

Disability and Healthy Ageing as Stereotyping Paradigms and Forms of Ageism: The Impact of COVID-19 Pandemia

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Abstract

Background: It analyses the ancient tradition of ageism that still persists in Western society, with roots going back to Greece, persistently present throughout Western society around, primarily, the stereotype of helplessness and decrepitude as social and identity categories of the older adult. It takes into account the emergence of a “positive” ageism around a stereotype of the older adult in terms of vigour, social adaptation and renewal of identity. **Purpose:** To develop an analysis of the gerontological literature in the wake of the COVID-19 pandemic and the measures implemented with older adults, which ultimately reveal a resurgence of ageism. **Methods:** Review of the specialized literature of the last 8 years, in addition to that focused on the critical analysis of the health measures adopted with older adults in the face of the coronavirus. **Results:** The experience of ageism remains widespread and prevalent in the social structure, showing assumptions about frailty and decrepitude caused (apparently) by age. **Conclusions:** Researchers should focus the study of ageism not only on rational structures, interweaving an interdisciplinary approach and broadening the contexts of study towards more cross-cultural and intra-cultural research, seeking to develop a more holistic understanding of ageism: studying both positive and negative aspects of ageism, and integrating the study of ageism with the study of the proximity of ageing society.

Keywords

Ageism, Helpless, Healthy, Stereotypes, COVID-19

1. Introduction. Ageism: Fear of Ageing? Fear of Old People? Fear of What?

Butler (1969) published a work destined to make history: “Age-ism: Another form

of bigotry”, which introduces into the gerontological debate the concern for detecting prejudices and stereotypes directed at old people, which Butler places on the same level as racism, sexism, among others. In this pioneering work, Butler reflects on how ageism is related to aversion to old age, illness and fear of death. In other words, for Butler the rejection of the old implied the rejection of our own old age, probably in a society where the values in vogue are situated around youth and youthfulness (Biggs, 1993).

Nowadays, ageism is more broadly defined as any prejudice or discrimination against or in favour of any group of older adults, thus indicating that it is important to examine the impact of stereotypes that exaggerate and homogenize the traits that are considered characteristic of certain categories and that serve to cover gender generalizations of all individuals assigned to those categories (Aragó, 1980).

In this way, it is indicated that the presence of ageism affects us all and demands corrective responses of multiple tones and which concern society as a whole.

2. History, Theory and Criticism

Ageism is millennia old in Western society. Without being able to develop it extensively, traits of it can be observed throughout Greek, Roman and medieval society. Plato (1988), in his work: *The Republic* shows an idealized conception (positive ageism) of old age. He emphasizes the idea that it is the stage in which the most optimal moral virtues are attained, such as shrewdness, discretion and good judgment. All of which enables the old man to carry out with authority the highest public, administrative, managerial, jurisdictional and governmental positions. An idea that Cicero (1982) would later take up and which would obtain a new culminating version in the work of a psychoanalyst: Erikson (2000) twenty centuries later, updating the Platonic idea that old age is prodigal in wisdom and prudence.

On the contrary, Aristotle disagrees with his master’s opinions and indicates (in the best negative ageist tradition) that old age is a stage of weakness, of uselessness, facilitating meanness, cowardice, selfishness, distrust and bad character. The old man is an unjust and wicked being (Aristotle, 1994b). Aristotle has the “merit” of probably being the first to say that old age is a disease, so that youth or maturity is considered the good or virtue par excellence (Aristotle, 1994a).

Thus, ageism already existed centuries before its scientific “discovery”. It is worth noting that since Butler’s (1969) now traditional work, the literature on ageism has continued to grow (Fernández-Alonso, 2020; Freixas, 1991, 1997; Morcillo, De Lorenzo-Cáceres, Domínguez, Rodríguez, & Torijano, 2014; Ayalon & Tesch-Roemer, 2018; Bengtson & Lowenstein, 2006; Sánchez Martínez & López Doblas, 2017; Sánchez & Díaz, 2009; Ludi, 2011; Miralles, 2010; Gullette, 2011, 2019; Goldani, 2010).

It is generally accepted that ageism can manifest itself in the form of individu-

al acts of discrimination, as well as have family, community and societal impacts, influencing scientific research, social policies, programmes and legislation affecting older people.

Some of these works deepen Butler's reflection by indicating the permanence of stereotypical attitudes, related to patterns of values deeply rooted in Western society, characterized by a strong orientation towards adult and/or youthful performance that celebrates economic productivity and independence. It does not admit other types of social participation or other types of performance that are not biased by exitism.

The myth of "decline" and decrepitude, marked by successive deficits, is a myth that surrounds age discrimination by supporting false images and beliefs that stereotype older people. These myths are often related to progressive physical and mental decline, social isolation, asexual behavior, lack of creativity, and economic and family burdens. Older people are often labeled as dependent, and from there they are placed as a social "problem", leaving aside the contributions that older people can still make to society (Ludi, 2011).

This myopic view of productivity ignores the enormous contribution that older people make to society by supporting each other and the family and community through, for example, financial means and voluntary work of all kinds (Tornstam, 1992; Pérez Díaz & Abellán, 2018). Studies on retirement, for example, predominantly focus on the negative effects of retirement, despite the results of numerous studies to the contrary (Sánchez Martínez & López Doblas, 2017).

Thus, the stereotype of helplessness or ageism of decrepitude impacts on the lives of older people, but on all age groups in general, by obscuring understanding of the ageing process, reinforcing structural inequalities and shaping patterns of behavior in older people that are contrary to their interests (Bazo, 2008).

Gerontologists have even argued strongly that negative and often discriminatory attitudes towards ageing may actually be the cause of the worst problems that can affect older people. It is therefore important to open the debate and reflect on the issue of ageist attitudes and stereotypes and their persistence in this 21st century (Pérez Ortiz, 2016). Ageism has thus been described as the ultimate prejudice, the ultimate discrimination and the cruelest and most unjust rejection.

3. The Proliferation of Old People and Old Age

The ageing of society is a fact. Year after year, decade after decade, an irreversible trend is taking hold, unprecedented in the world's demographic, population and cultural history: life expectancy is increasing, just as the population replacement rate is decreasing. In other words: there are more and more old people and fewer and fewer children. The phenomenon is global, pervasive and worldwide: it transcends borders, social groups and local cultures (WHO, 2017; UN, 2008, 2017, 2018, 2019).

Apparently, people are living longer because of so-called "advances" in science,

but probably also because of formidable identity experimentation that reposition older adults as new heirs to a future in which they find new life opportunities (Klein, 2018).

An unprecedented figure of old age is also consolidating: the group of people in their 80s, 90s and 100s is slowly but progressively increasing (Leeson, 2009). What will the Matusalem old age be like? Will we witness a resurrection of the patriarch Abraham who, at 99 years old, has his son Isaac? Moreover, does the covenant Abraham makes with the Deity prefigure renewed covenants of a society that moves from being “adult-centric” to “geronto-centric”? (Jopp, 2016).

This “geronto-centric” society generates endless debates. One of them is who should be responsible for the care, attention and health of old people. Families argue that it should be the State. The State than families (Agulló, Zorrilla, & Gómez, 2018; Ayuso, 2012; Bazo, 1996; Fernández-Alonso & Ortega Gaspar, 2018).

Another debate asserts that with a larger universe of older adults, state economies will inevitably succumb. This is not necessarily the case. One reason is that there is a huge population of older adults who cannot retire or are retiring because they have not been able to access formal employment (Freixas, 2013). Another is that in an increasingly precarious world of work, intergenerational transfers compensate (at least in part) for situations of poverty and impoverishment in the adult and youth world (De la Mata, Luque, & Freixas, 2018; Pinazo & Sánchez, 2005; Ramos, 2018; CELADE/CEPAL, 2009).

But the debate continues. It is an indicator of suspicion towards a new society that is emerging, but which is little or not understood and even less accepted (López Doblas, 2016; López Doblas & Díaz Conde, 2018).

4. On Helplessness as a Stereotypical Paradigm

On the other hand, and despite all the efforts to try to make an active ageing paradigm predominate, a paradigm of helplessness continues to prevail, whereby the ontological subject is called “old” and faces death, loneliness and helplessness in particular. It is assumed that every subject goes through the same thing, as if there were no different and changing ageing situations. It is a subject who is presented as already on the verge of death, not to say in existential agony, full of memories, grief and nostalgia, facing a successive series of losses that torment or depress him (Bellintier & Neupert, 2018; Ehrle & Day, 1994).

The ageing process inevitably appears as a process of chronic and irreversible deficit. As such a vulnerable and deprived person, public or social policies will basically be designed to cover this deficit (Medina & Carbonel, 2006) and not to solidify active ageing policies, so at the end, public policies end up reinforcing what they claim to combat.

Compared to an adulthood, capable of autonomy, vigour and productive profitability, the older adult is characterized as unproductive and useless. Incapable of autonomy, decision-making and self-sufficiency, is subjected to a process

of infantilizing regression. He loses not only his physical and mental condition, but also his social and aesthetic dignity, which transforms him into a poor and ugly being. His destiny can only be to be alone, on the street or in a public asylum in situations of ruin, loneliness and abandonment (Katz, 2000), seeking to highlight his vulnerability and decrepitude (Mesa-Lago, 1996).

Although there is empirical data that may lead us to think that it is necessary to talk about vulnerability, it is worth asking to what extent the paradigm in its totalizing eagerness leaves certain categories unanalyzed, for example, the category of “vulnerability” itself. The paradigm sustains a unitary trait that denies that all human beings are a mixture of vulnerability and strengths, social as well as subjective and cultural.

On the other hand, when the paradigm becomes a dominant ideology, it offers identity references, with which older people easily identify as weak and vulnerable. In this sense, it overrides the different diversities implied by ageing contexts (Green, 1993).

5. Ageism from the Paradigm of Healthy Ageing

It should be noted, however, that alongside the negative ageism of Aristotelian origin, a new version of positive Platonic ageism is emerging. The idea is gaining ground that the older adult can and *should* go through experiences of healthy, successful and productive ageing (Dulcey-Ruiz, 2013). This new paradigm of fullness of life also represents a fabulous business for the aesthetic industries that are built on it (Holstein & Minkler, 2003).

But, what can be considered “successful” in old age?, are we not perhaps in the trap of a gerontology that advocates a kind of absurd “psychologism” where the success of a subject becomes the responsibility of the subject itself, ignoring the situations of impoverishment, stigmatization and social marginalization suffered by older adults? (Barslund, Von Werder, & Zaidi, 2019).

Ageism as discrimination, it is time to point out, is not just ideological or a matter of prejudiced opinion, but translates into a shortage of housing and work opportunities, health care, leisure opportunities and social interaction. In addition to pensions and retirement benefits which, where they exist, are sometimes meagre and scandalous. Social and material factors—not just chronological age or social imaginary—can support or diminish older people’s ability to contribute to society and to be valued and recognized members of the community (Dulcey-Ruiz, 2013). Therefore, the paradigm of “healthy ageing” needs to be carefully reviewed before uncritically adhering to it.

Butler was right to place ageism as a social problem on the same level as racism, xenophobia or anti-Semitism, to which it must be added that they always end up being perversely presented through the prism of psychologist reductions: so, if old people want to solve their problems of marginalization then they must make a sincere and comprehensive commitment to healthy activities, in which old people take responsibility for their own health and well-being, ultimately

making the State unaccountable for a social pact that hardly anyone cares about or is concerned with any longer (Klein, 2015).

In reality, even since healthy ageing, old age is still perceived in terms of marginalization and stereotypes. At most, what it has done is to create a social subdivision within the age group of old age, differentiating a fit and privileged old age, which is looked upon with pride, and a weak, lazy and decrepit old age, which is anathematized with contempt and shame (Lemus & Expósito, 2005).

6. The Disastrous Experience of COVID-19: Exacerbation and Justification of Ageism

Everything seems to indicate that since the appearance of the coronavirus, we are witnessing a new imposition of an extreme ageism, in terms of a “sanitary ageism”, whereby, in the name of “care”, older adults have been confined and locked up, under the pretext of health and sanitary measures that are not perceived to have any impact on halting the spread of the coronavirus. The coronavirus has thus implied a new regression of the image of old people towards the weak, the decrepit and the antechamber of agony and death, in a fantastic resurrection of the paradigm of extreme helplessness (Armitage & Nellums, 2020; Losada-Baltar et al., 2020).

It has been rightly pointed out that this new wave of ageism has deepened the gap between young and old, increased resentment, mistrust and various paranoias, and ultimately consolidated situations of social isolation that severely impact physical, mental and family health (Van Orden et al., 2021). Many older adults who rely on the social contact of community centres and places of worship, are also experiencing significant disruptions in their social networks and relationships. This isolation is compounded by studies indicating older adults’ lack of access to current technology, which further exposes them to situations of employment vulnerability compared to younger age groups and to situations of early retirement (Coibion & Weber, 2020; Brynjolfsson et al., 2020). However, it should be noted that it is still unclear whether older adults are retiring early due to coercion, lack of opportunity or inability to work practically or due to increasing expectations of age discrimination during the pandemic (Coibion & Weber, 2020).

It has also been reported that there are guidelines that indicate that older adults are being overlooked by other age groups in health care settings, in emergency rooms, operations and hospitalizations (Rosenbaum, 2020). It is also indicated that racial minority older adults are less likely to receive medical care and are disproportionately vulnerable compared to white older adults (Mohan, Macdonald, Lytle, Apriceno, & Levy, 2020).

It is therefore no exaggeration to point out that this resuscitated ageism explains much of the slowness, errors and inadequacies of the responses that have been tried against coronavirus (Xie et al., 2020).

Thus, there is near unanimity among authors that the coronavirus pandemic

has led to a parallel outbreak of ageism, verifiable firstly in relation to a remarkable normalization of the presentation of older adults as helpless and frail, indicating a return to decrepit and vulnerable paradigms of old age whereby older adults have been rapidly and almost suddenly confined and de-citizenised in their capacity for choice and life strategy (Ayalon et al., 2021).

Other studies also indicate that over time in relation to coronavirus, the discriminatory and procrastinatory care that has existed at the hospital level towards older adults has not diminished, given the need to prioritize overstretched or scarce resources and procedures (Rosenbaum, 2020). When it comes to saving lives, older adults remain the group with the fewest options (Morrow-Howell et al., 2020).

It is a situation that has caught gerontology and gerontologists, apparently, unawares, who do not seem to be able to fully explain this situation, which has little scientific basis and which acts as an extension of alibis and ideological resources that impose an impoverishing and unidirectional vision of old people (Fingerman & Trevino, 2020). The authors, first cautiously and then more clearly, already speak of situations of “enclosure” and “discrimination” and even begin to propagate a play on words, certainly sinister: “genocide” for “gerocide” (Golubev & Sidorenko, 2020; Marques et al., 2020). Without going to the extreme use of this pun, other authors wonder why this lack of empathy has arisen, without reasonable answers (Brooke & Jackson, 2020; Aronson, 2020).

But they are not the majority. Most of the reviewed publications continue to advocate for a resurgence of gerontology in its best pedagogical vein, seeking to raise awareness of the consequences of health decisions that are considered erroneous and hasty (Levy et al., 2020). In line with this perspective, these studies highlight empirical data and experimental, longitudinal and cross-cultural research indicating how negative beliefs about age negatively affect a wide range of health outcomes, as well as how emotional responses to stress can affect older people (Bellintier & Neupert, 2018). So, the literature reiterated, from a perhaps somewhat naïve point of view, that older adults should not be isolated, as this can have detrimental social, familial and mental effects (Brooke & Jackson, 2020; Armitage & Nellums, 2020).

Other gerontologists emphasize generational aspects: keeping older adults in confinement pits generations against each other, thus spoiling possibilities for generational exchange and solidarity (Van Orden et al., 2021). It is also indicated how in the long term isolation can make health services even more expensive, which could aggravate the economic situation of the pandemic (Levy et al., 2020). Finally, some authors consider it necessary to re-emphasize that if older adults are a risk group, it is not because of their age per se, but because of the associated co-morbidity (Xie et al., 2020).

Thus, in general, the traditional position of gerontology and its perspective of overcoming ageism through education and awareness is reiterated, understanding, for example, that it is the media that characterizes older adults as burdensome, dependent, incompetent, senile and sick, which in turn reduces interest in

interacting with older adults (Levy, 2009).

Finally, it is necessary to clarify that if this thesis concerning a renewal of ageism since COVID-19 is perhaps relatively new, it is possible to use references, based on international interdisciplinary research, from at least the last 8 years, which could lead to support the thesis that ageism in fact, never stops its expansion in society. Cross-cultural and cultural research clearly shows that ageism, in its negative version of decrepitude (renewed by COVID-19), or in its positive version of healthy ageing (overthrown by COVID-19), has been a barrier to a clear understanding of ageing, old age and older people, creating difficulties in promoting effective interventions and public policies to support older adults and positive intergenerational relationships (Lamont, Swift, & Abrams, 2015; Macdonald & Levy, 2016; Kooij & Zacher, 2016; Ayalon & Tesch-Römer, 2017; Siebert, Braun, & Wahl, 2020; Ayalon et al., 2021).

7. Some Reflections on the Impact of the COVID-19 Pandemic

So, since the outbreak of the COVID-19 pandemic, various health measures have been implemented for old people, many of which have been questioned from various gerontological perspectives, as we have seen in the previous paragraph. These points made by gerontologists seek to correct, raise awareness and rectify hasty measures that were taken as a matter of urgency, when the passage of time has shown that they were not really urgent or essentials (Cesari & Proietti, 2020).

We understand that the difficulty in rectifying and critically evaluating these health measures, which in reality generated mental suffering and family deprivation, reveals the power of stereotypes that resist being modified, beyond the scientific weight of the arguments provided by gerontology (Biggs, 1993). In this way, a perhaps decisive question arises, in the sense of what is the real social place of older adults today, and not the one they could have in the advent of the ageing society (Oreg, 2003).

On the other hand, the contribution of modern gerontology, which insists on the emergence of a new paradigm of the older adult in terms of empowerment, renewed identities, original ways of life and with the capacity to actively contribute to the community, must be reviewed and perhaps can only be viable for specific or limited contexts, according to the social predominance that still exists of the decrepitude paradigm around older adults, as indicated by the latent meaning of the health measures adopted (Ekerdt, 1986; Atchley, 1977; Rosow, 1963; Rowe & Kahn, 1987, 1998; Araújo et al., 2016; 2018; Baek et al., 2016; Chan et al., 2018; Gallardo-Peralta et al., 2016; Jopp et al., 2016; Martinson & Berridge, 2015; Pruchno & Carr, 2017; Cosco et al., 2014, 2018; Pocnet & Popp, 2021; Klein, 2015, 2016).

Behind the measures of confinement and social isolation imposed on older adults, appears the resurrection of the image of elders as weak, vulnerable, decrepit and awaiting death. This confinement, that has been imposed beyond what is scientifically necessary, has led to talk of “gerocide” policies (Golubev &

Sidorenko, 2020).

We understand the misunderstanding revealed here, and bearing in mind that ultimately gerontological arguments did not change policies around older adults, is that many gerontological initiatives to combat ageism are based on the (valid, but perhaps naïve) view that deficit stereotypes directed at older adults are the result of ignorance, implying that strategies should be employed to inform evidence that refute the decrepitude paradigm. In other words, it is assumed that society and the social imaginary are governed by rational and common sense criteria and therefore, through scientific and academic criteria, can be modified (Angus & Reeve, 2006; Klein, 2020).

We do not question this view, but we believe that the experience accumulated since COVID-19 would indicate that other social factors also need to be taken into account in the resistance to move out of the decrepitude paradigm. These factors, if taken into account, would help to understand the persistence and acceptance of irrational measures aimed at older adults, which reveal emotional burdens and ancestral beliefs that resist being modified (Klein, 2013).

From this perspective, we suggest that this exponential explosion of ageism indicates the need to opt for a path of reflection that allows us to understand the failure of knowledge, science and academia to eradicate prejudices, clarify hatreds and foster tolerance and empathy in society (Siebert, Braun, & Wahl, 2020; Stewart et al., 2020; Klein, 2021).

Finally, it is also worth asking whether the return of this ageism (which perhaps never really went away) does not also allude to other conflicts, in relation to all the changes and permutations that arise and will arise around an imminent ageing society, which in reality “already is”, in one way or another, embedded in our reality (Leeson, 2009).

8. Conclusion

Ageism has shown a surprisingly strong and almost millennial prevalence in Western society. It has imposed an image of vulnerability, decrepitude and illness as the unquestionable ontological condition of older adults. When attempts have been made to propose an alternative to this traditional model of decrepitude, a new ageism has emerged that is nothing more than an inversion of the opposite, posing the supposed need that the older adult “must” be “productive”, “young”, “vigorous”, ultimately creating obstacles to progress in understanding the complexity and the necessary nuances involved in the older adult and ageing.

On the other hand, it is difficult to point out which tools could help to raise awareness and solve the problem of ageism, a fundamental situation if we take into account the imminent advent of an ageing society that implies various challenges. We have tried to suggest that the tools used to advance the understanding of ageism cannot ignore the place of older adults in the social imaginary. One such example seems to relate to the almost “urgent” implementation of confinement and isolation measures around older adults in the recent COVID-19

pandemic, which over time proved in some cases to be hasty and exaggerated.

Ultimately, these measures revealed an ambiguous message, whereby the older adult was simultaneously protected and abandoned by health strategies that implied nothing more than a return to ageism in its most archaic form around the decrepit and vulnerable as main characteristics of the older adult.

Thus, what will be the greatest novelty of the 21st century: the ageing society, is full of questions and crossroads, because society will hardly be able to face the challenges of this ageing society if it does not begin to confront with determination and critical spirit the central problem of ageism developed here.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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