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The twin faces of ageism, glorification and abjection: A content analysis of age advocacy in the midst of the COVID-19 pandemic

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ABSTRACT

While the government responses to the COVID-19 pandemic have varied across the globe, there has been a unifying cry from academia and public health professionals warning of the detrimental effects of attaching our understanding of this new threat to our already ageist attitudes. What is inescapable is that COVID-19 has an age-related risk component and the latest data shows that risks start to rise for people from midlife onwards. As governance agencies, professional practice, and academia work towards assessing, communicating, and addressing this risk, we ask: are existing gerontological conceptualisations of ageism appropriate for this exceptional situation and what is being (re)produced in terms of an aged subjectivity? Following van Dyk's (2016) critique of gerontology’s ‘othering’ through both ‘glorification’ (third age) and ‘abjection’ (fourth age), a content analysis of statements and policy documents issued in response to COVID-19 provides evidence of well-meaning and inadvertent ageism through homogenizing language, the abjection/glorification binary within ‘old age’, and the power binary constructed between age and an age-neutral midlife. The paper concludes with reflections on future directions for ageism research beyond COVID-19.

Introduction

The spread of COVID-19 across the globe has been closely followed by an outbreak of outrage in response to shocking stories of the abandonment and neglect of the vulnerable older population left to die in hospitals and care-homes (de Leo & Trabucchi, 2020). In Italy, at the height of the crisis, and overwhelmed by the sudden demand for ventilators, some hospitals were reported to have introduced a blanket policy of no intubation for the over-70s (Rosenbaum, 2020). While these discriminatory practices were met with widespread disapproval, elsewhere overtly negative reproductions of age-related stigma continued to surface both on social media platforms, as ‘#boomer-remover’ threads trended (Brooke & Jackson, 2020; Meisner, 2020), and in political spheres, with Texas Governor, Dan Patrick, calling for dutiful grandparent sacrifice on behalf of the economy and the younger generation (Reynolds, 2020).

Aside from the more sensational news coverage, a general consensus around care for the older population emerged as a priority in the policy responses, although the definition of specific age-related measures varied nationally (Balmford, Annan, Hargreaves, Altoë, & Bateman, 2020). Editorialists, letters, and commentaries in the academic literature sprang to the defence of older people as a group, in terms of rights, dignity, and fairness, calling attention to the institutional practices of age discrimination (Flett & Heisel, 2020; Fraser et al., 2020; Lloyd-Sherlock et al., 2020). Stressing the heterogeneity of the older population, Ehni and Wahl state, “chronological age is an ‘empty variable’ and an extremely poor guide for accurately predicting behavior, needs, performance, loss of function, illness, and comorbidity” (2020, p. 516). Discriminatory policies based solely on chronological age are unequivocally ageist. Negative treatment of older adults during the crisis included discriminatory triage protocols based on age (Rosenbaum, 2020) or life-years (Emanuel et al., 2020); delays in responding to the higher risks for people in Long Term Care and assisted living facilities; the negative stereotyping of older adults in the media; the reduction in care for older adults with chronic conditions due to existing institutionalized ageism; the increase of financial insecurity through discriminatory employment practices; and the compounding of effects caused by existing structural inequalities associated with race or gender (Monahan, Macdonald, Lytle, Apriceno, & Levy, 2020).

Positive responses included ‘senior-only’ shopping sessions, rapid switching to telehealth and other forms of telecommunications to support older adults to shelter-in-place, and the provision of services by
both local government and civic institutions, such as the delivery of essential goods and social support. However, some of the measures intended to protect older people have had unintended negative consequences, such as increasing loneliness, social isolation, and financial insecurity through job losses and unplanned early retirement (Monahan et al., 2020). Also, some of these helping behaviours can reinforce negative stereotypes if they are founded on ‘benevolent ageism’ where older adults are seen as incompetent or helpless (Cary, Chasteen, & Remedios, 2017).

As an “ageism-related focusing event”, Reynolds argues the response demonstrates the widespread lack of understanding of ageism as a “biopsychosocial phenomenon” both by the public and within the health professions (2020, pp. 500-502). Reynolds names behaviours which “cultivate or affirm helplessness” as “the inadvertent result of compassionate ageism (well-intentioned advocacy for a subgroup of older people that results in a negative generalization to the entire older population)” (Reynolds, 2020, p. 500). Beyond the overt age discrimination, Reynolds points to the discrete ageism found in messaging where risk-based factors such as diabetes, asthma, cancer, and obesity are underplayed in relation to age-based risk (2020, p. 500). The response to Covid-19 is worthy of attention as messaging adds to the internalised negative perceptions and assumptions which underlie ageism across all age groups (Ayalon et al., 2020). Gerontologists have reported on the inadvertent use of ageist language by both health professionals and those working within the sector (Gendron et al., 2018; Gendron, Wellford, Inker, & White, 2016), yet, it remains an under-researched area.

While negative stereotypes of old age and particularly the fourth age as a time of vulnerability and dependence are more easily understood as oppressive, van Dyk argues this “othering by abjection” is only one part of a dual process. The other part, which has been overlooked in the literature, is the “othering by glorification” where capable third agers are either valued for resisting decline and dependency (sameness), or for the qualities that age brings (difference) (van Dyk, 2016, p. 110). This dual process is relevant in the light of well-meaning advocacy which uses positive images of old-age as a way to validate the older population or defend against stigmatization.

Amidst the devastation of the pandemic, ageism has come to the fore in an unprecedented way (Ayalon et al., 2020; Prevalti, Allen, & Varlamova, 2020) and presses us to ask what can we, as advocates for the older population in all its heterogeneity, learn from this unique situation about our responses and messaging around age and aging? The aim of this paper is to analyse the age advocacy that has emerged in response to the crisis, and assess to what extent it is demonstrative of ageism as a process of othering (van Dyk, 2014, 2016). To this end we will first turn to conceptualisations of ageism across critical gerontology to assess their relevance in the current exceptional context.

Gerontologists and ageism

Ageism, as introduced by Robert Butler (1969), is a recognised phenomenon across cultures (Boduroglu, Yoon, Luo, & Park, 2006; Ng, 2002), referred to as a “social disease” that is so engrained in our culture it “is like the air we breathe” (Palmore, 2015, p. 874). Despite its relatively recent introduction as a framework for understanding age-related discriminatory practices, beliefs, and assumptions, it has been successfully operationalised across the academy. However, the concept is not without critique or limitations. Within gerontology there is general agreement of ageism as a process of othering (van Dyk, 2014), in the same way that universal power binaries create or construct the ‘other’ of gender, race, (dis)ability, sexuality, and class (Ilaraway, 2013). However, there is no clear consensus on how to understand the mechanics of this process, and, perhaps more importantly, the extent to which gerontological concepts could be inadvertently accentuating ‘old age’ as the oppressed other in a power binary with youth or midlife (van Dyk, 2016). As Gullette states, ageism is a “different difference” (Gullette, 2004, p. 11) as it covers the constructions of both age and aging as a process which the majority of us will experience, as opposed to the other binaries where the dominant universals are more fixed; i.e. whiteness, maleness. We must therefore take into account the process of aging along the life-course, as it forms a part of our past, present, and future self.

From the 1970’s onwards, mainstream gerontological literature was largely a response to ‘disengagement theory’ which proposed the withdrawal of older people from their community and social interactions as inevitable (Cumming & Henry, 1961). In contrast to this idea, ‘active ageing’, ‘successful ageing’, and ‘productive ageing’, while not synonymous, represent later life, and particularly the third age, as a time when well-being, autonomy, choice, and social contribution can be maintained or even enhanced. The application of these ideas in policy discourse has tended towards a narrower understanding of the concepts in response to the anticipated ‘population crisis’ deemed to threaten the financial stability of Western economies (Foster & Walker, 2015). In the current context, we ask if, and to what extent, mainstream gerontological concepts are operationalised by advocates and institutions arguing for the rights of the older population. At the other extreme, to what extent might these conceptualisations play to ageist stereotypes that blame the need to protect vulnerable older people as the cause of possible economic and social consequences arising from extended periods of confinement (Monahan et al., 2020)?

Analogous to sexism and racism, Higgs and Gilleard argue ageism, as a term used in social gerontology, is “a lodestone for thinking about the social categorisation of older people” and as such, useful for determining the processes of devaluation, negative stereotyping, institutional discrimination, and marginalisation in modern society (2020, p. 1617). However, they argue that the far-reaching, and often reified, understanding of ageism as an ideology of oppression can limit our capacity to integrate the corporeal aspect of age, in terms of “the Janus-faced predicament of wanting to live long, yet not wanting to grow old” (Higgs & Gilleard, 2020, p. 1627). They point to a bifurcation between the third age, as a set of modern cultural constructions around autonomy, choice, pleasure, and consumerism, and the fourth age, associated with the body as it ages, the loss of identity, agency, attractiveness, and imminent/immanent corporeal morbidity. They argue that this understanding of the fourth age arises from a much longer-standing “social imaginary” founded in our common fears of aging more than the achievement of a specific age (Higgs & Gilleard, 2020, p. 1623; Gilleard & Higgs, 2011).

In the context of Covid-19, where the need to protect vulnerable populations has led to discriminatory messaging and practices based on chronological age and ageist stereotypes, we ask, do the conceptualisations of a distinct third and fourth age still apply and, if so, whether responses to the crisis reproduce images of active third agers or the fears of fourth age decline and loss.

Van Dyk (2014) ascribes two main streams of thought to critical gerontologists’ response to activation theories: development psychology (Biggs, 2006; Cole, 1992; Moody, 2005; Tornstam, 1997); and the valuing of difference as found in race and gender studies (Andrews, 1999; Calasanti & Slevin, 2006; Crikshank, 2003; Holstein, Waymack, & Parks, 2010; Sandberg, 2013). In the first grouping, ‘mature identity’ is theorised as being different from that of midlife and accompanied by a change in attitudes and priorities, for example, Tornstam’s ‘gero-transcendent aging’ (Tornstam, 1997). In the second grouping, feminist critical gerontologists call for an understanding of age and aging as a form of inequality (Calasanti & Slevin, 2006). There is a focus on the aging body and how it changes through the life course (Freiras, Luque, & Reina, 2012), for example “affirmative old age, which affirms the differences that ageing bodies produce without understanding them as involving decline or loss” (Sandberg, 2013, p. 26). Across the literature, critical responses to the denial of old age and the search for positive images and narratives focusing on difference have led to the construction of alternative aged identities. While this adds heterogeneity to the conceptualisations of age these identities can also become fixed, and as such, repressive (Butler, 2011; van Dyk, 2016).
While applauding critical gerontology for the light it has thrown on the inherent issues of activity related theories, van Dyk (2016) holds that the construction of age in terms of difference, is still detrimental to the devalued ‘other’ it creates. Notwithstanding the acknowledgement of diversity among the older population, and the refusal of a homogenized, active, successful, productive subject, van Dyk argues that the critique only performs one side of Derrida’s (1986) (in van Dyk, 2016, p. 101) deconstruction and leaves the ‘midlife/old’ binary intact. Van Dyk argues these concepts of aging, whether reproducing neoliberal narratives of value, or attempting to describe age in terms of an authentic life-stage, as similarly ‘othering’, either by “glorification”, or by “abjection or disparagement” (2016, p. 110). This would suggest that rather than critical or mainstream distinctions between groups of ‘young-old’ third agers and ‘old-old’ fourth agers, the problem lies in the treatment of all ‘old people’ as other. This would appear, at first glance, to be relevant to the current situation given the measures and protocols determined by age alone. With respect to both mainstream and critical gerontology we ask if, and to what extent, are older populations being represented as a homogenous group.

Following the conceptualisations mentioned above, othering by glorification is associated with the third age, whether produced by arguments of sameness (a continuation of midlife and its valued activities, attributes, and values) or difference (claims for a separate life-stage following midlife which has its own activities, attributes, and values). In othering by sameness, old people are represented as workers, consumers, carers, civic activists, volunteers, mentors, and of generalised value for their contribution to the social, cultural, and economic life of the community, although they are also seen as less competitive and with less interest in the career achievements of midlife (Denninger, van Dyk, Lessenich, & Richter, 2014 in van Dyk, 2016). In othering by difference, the focus is on ‘being’ rather than ‘doing’, the process of individuation and the celebration of age as a valued differentiator. Attributes of wisdom, authenticity, transcendence, spirituality, and new found perspectives and forms of creativity are common in these concepts (McHugh, 2000; Tornstam, 1997).

Othering by abjection represents age and aging in terms of the stereotypes of decline, frailty, burden, and dependence. There are negative associations to both the process of aging as demonstrated by the anti-aging industry, and age itself (McHugh, 2000). Ageism can be both internalised and externalised; within the group characterised as being different (outgroup), and by those making the characterisations (ingroup) towards the outgroup (Gendron et al., 2016). These associations can be related to the construction of non-ideal subjectivity types; for example, the “vulnerable senior” (Rudman, 2006, p. 189), or society’s projections of a ‘declining’ body (Guillette, 1997, p. 19) or where younger generations no longer see their elders as fully human (Butler, 1975). While this kind of stigma can be attached to anyone considered ‘old’ or ‘aging’, the ‘oldest old’, or those in their fourth age, are recognised as “being excluded from humanity by radical ‘othering’” (van Dyk, 2016, p. 110).

Glorification and abjection as conceptual categories are evident in both the media and academic responses to Covid-19 mentioned above. The research will aim to unpack the categories in terms of how they are being applied and provide a more fine-grained analysis of the contents of each category. Both these forms of othering are deemed detrimental to those seen as old and Van Dyk calls for the second strand of Derrida’s deconstruction, where the binary itself is challenged, in terms of the hierarchy, and the assumed superiority, of one pole (van Dyk, 2016, p. 115). In this case, the ageless midlife is taken as the universal norm defined by rationality, culture, competition, and progress, as opposed to the more feminized pole of age, where nature and emotion are embedded into representations that repeatedly (re)produce inferiority. Van Dyk looks to postcolonial theory to offer insights on how this binary can be deconstructed, and following Chakrabarty’s work on the “provincialization of Europe” (Chakrabarty, 2007, p. xiv), proposes.

Provincializing midlife is about provincializing the norms of midlife. These include independence and individualized autonomy, which can be seen to structure the dominant assessment of all of life’s stages, thereby setting up a violent hierarchy between midlife and later life: in order to construct midlife as a state of pure independence, the basic vulnerability, relatedness and social (inter)dependence of every human life has to be ignored and repressed (van Dyk, 2016, p. 116).

Hence, the norms of an ageless midlife dominate the construction of the aged deviant or other. If this is true then it follows that both othering by glorification and abjection are ageist, as the inferiority of one pole of the binary is implied. While this is easier to acknowledge when there are explicit references to dependency and decline (abjection) it also applies to the achievements of older people (glorification) which are always only relative to the assumed superiority of an ageless mid-life according to the valued norms of independence and autonomy. The research asks if there is evidence of this othering and if so, how is it constructed through the categories of glorification and abjection.

As Van Dyk points out, the goal is to avoid reinforcing the binary and the method is “to examine— with regard to specific living conditions—the extent to which relatedness and autonomy, or dependence and independence, are mutually shaped and interwoven” (2016, p. 116). In the specific conditions of a global pandemic, which has put a renewed focus on ageist discourse and practice, it seems all the more relevant to ask what is being reinforced. In the following sections we present the methodology chosen to assess the COVID-19 age advocacy literature, the findings of the analysis, and a discussion of the relevance of gerontological conceptualisation of ageism in the context of the pandemic, with a focus on van Dyk’s (2014, 2016) othering by glorification or abjection. We will conclude with a discussion on the possible impacts of this exceptional situation on the further development of ageism research.

Methodology

To identify the target content, age advocacy in the initial response to the pandemic, a search of academic and public health databases was conducted (W.H.O. COVID-19 database, Pubmed, and EBSCO) for texts published between March and July 2020. Six texts met the criteria: written in English, Spanish, French, or Portuguese; written by age advocates in relation to the impact of COVID-19 on older people; non-technical/clinical content; the authors represent age-related organisations, journals or initiatives; and the texts relate to either national or international agendas. The selected texts are: the United Nations’ Department for Economic and Social Affairs, ‘Policy Brief: The Impact of COVID-19 on older persons’ (UNDESA, 2020a); and a shorter issue brief, ‘Older persons and COVID-19: A defining moment for informed, inclusive, and targeted response’ (UNDESA, 2020b); Age Platform Europe, ‘COVID-19 and human rights concerns for older persons’ (AGE Platform Europe, 2020); a joint statement by the editors of eight leading American gerontological publications (Colenda et al., 2020); a statement by the board members of the Canadian Association on Gerontology/Association canadienne de gériatrie (CAG/ACG) and the Canadian Journal on Aging/Revue canadienne du vieillissement (CJA/RVC), (Meisner et al., 2020); and a statement by the President and Members of the National Executive Committee of the British Society of Gerontology (BSG, 2020). Despite being a small number of texts, a total of 779 statements were found to contain relevant content for analysis. It is possible that the short five-month publication window, at a time when

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1 In van Dyk (2016, p. 2 footnotes) “A few authors in Aging Studies, namely, Bill Bytheway (1995), Margaret M. Guillette (2004) and Chris Gilleard and Paul Higgs (2000, pp. 138–139), have raised awareness of an age hierarchy that is basically linked to or even ingrained in the very categorisation of different ages.”
many organisations were on lockdown, reduced the number of potential texts. There is some internal diversity in terms of the audience, scope, length, and purpose of the texts although this did not produce anomalies in the analysis.

A deductive qualitative content analysis (Elo & Kyngäs, 2007) was used where categories were taken from existing theory and a categorisation matrix developed: homogenizing (H), non-homogenizing (NH) language (examples in Table 1 below); othering by glorification (G) or abjection (A); and all statements were coded as either positive or negative to get a general sense of balance. The homogenizing of ‘older people’ as a group has been identified as a problem across the extant literature and also within the selected texts. Following van Dyk (2014, 2016) glorification and abjection were defined as categories to show where othering occurs through the attribution of positive or negative attributes, activities, or values. The category structure was designed to reveal grey areas (statements that were neither glorification or abjection) or additional categories, and also to uncover nuance between categories (statements that combined the two aspects of othering in some way). The texts were analysed line-by-line and coded in multiple rounds and then all entries were checked by a second researcher to address researcher bias; consensus was achieved on categorisation and sub-categorisation. As the analysis progressed, sub-categories emerged from the glorification and abjection categories which were then passed through an inductive content analysis using open-coding (Hsieh & Shannon, 2005). The frequency of occurrence was calculated (Tables 2 and 3) as well as the ratios between categories (H:NH, G:A, positive: negative). The use of content analysis has been criticised for being simplistic and not sufficiently qualitative, but this type of analysis is commonly used within gerontology and found to be productive in analyzing both texts and discourse (Elo & Kyngäs, 2007). While the process started as a simple quantification exercise to ascertain the existence of categories, which was a necessary step given the absence of this data, it was followed by recognised qualitative methods of coding to draw out new insights from within the categories and relationships between them. This goes beyond the quantification of content which is justifiably criticised for being simplistic or reductive.

### Findings

#### Data

Only the UNDESA (2020a) provided a definition of an older person as over 60 years. In all the texts data is supplied for a wide variety of age ranges making it difficult to know who is being referred to by ‘older persons/older people’. In addition, it is extremely difficult to make sense of the data in terms of the risk to different age groups. The following paragraph was typical of the way age-related risk was reported,

> While the median age of confirmed COVID-19 cases is 51, fatality rates for those over 80 years of age is five times the global average. Over 95% of fatalities due to COVID-19 in Europe have been of people 60 years or older. In the United States, 80% of deaths were among adults 65 and over. In China, approximately 80% of deaths occurred among adults aged 60 years or older. This reality poses a series of direct and indirect challenges for older persons (UNDESA, 2020a, p. 5).

Other key data is missing in terms of the underlying health conditions of the deceased and other risk factors (sex, occupation, ethnicity, class). The texts outline the problems of data availability but reporting could have been clearer. The UK publication ‘COVID-19: Review of disparities in risks and outcomes’ published by Public Health England, states, ‘COVID-19-related mortality rates reported by ONS also increase across age groups. For males the increase is significant from 25 to 39 years and above, and for females from 40 to 44 years and above.’ (Public Health England, 2020, p. 11) This document clearly sets out the increased risks. The BSG (2020) takes the position that arbitrary cut offs without context would be harmful as they give a false impression of the risk factors, “While people at all ages can be vulnerable to COVID-19, and all can spread the disease, not all people over the age of 70 are vulnerable, nor all those under 70 resilient” (p. 1).

The other texts have a more blanket approach in terms of assigning all ‘older people’ as those most affected,

> The pandemic spreads among persons of all ages and conditions, yet available evidence indicates that older persons and those with underlying medical conditions are at a higher risk of serious illness and death from the Covid-19 disease (UNDESA, 2020b, p. 2).

Nevertheless, when it comes to the objective of avoiding stigma and discrimination there are also claims of this not being “an old person's disease” (Age Platform EU, 2020, p. 15). The effect of the contradictions can be confusing to the reader where ‘older persons’ are depicted as highly vulnerable and in need of protection but at the same time not to be singled out in a stigmatizing way. This internal contradiction has been highlighted by the crisis and may be particularly relevant to health scenarios where a biomedical model is applied and people are assessed solely in terms of their perceived deficits, as opposed to a biopsychosocial model where social, psychological, and behavioral dimensions of illness are taken into account (Engel, 1977).

#### General patterns

Within the categories, non-homogenizing language (NH) was found more in the context of abjection (A) while glorification (G) tended to homogenizing language (H). Table 2 shows there is a spread of ratios between the categories (H:NH and G:A), with the texts written by gerontologists and age specialists (Texts 3, 4, 5, 6) finding more balance (H: NH). The most careful language use, with respect to both H:NH and G:A, is found in the BSG text which speaks to the purpose of the statement as a direct address to UK Government against arbitrary age-cut offs. All the texts had more positive than negative statements with the shorter UNDESA Issue Brief (2020b) being the only exception.

The categories of Glorification and Abjection were applicable across

### Table 1
Examples of Homogenizing and Non-Homogenizing language.

| Homogenizing | Text | Non-homogenizing |
|--------------|------|-----------------|
| All texts    |      |                 |
| Older people |  UNDESa | Older persons living in precarious conditions – such as refugee camps, informal settlements and prisons. |
| Older adults |  UNDESa | older persons, particularly those with cognitive decline or dementia, and who are highly care-dependent. |
| Older women  |  UNDESa | large gender gaps in the proportion of older persons residing alone exist, with 17% of women over 60 residing alone, with respect to 9% of men in that age group globally. |
|             | Age Platform EU | ... those who are at most risk of being disproportionately affected by the crisis. |
|             | US | Older patients… |
|             | Gerontologists | Older customers… |
|             | Canadian Gerontologists | unique psychological challenges that many older adults experience. |
|             | BSG | One in five people aged between 70 and 85, over 1.5 million people, volunteer in their communities. |
|             |     | ... people who live alone of all ages. |
the content without overlap or grey areas. A third category, ‘neutral’ (representing older people without glorification or abjection) was investigated but not found to be significant. The conceptual categories were therefore deemed as useful in analyzing the content. Glorification included contributions that were directly related to the crisis (e.g., as carers to those infected), indirectly related (providing care to children who were not attending school), not related to (e.g., general contributions to the economy) and those that were implied in recommendations (e.g., the need for their participation in finding solutions). Abjection consisted of reported and potential risks and impacts of COVID-19, and also where ageist stereotypes were implied (e.g., dependency on family carers). Across all the texts abjection (833) counts for just over 5 times that of glorification (164). At first glance this could simply reflect the negative context of COVID-19, however, every document has examples of glorification and each text highlights the importance of acknowledging the contribution of ‘older people’. There is also a sliding scale of G:A ratios between the texts, from 1:1.34 (BSG, 2020) to 1:11.42 (UNDESA, 2020b). This demonstrates the purposeful use of language in some texts, where the counts of abjection are counter-balanced with more glorification. The overall effect of this is to present a less negative

| Text no. | Author Organisation   | Date Published | Total N° pages of text | Frequency Homog. (H) | Frequency Non-Homog. (NH) | Ratio H: NH | Frequency Glorification (G) | Frequency Abjection (A) | Ratio G:A | Frequency Negative Statement-ve | Frequency Positive Statement-ve | Ratio ve: +ve |
|----------|-----------------------|----------------|------------------------|---------------------|--------------------------|------------|--------------------------|--------------------------|------------|-------------------------------|-------------------------------|-------------|
| 1        | UNDESAs               | May-20         | 16.00                  | 93                  | 78                       | 1:0.84     | 31                       | 184                      | 1:5.94     | 69                            | 75                           | 1:1.09     |
| Av. per page |                  |                |                        | 5.81                | 4.88                     |            | 7.94                     | 11.50                    | 1:1.47     | 4.31                          | 4.69                          |            |
| 2        | UNDESAb               | Apr-20         | 3.00                   | 15                  | 30                       | 1:2        | 7                        | 80                       | 1:11.42    | 29                            | 15                           | 1:1.52     |
| Av. per page |                  |                |                        | 5                   | 10                       | 1:3.57     | 23.33                    | 26.67                    | 1:1.13     | 9.67                          | 5                             |            |
| 3        | Age EU Platform       | 18/05/20       | 29.00                  | 46                  | 164                      | 1:3.57     | 48                       | 369                      | 1:7.69     | 111                           | 179                          | 1:1.61     |
| Av. per page |                  |                |                        | 1.59                | 5.66                     |            | 1.66                     | 12.72                    | 1:7.80     | 3.83                          | 6.17                          |            |
| 4        | American Gerontologists | 14/07/20     | 1.50                   | 5                   | 15                       | 1:3        | 23                       | 36                       | 1:1.57     | 17                            | 27                           | 1:1.59     |
| Av. per page |                  |                |                        | 3.33                | 10                       |            | 15.33                    | 24                       | 1:1.60     | 6.00                          | 85                           | 1:1.42     |
| 5        | Canadian Gerontologists | 11/05/20     | 6.50                   | 15                  | 76                       | 1:5.07     | 17                       | 113                      | 1:6.65     | 60                            | 85                           | 1:1.42     |
| Av. per page |                  |                |                        | 2.31                | 11.69                    |            | 2.62                     | 17.38                    | 1:6.65     | 9.23                          | 13.08                         |            |
| 6        | British Society Gerontology | 20/03/20 | 6.00                   | 4                   | 57                       | 1:14.25    | 38                       | 51                       | 1:1.34     | 37                            | 75                           | 1:2.03     |
| Av. per page |                  |                |                        | 0.67                | 9.50                     |            | 6.33                     | 8.50                      | 1:1.31     | 6.17                          | 12.5                          |            |
| Total No. |                       |                |                        |                     |                           |            |                         |                          |           |                               |                               |            |

| Sub-cat No. | Glorification sub-categories | Freq. * | % of total | Abjection sub-categories | Freq. * | % of total |
|-------------|--------------------------------|---------|------------|--------------------------|---------|------------|
| 1           | Paid work/Economic activity – business ownership, returning health workers | 19      | 11.59      | Vulnerability and risk exposure - health risks and worsened outcomes due to COVID-19, underlying conditions | 149     | 17.89      |
| 2           | Unpaid work/Social Reproduction – caring within and outside the family | 17      | 10.37      | Dependence and Burden - increasing care needs, lack of autonomy, burden on health and care services, family and the younger generation | 52      | 6.24       |
| 3           | Intergenerational interaction (outside of the family) | 7       | 4.27       | Access to healthcare, services, information and assistance - deprivatization, underfunding of the care and LTC sectors, barriers and disruption | 161     | 19.33      |
| 4           | Volunteering | 10      | 6.10       | Neglect, abuse, violence, mistreatment | 82      | 9.84       |
| 5           | Social Participation – in social and cultural life of communities | 6       | 3.66       | Discrimination - stigma, ageism, stereotyping, marginalisation/ exclusion, intergenerational conflict | 160     | 19.21      |
| 6           | Leadership – in the community and related to the crisis | 5       | 3.05       | Poverty/income instability/unemployment - reduced living standards, food insecurity, access to pensions and other funds | 40      | 4.80       |
| 7           | Individual Characteristics – e.g. resilience, positivity, having good mental or physical health, adaptability, knowledge, experience, wisdom, respect, autonomy | 41      | 25.00      | Social isolation before, during and after confinement, physical distancing and its impacts on physical and mental well-being, barriers to engagement, loneliness | 98      | 11.76      |
| 8           | General Attributes of ‘old people’ and their communities – being loved, valued, necessary, and valuable, respected, contributing, having strengths, dignity, equal worth | 23      | 14.02      | Digital exclusion – accessibility, affordability, skills, knowledge, cognitive function/decline | 25      | 3.00       |
| 9           | Participation in civic institutions/policy-making/ activism/ research/responding to the crisis | 36      | 21.95      | Social protection - right to health and life, end of life care, structural inequalities and intersections, lack of state income supports and protection e.g. universal health care, lack of visibility and participation in policy discourse and civic life | 66      | 7.92       |
| Total       |                                   | 164     |            |                         | 833     |             |

Table 2: Frequency, totals and comparative ratios of categories.

Table 3: Sub-categories of glorification and abjection by ‘frequency of occurrence.’
Homogenizing and non-homogenizing language

As the briefings are addressing the impact of COVID-19 on ‘older people’ we would expect a degree of homogenizing language; however, there is a sliding scale in its use. The longer UNDESA Policy Brief (2020a) is the only text with more H than NH and this gives a very homogenizing picture, as it occurs in the context of both glorification and abjection. In the other texts, the language of abjection was less homogenizing (see below). The range of NH language is shown in Table 1. Some of the examples are still broad groupings, for example, ‘older worker’ or ‘older patient’, but the effect is to move away from all ‘older people’ being associated with abjection. Hence, when talking about people in Long Term Care (LTC) situations as ‘older residents’, it is not referring to everyone over an arbitrary age or all ‘old/older people’. As basic as this might appear, every text demonstrated, to some degree, the contradiction of arguing against the homogenization of ‘older people’ as a group whilst using homogenizing language. As mentioned above, without age-disaggregated data to draw on, even when context was given (e.g., elder abuse) with quantification, the vague signifier of ‘older persons’ has an homogenizing effect; for example “(a)buse of older persons has been on the rise and estimates before the COVID-19 pandemic suggested that 1 in 6 older persons were subjected to abuse in 2017” (UNDESA, 2020a, p.7).

Glorification/Abjection

Glorification

Within ‘Glorification’ nine sub-categories were identified. Within each sub-category is a mix of activities that are specifically relevant in the context of the crisis (e.g., crisis leadership) and those that are generic (other forms of leadership e.g., community). The sub-categories illustrate the homogenizing nature of glorification in that the first and third most frequent sub-categories are the attribution of characteristics onto ‘old people’ whether at the individual or group level. Without the context of ageism, most of these attributes could, arguably, exist in any population group. Although experience is acquired over time, as might be the case for wisdom, it is hard to quantify, prove, or limit to a specific age. This could be seen as well-meaning but ultimately ageist advocacy (Reynolds, 2020) or othering by difference (van Dyk, 2016).

The second highest sub-category, ‘participation’, is referenced more often in terms of being a necessary or potential, but largely absent, contribution of ‘older people’. Its value was implied from the recommendations, such as, Expand participation by older persons, share good practices and harness knowledge and data. We need to broaden our partnership with civil society and others and consult older persons to harness their knowledge and ensure their full inclusion in shaping the policies that affect their lives…The unprecedented nature of the crisis has highlighted the invisibility of older persons in public data analysis ((United Nations Department of Economic and Social Affairs, 2020b)UNDESA, 2020a, p. 4).

This ‘invisibility’ is highlighted but not caused by the crisis and the recommendation points to a larger issue of participation and the assumed value of their knowledge. This emphasis on the importance, value, and necessity of listening to, and learning about, the lived experiences of people in this population group, at this time, appeared across the texts but was contradicted by the absence of any personal accounts or narratives. This data might not have been appropriate for some of the texts and also difficult to gather, but in advocating strongly for participation, it may have been a missed opportunity to include the active voice and experience of those affected. The conceptualisations of critical gerontology that give voice to the heterogeneity of older populations could have been useful in this task. Paid and unpaid work, as the fourth and fifth most frequent sub-categories, represent the contribution most easily observed and noted in the extant literature, particularly those referring to policy perspectives (Moulaert & Biggs, 2013). The texts draw attention to the contributions made by older workers and older carers and the importance of this activity to the economy in both direct and indirect terms. These contributions could be significantly impacted by both confinement measures during the initial response and the anticipated economic impacts of lockdown, but this did not appear to affect the assertion of these contributions within glorification. The impacts were addressed within the abjection sub-categories.

The next two categories, ‘volunteering’ and ‘social participation’, are surprisingly small given the huge increase in volunteering during the crisis, which will have been supported by people of all ages. Although volunteering opportunities would have been reduced due to lockdown measures this is not mentioned explicitly. Once again, this type of glorification activity is left uncontextualised and the direction of the contribution is most often reported as other groups facilitating the social life of isolated elders (sub-category ‘Dependence and Burden’ in ‘Abjection’). When volunteering is mentioned, it is rarely accompanied with any context or detail. This may be due to a lack of data. The impact of these contributions is hard to measure, although the BSG report on the quantity of UK volunteering, “(o)ne in five people aged between 70 and 85, over 1.5 million people, volunteer in their communities” (BSG, 2020, p. 2). The context of the crisis highlights the paucity of relevant data. A recent scoping review showed that participation is most often studied in collective forms of volunteering and other forms of civic engagement, individual and collective, are under-represented in the research (Serrat, Scharf, Villar, & Gómez, 2020).

Finally, within the smallest sub-category, ‘leadership’, context is given at the individual level. The scientific leadership of Dr. Anthony Fauci, Director of the National Institute for Allergy and Infectious Diseases, is singled out for praise. Leadership is given as an example of “the value of wisdom and personal resilience” (Colenda et al., 2020, p. 1). This demonstrates an inherent problem of glorification; it is difficult to go beyond the generic without scrutinizing and judging individuals which is then prone to subjectivity and bias. The smaller number of glorification statements could be due the lack of specificity in the application of generic positive stereotypes in both the media and research. The sub-categories appear at times like a tick-list of potential positive contributions,

They [older persons] contribute in numerous ways to their families and their communities, including during the pandemic, providing social care to family members and neighbors remotely or while keeping safety distancing, offering support to those who are in more disadvantaged situations, continuing to work or volunteering to return to work and being at the forefront of efforts to contain COVID-19 and to provide care to individuals affected by the virus (Age Platform EU, 2020, p. 14).

There was only one mention each of ‘successful aging’ (Colenda et al., 2020, p. 2) and ‘healthy aging’ (BSG, 2020, p. 6), with no reference to ‘active’ or ‘productive’ aging although much of the content of glorification would fit with these conceptualisations of active and engaged third agers. There was no evidence to support the image of ‘older people’ as, “less competitive and egoistic, more cooperative and loyal, less willing to take risks and more reliable, less achievement-oriented and more warm-hearted” (van Dyk, 2016, p. 117). Where positive attributes are assigned to certain groups, for example, “recent polls find that older adults are less likely than younger adults to report worry or stress related to COVID-19” (Angus Reed Institute, 2020; Panchal et al., 2020 cited in Meisner et al., 2020, p. 334), this is instantly counterbalanced within the context of the mental health of older Canadians where a range of different age and risk factors, such as rates of loneliness, depression, and the prevalence of anxiety disorders, are used to portray a less positive image. The impacts on mental health during
and after the crisis is emerging but it is very mixed, with studies showing a range of contradicting results (Bidzan-Bluma et al., 2020) and further evidence of the need to factor in the heterogeneity of ‘older people’ (Whitehead & Torossian, 2020). The assumptions of vulnerability being made about the older population as a group could be interpreted as robbing people of agency, adaptability, resilience, creativity, and innovation in finding models of coping, and other inner resources, i.e., the same list of resources and attributes that the texts use to demonstrate the worth and value of this group.

**Abjection**

Othering by abjection represents the non-ideal subjectivity (Rudman, 2006): the vulnerable, frail, and dependent; for example, those in advanced cognitive decline and those isolated in care homes. No evidence of nuance was found within this category. The Abjection and Glorification categories do not overlap or produce a grey area in the sense that individuals portrayed as being exposed to health risks and in some way dependent, are not also characterised as socially active and resilient.

Within Abjection, nine sub-categories were identified. In terms of frequency, the focus of the texts is, not surprisingly, on health matters in terms of vulnerability and risk exposure, as well as the impacts on access to healthcare, services, information, and assistance caused by the measures put in place to address the pandemic. All the texts cover these issues comprehensively calling attention to the challenges faced in many different contexts: maintaining health during lockdown; receiving care at home from service providers and family; medical treatment and hospitalisation; and the impacts of the virus in LTC settings, as well as for marginalised groups in prisons and migrant camps.

The second most frequent sub-category is ‘discrimination’ which includes stigma, ageism, stereotyping, marginalisation, exclusion, and intergenerational conflict. This is demonstrative of the widespread alarm in response to the stories of elder abuse, where the most vulnerable were left neglected and abandoned at the peak of the crisis. The examples of observable age-based discrimination received significant media attention, but what is also evident in the texts is a more general concern that the pandemic is revealing the worst of our ageist assumptions about the value of ‘old lives’. This is reflected in the appearance of ‘stigma’ across the texts (15 counts) as a less explicit form of discrimination, where a general sense of disapproval is attached to age.

Social stigma in the context of a health outbreak can result in people being labelled, stereotyped, discriminated against, treated differently, and/or experience loss of status because of a perceived link with a disease, which can negatively affect those with the disease, as well as their caregivers, family and communities (UNDESA, 2020b, p. 1).

The texts identify that ageist stigma is being amplified in the current crisis.

In the arc of the abjection discourse, the following three most frequent sub-categories can be taken together as illustrating the combined impact of health risks, vulnerabilities, barriers to access, and discrimination. In reports of ‘social isolation and the impacts of physical distancing’, ‘neglect, abuse, violence, and mistreatment’, and ‘dependence and burden’, the existing issues are compounded by the pandemic. For example, the deprioritisation of the care sector and the associated lack of PPE, staff shortages, and the delay in the establishment of protocols has led to social isolation for those who have not been able to maintain contact with care staff or family (BSG, 2020; Age Platform Europe, 2020). This highlights the structural inequalities evident in Abjection, in that effects of the pandemic are largely outside the control of those affected, whereas in Glorification the actions are associated at the individual level.

The final two sub-categories, ‘poverty, income insecurity/unemployment’ and ‘social protection’, are also linked to compounded existing inequalities, where, in the current crisis, life is made even more precarious. The texts (Age Platform, 2020; BSG, 2020; UNDESA, 2020a, 2020b) respond with recommendations of ‘social protection’, including universal benefits, healthcare, and income support. The focus of the discourse is mostly on the protection of human rights, particularly the right to health. It is perhaps illustrative of a more paternalistic advocating voice which defends the rights of a group from a distance rather than the activist’s voice speaking to transformation through political engagement, despite the calls for this in the ‘participation’ sub-category of Glorification.

**Discussion**

**Understanding ageism in a crisis**

This research sought to assess the relevance of gerontological concepts of ageism in the context of the pandemic. The first question to consider is whether these circumstances are exceptional, and consequently, if existing gerontological research is adequate or appropriate to the task of analyzing the response. The research shows that while the
could be experiencing aspects of both at the same time or any other allow for nuance, overlap, non-linearity, and ambiguity where a person with chronological age existing problems of age-related discrimination, stereotyping, and stigmatization within both health institutions and wider society, where negative images of age and aging persist. The context is therefore seen as not exceptional in terms of ageism as we understand it, and the amplification of ageism in response to the crisis can be studied using existing gerontological concepts.

The wide range of gerontological conceptualisations of ageism have been brought into a single framework using van Dyk’s (2014, 2016) process of othering either by glorification or abjection; the contrasting faces within ‘old age’. Othering by abjection is more overtly ageist, where those in their fourth age are seen only in terms of decline, dependence, frailty, and lack of choice. Othering by glorification brings together both mainstream and critical conceptualisations of a third age. Mainstream gerontology applies positive representations of the third age as a continuation of midlife, whereas critical perspectives develop this period as a different stage in life that comes with its own attributes which contrast with mid-life’s norms. Both forms of glorification are deemed inferior in the power binary of midlife/age, which is constructed on the norms of independence and individualized autonomy. In the next section we will look in turn at: the relevance of a glorified third age and abject fourth age within the twin faces of ageism; van Dyk’s (2014, 2016) midlife/age power binary; contributions from mainstream and critical gerontology; and finish with some reflections on the development of ageism research beyond the pandemic.

‘Old-old’, ‘young-old’, ‘same old, same old’

The distinctions between the third and fourth age have been instrumentalised beyond the academy with organisations such as the University of the Third Age having global reach. The associations of the third age with continued social and civic engagement, health, wealth, wisdom, freedom, and choice, to name a few, are universally attractive to individuals, and powerful marketing tools for those with products to sell to a growing market (McHugh, 2000). The fourth age has none of this appeal, and as Higgs and Gilleard (2020) suggest, this originates with our fears of aging and its associated losses. Within the study, we can see both these concepts at work although these terms are not used explicitly. The glorification sub-categories represent the possibilities of an activated third age across health, finances, family relationships, social, and civic engagement, and these claims are made for a homogenized, capable, older population. In the abjection sub-categories, we see representations of dependency, decline, and the loss of autonomy commonly associated with the fourth age and, in cases where homogenizing language is used, being applied to all older people.

The degree of homogenization, already highlighted within both mainstream and critical gerontology, is problematic. Not everyone can achieve the contributions assumed to be available to third agers during the crisis, and not everyone is going to be incapacitated either by the virus or its impacts. In the context of the crisis, the assumed characteristics of a third and fourth age are being applied indiscriminately. This highlights an inherent weakness given that these terms are associated with chronological age – as fourth must follow third – which doesn’t allow for nuance, overlap, non-linearity, and ambiguity where a person could be experiencing aspects of both at the same time or any other possible permutation. The problem is further amplified by the framing of a health crisis, where all ‘old people’ are seen as vulnerable and therefore the tropes of the fourth age are foregrounded. The inherent assumptions in terms like ‘young-old’, third age, ‘old-old’ and fourth age, appear to be adding to the homogenization of the older population and impacting the way they are being treated in this crisis when, it would seem, the sociological imaginary of our repressed fears of aging are coming to the fore (Higgs & Gilleard, 2020).

The results support van Dyk (2014, 2016) of a glorification/abjection binary within ‘old age’ and demonstrate the need for nuance, although this is often difficult to integrate into policy and public discourse. It would mean acknowledging that while an individual may appear to be in an abject situation, they are similarly capable of the many attributes assigned to glorification; resilience, positivity, wisdom, and even joy. Indeed, this is when these attributes are most called upon and therefore, the context of COVID-19 represents an opportunity to change the narrative. In setting up the binary poles of glorification and abjection in search of grey areas and nuance, the research demonstrated its lack thereof. As such, we argue against dichotomous categories and for something altogether more human, messy, ambiguous, and inclusive of all our foibles, where age and aging are seen as neither all good nor all bad. While there is evidence of othering by glorification, othering by abjection dominates the content. That said, there is a spectrum of increasing sensitivity across the texts where context and language are used to avoid homogenization, although this is largely in the context of abjection. It is not possible to say whether this is done purposefully as a way to mitigate negative representations, as a consequence of the more generic nature or lack of specificity of glorification, or it is a simple reflection of the context of a health crisis where vulnerability and protection are the focus of attention.

‘Old people’ – same or different but always other

As early responses to the COVID-19 crisis, the reporting of abjection is warranted and predictable, particularly in light of the initial response, when the health services of those countries hit first were in a state of overwhelm, and age discrimination came to the fore. This is not a critique of the calls made for action, research, and learning to reduce the impacts on the people most affected. However, the results also demonstrate well-intentioned ageism, which is not attributable to the crisis, produced by the glorification/abjection binary within constructions of age, as noted above, and the binary between old age and midlife (van Dyk, 2016).

Given that COVID-19 does not only affect the old, it is surprising to see the extent to which the risks to those in midlife are omitted, with the exception of the BSG statement which uses this fact as an argument against arbitrary age cut-offs. The effect of the omission reinforces the ideal of midlife as a time of independence and invulnerability, and maintains the more masculine normalisations of the age hierarchy where age is oppressed by this idealized midlife. As age advocates, we must see more than the feminized pole of vulnerability, and beyond the single perspective of health, if we are to do more than reinforce the dominance of an ageless midlife.

In this focusing moment of COVID-19 there can be little doubt that ageist stereotypes show no sign of transformation. It could be argued that we have taken a retrograde step where people are seen as vulnerable due to the confusing messaging around age-related risk and the application of arbitrary age cut-offs to health management protocols. COVID-19 has amplified the othering problem inherent in the discourse whether through othering by sameness or difference. The contribution of older people is bought into question, whereas those holding the position of normalised universal, at the power end of the binary, have no requirement to advocate for inclusion or validate their contribution. The messaging around age amplifies a naturalised ‘discursive demarcation between supposedly ageless adulthood and old age’ (van Dyk, 2016, p. 113).

There are limitations to what we can conclude from the results. We are yet to see the medium and long-term effects of the crisis as governments, health practitioners, service providers, and individuals
respond to new protocols and measures. As a study of initial responses to the exceptional situation of a global pandemic we have seen both the practices of othering by abjection being reported and at times this reporting using inherently ageist terms, assumptions, and representations. This is a useful first stage to understanding how age advocacy, in times of crisis, can fall back on reductive conceptualisations of the older population. There are bigger questions to answer in terms of why we feel as a society that the capacities and contributions of a particular age group must be justified in order to protect them from being discriminated against. More research is needed to understand whether this is related to an idealized midlife, as opposed to say an idealized masculinity, and what the other idealized norms at the dominant end of this power binary might be.

Other ways of being ‘old’

The proposed contributions illustrated in the sub-categories of glorification which can be found in mainstream gerontological activation theories are those that critical gerontology seeks to unpack. In the context of the crisis, the responses show very little uptake of conceptualisations of embodied, transcendent, or affirmative aging or their more holistic perspectives on age and aging as a process. As noted above, the combined effect of homogenization and glorification reproduces age that is valued for its sameness with midlife and the continuation of activities that correspond to the norms of independence and autonomy. The need for, and value of, a given type of activation and contribution is unquestioned, and the sense of an assumed consensus on how ‘old people’ are to be valued could be seen as oppressive to those who may not share either the willingness or capacity to conform to, or indeed perform, this role (Butler, 2011).

Othering by glorification reinforces the idea that old lives are valuable only when they are contributing in ways visible and measurable to society, in line with well-spun neoliberal ideologies (Estes, Biggs, & Phillipson, 2003). Following Foucauldian inspired critical gerontology, the glorification found in the texts may have the unintended negative consequence of othering those who cannot attain the ideal or who would rather resist these impositions, especially where they are founded upon narratives that respond to the welfare-cutting concerns of policy-makers (Biggs & Powell, 2001; Holstein & Gubrium, 2007; Katz & Calasanti, 2015; Moutaert & Biggs, 2013).

Similarly, across the abjection sub-categories, all forms of dependence, decline, burden, loss of autonomy, isolation, and vulnerability are seen as always negative and unwanted. They are criticised within the texts but from the voice of the concerned onlooker. A more critical approach might have given voice to less polarizing possibilities: renewed inter-connectedness through inter-dependence; gratitude and appreciation through vulnerability; joyful surrender through physical limitation; and intensive contemplation through solitude. In a ‘provincialised midlife’, proposed by van Dyk (2016), vulnerabilities, risks, dependencies, burdens, inter-dependencies, and inter-generational connections would relate to our changing subjectivities, relationships, contexts, and spaces as we age. The context of a public health crisis, framed by the biomedical model, directs the discourse towards diagnosis and repair but omits many facets of life informed by other ways of being and healing. Critical gerontology has much to offer here by understanding the crisis beyond the single frame of health allowing a more holistic view to emerge from the lived experiences and heterogenous voices across older populations.

What has COVID-19 taught us about ageism research and where do we go from here?

What is highlighted as essential, but at the same time missing from the responses, are the many voices of older people. This is addressed by van den Hoonard in the Canadian text, but with a degree of contradiction, where ‘sociologists and narrative scholars’ are called upon to provide the ‘collective story’ of those excluded voices (van den Hoonard in Meisner et al., 2020, p. 337). There are practical challenges to gathering data from marginalised groups and of representing heterogeneity. Beyond these obstacles, there is a more fundamental issue; the lack of age-disaggregated and age-related data which would have helped to articulate the risks and targeted the measures more accurately. With the recognition that societies are aging across the world, this lack of data is being acknowledged, with initiatives such as the United Nations City Group on aging (United Nations Economic and Social Council, 2018). This lacuna needs to be addressed across the academy where the practice of arbitrary age cut-offs for inclusion in research programs and the lumping together of all adults over an arbitrary age are still common practice. Promising steps can be seen within social policy and research where age cut-offs for understanding ‘elder abuse’ are being replaced by more dynamic concepts such as ‘adults at risk’ (Moir, Blundell, Clare, & Clare, 2017).

The texts argue for less homogenization of ‘old people’ as a group but predominantly represent age in terms of vulnerability, decline, dependence, and risk. This acts as a call to gerontologists and age advocates to pay more attention to the language of age, particularly if the bias towards abjection comes from an internal lens, as suggested by van den Hoonard (in Meisner et al., 2020, Carnsey 2018; see also Ray & Fine, 1999), argues for a more reflective approach to research so that both our experiences and our biases are brought to the surface. As researchers we are not immune to Higgs and Gillett’s (2020) Janus-faced predication and the way we understand our past, present, and future selves will underpin the way we see age and the process of aging. We must go beyond the binary within ‘old age’ and following van Dyk (2016) argue for the deconstruction of the violent hierarchy between midlife and its aged other.

Conclusion

In the context of COVID-19 as a focusing moment on age and ageism, this paper has examined to what extent those advocating on behalf of ‘old people’ may be inadvertently reinforcing ageism through a dual process of othering (van Dyk, 2016). While the crisis may be seen as an exceptional situation, we found that gerontological concepts of ageism were appropriate for analyzing the response from a range of age advocates. The analysis supports the claim that the representation of this population group is problematic due to two processes: the process of othering found within old age through ageism’s twin faces of glorification and abjection; and through the hierarchical binary between a normalised ageless midlife and an othered ‘old age’. While ageism has been amplified by the crisis, these effects are not attributable to it. We argue that research has the potential to dismantle these binaries through continued development of age-disaggregated data, inclusion of the many different faces of age and aging through increased participation in research, and more nuanced and reflexive engagement with the language of representation by advocates inside and outside of the academy.

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Declaration of Competing Interest

No potential conflict of interest was reported by the authors.
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