. However, the more information about COVID 19 increases, the more anxiety will increase in individuals. Therefore, gathering moderate information from reliable sources is crucial to managing anxiety.

Uncertainty situations with a lack of information disturb and stress older adults. Tolerance to uncertainty is crucial in this pandemic process to cope with stress. When tolerance for the uncertainty of someone is low, he/she feels intense anxiety. In a study conducted with older adults during the COVID-19 Pandemic, those people reported higher loneliness (Parlapani et al., 2020). If tolerance for uncertainty level is high, adapting to the new process is easier. Collecting amount of information about COVID-19 is not useful for older adults. Being a little further away from the phone, social media, or news, for example, will increase tolerance for uncertainty. Therefore, it is recommended for older adults to change their attention on COVID-19 to other topics.

Another cognitive issue is dealing more with "self". A restricted environment prompts older adults to reflect on their selves. During this period, it is an opportunity to explore especially on selves, individual needs, and forward-looking desires. The restricted social environment becomes a means for the individual to "socialize with himself/herself", "what am I thinking?", "how is my strength to endure this limited environment?", "am I durable?" questions will enable older adults to meet with self-needs. Therefore, professionals working with older adults can help older adults to restore their self-needs of them.

"Breaking to problems from the past" is also necessary for the individual to strengthen his / her self in this period. Thinking about problems from the past reduces the strength of the individual's self in this period. It is useful to give a "break" to these problems. The fact that the older adult devotes all his strength to his/her current self will strengthen himself/herself, it will also enable him/her to struggle with the problems of the past in the long run. Therefore, it is not a waste of time to take a "break" from problems from the past.

"Breaking to future problems" is also useful during the COVID-19 pandemic. During this period, especially future problems come to one's mind. Even if an older adult does not want to, his/her problems about the future are to take his/her thoughts captive. Problems related to the future also weaken the individual's current self-power. It is therefore important to take a "break" from these problems. This break will help build energy for the individual's self.

Emotional Strategies

The emotional needs of older adults are also important during the COVID-19 Pandemic. Social isolation is noted to lead to emotional burden (Parlapani et al., 2020). It is quite useful to notice kinds of feelings. Feelings that are not noticed in daily life create an emotional burden on individuals. Also, sharing and expressing feelings are important points. Professionals might encourage older adults to express all kinds of emotions. It is recommended to share even negative emotions since these emotions disappear after shared. Writing letters to those who have missed, participating in artistic activities (drawing), and applying drama at home is useful to express emotions.

Behavioral Strategies

During COVID-19 Pandemic, creating a routine life at home is so crucial. Routine life helps older adults to relieve anxiety. Following a daily schedule, allow older adults to collect their thoughts as well. In addition, organizing a home environment is recommended. It is quite useful to gain new habits at home which help to distract attention towards pandemic. Sports activities conducted at home might be useful for them (Steinman et al., 2020). Also, organizing online meetings through Social Media is suggested. Adult children and grandchildren may help older adults to organize online social interaction.

In a conclusion, the negative psychological impact of the COVID-19 Pandemic on older adults is considered important. Older adults' reactions during the pandemic can be attributable to stages of grief. To increase older adults' internal capacity, several cognitive, emotional, and behavioral recommendations are explained in the present study. Further studies are needed to examine older adults' psychological well-being.

References

- Aardema, F. (2020). COVID-19, obsessive-compulsive disorder and invisible life forms that threaten the self. *Journal of Obsessive-Compulsive and Related Disorders*, 26, 100558. [\[Crossref\]](#)
- Arora, A., Jha, A. K., Alat, P., & Das, S. S. (2020). Understanding coronaphobia. *Asian Journal of Psychiatry*, 54, 102384. [\[Crossref\]](#)
- Asmundson, G., & Taylor, S. (2020). Chronophobia: Fear and the 2019-nCoV outbreak. *Journal of Anxiety Disorders*, 70, 102196. [\[Crossref\]](#)
- Atalan, A. (2020). Is the lockdown important to prevent the COVID-9 pandemic? Effects on psychology, environment, and economy-perspective. *Annals of Medicine and Surgery*, 56, 38-42. [\[Crossref\]](#)
- Ayalon, L. (2020). There is nothing new under the sun: ageism and intergenerational tension in the age of the COVID-19 outbreak. *International Psychogeriatrics*, 32(10), 1221-1224. [\[Crossref\]](#)
- Benatti, B., Albert, U., Maina, G., Fiorillo, A., Celebre, L., Girone, N., ... Dell'Osso, B. (2020). What happened to patients with obsessive-compulsive disorder during the COVID-19 pandemic? A multicentre report from tertiary clinics in northern Italy. *Frontiers in Psychiatry*, 11, 720. [\[Crossref\]](#)
- Goveas, J. S., & Shear, M. K. (2020). Grief and the COVID-19 pandemic in older adults. *The American journal of geriatric psychiatry: official journal of the American Association for Geriatric Psychiatry*, 28(10), 1119-1125 [\[Crossref\]](#)
- Han, J., Cha, M., & Lee, W. (2020). Anger contributes to the spread of COVID-19 misinformation. *Harvard Kennedy School Misinformation Review*, 1(3). [\[Crossref\]](#)
- Jetten, J., Reicher, S. D., Haslam, S. A., & Cruwys, T. (2020). *Together apart: The psychology of COVID-19* (1st ed.). London: Sage.
- Kivi, M., Hansson, I., & Bjälkebring, P. (2020). Up and about: Older adults' well-being during the COVID-19 pandemic in a Swedish longitudinal study. *The Journals of Gerontology: Series B*, 76(2), e4-e9. [\[Crossref\]](#)
- Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of grief*. New York: Simon and Schuster.
- Lee, S. A., & Crunk, E. A. (2020). Fear and psychopathology during the COVID-19 crisis: Neuroticism, hypochondriasis, reassurance-seeking, and coronaphobia as fear factors. *OMEGA-Journal of Death and Dying*, 0030222820949350. [\[Crossref\]](#)
- Lee, S. A., Jobe, M. C., Mathis, A. A., & Gibbons, J. A. (2020). Incremental validity of coronaphobia: Coronavirus anxiety explains depression, generalized anxiety, and death anxiety. *Journal of Anxiety Disorders*, 74, 102268. [\[Crossref\]](#)
- Mertens, G., Gerritsen, L., Duijndam, S., Salemink, E., & Engelhard, I. M. (2020). Fear of the coronavirus (COVID-19): Predictors in an online study conducted in March 2020. *Journal of Anxiety Disorders*, 74, 102258. [\[Crossref\]](#)
- Montero-Odasso, M., Goens, S., Kamkar, N., Lam, R., Madden, K., Molnar, F., ... & Saverio, S. (2020). Canadian geriatrics society COVID-19 recommendations for older adults. What do older adults need to know? *Canadian Geriatrics Journal*, 23(1), 149-151.
- Pancani, L., Marinucci, M., Aureli, N., & Riva, P. (2020). Forced social isolation and mental health: A study on 1006 Italians under COVID-19 quarantine. *PsyArXiv Preprints*. [\[Crossref\]](#)
- Parlapani, E., Holeva, V., Nikopoulou, V. A., Sereslis, K., Athanasiadou, M., Godosidis, A., ... Diakogiannis, I. (2020). Intolerance of uncertainty and loneliness in older adults during the COVID-19 pandemic. *Frontiers in Psychiatry*, 11, 842. [\[Crossref\]](#)
- Petretto, D. R., & Pili, R. (2020). Ageing and COVID-19: What is the Role for Elderly People? *Geriatrics*, 5(2), 25. [\[Crossref\]](#)
- Scarella, T. M., Boland, R. J., & Barsky, A. J. (2019). Illness anxiety disorder: Psychopathology, epidemiology, clinical characteristics, and treatment. *Psychosomatic Medicine*, 81(5), 398-407. [\[Crossref\]](#)
- Schimmenti, A., Billieux, J., & Starcevic, V. (2020). The four horsemen of fear: An integrated model of understanding fear experiences during the COVID-19 pandemic. *Clinical Neuropsychiatry*, 17(2), 41-45. [\[Crossref\]](#)
- Schrack, J. A., Wanigatunga, A. A., & Juraschek, S. P. (2020). After the COVID-19 pandemic: the next wave of health challenges for older adults. *The Journals of Gerontology: Series A*, 75(9), e121-e122. [\[Crossref\]](#)
- Steinman, M. A., Perry, L., & Perissinotto, C. M. (2020). Meeting the care needs of older adults isolated at home during the COVID-19 pandemic. *JAMA Internal Medicine*, 180(6), 819-820. [\[Crossref\]](#)
- Taylor, S., Landry, C., Paluszec, M., Fergus, T. A., McKay, D., & Asmundson, G. J. (2020). Development and initial validation of the COVID Stress Scales. *Journal of Anxiety Disorders*, 72, 102232. [\[Crossref\]](#)
- van Tilburg, T. G., Steinmetz, S., Stolte, E., van der Roest, H., & de Vries, D. H. (2020). Loneliness and mental health during the COVID-19 pandemic: A study among Dutch older adults. *The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences*, gbaa111. Advance online publication. [\[Crossref\]](#)

Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief during the COVID-19 pandemic: considerations for palliative care providers. *Journal of Pain and Symptom Management*, 60(1), e70-e76. [\[Crossref\]](#)

Whitehead, B. R., & Torossian, E. (in press). Older adults' experience of the COVID-19 pandemic: A mixed-methods analysis of stresses and joys. *The Gerontologist*. [\[Crossref\]](#)

World Health Organization. (2017). *Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity*. Geneva: World Health Organisation. [\[Webpage\]](#)

Worldometer (2020). *Age, sex, existing conditions of COVID-19 cases and deaths*. [\[Webpage\]](#)

Zacher, H., & Rudolph, C. W. (2020). Individual differences and changes in subjective wellbeing during the early stages of the COVID-19 pandemic. *American Psychologist*. 76(1), 50-62. [\[Crossref\]](#)