

Editorial

Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity

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The COVID-19 pandemic has changed many aspects of the world, including how older persons are treated. We believe that research evidence from the behavioral sciences of aging can help address the pandemic in ways that can benefit the health and well-being of individuals across the life span.

We think that there are three primary ways that evidence from behavioral sciences can make a difference. First, with the pandemic there has been a parallel outbreak of ageism. What we are seeing in public discourse is an increasing portrayal of those over the age of 70 as being all alike with regard to being helpless, frail, and unable to contribute to society. These views are being spread by social media, the press, and public announcements by government officials throughout the world (see [Table 1](#) for examples). This is problematic for a number of reasons. Behavioral scientists know that older adults are an extremely heterogeneous group ([Fingerman & Trevino, 2020](#)). They differ in life experiences, cultural backgrounds, genetics, and health histories. Further, the process of aging itself is highly diverse and context-dependent; this is a fundamental insight of biological, behavioral, and social aging research ([Kornadt & Rothermund, 2015](#); [Wahl & Gerstorf, 2018](#)). In addition, innumerable older persons defy the image of being frail and helpless, with countless older adults making valuable contributions to society ([Corporation for National and Community Service, 2016](#); [Diehl, Smyer, & Mehrotra, in press](#)).

We know from stereotype embodiment theory that negative age stereotypes can be internalized by people of all ages and when these views become self-relevant, influencing older persons' beliefs about their own aging, they can detrimentally impact health ([Levy, 2009](#)). Indeed, extensive experimental, longitudinal, and cross-cultural research has shown that negative age beliefs adversely affect a wide array of health outcomes (e.g., [Chasteen, Pichora-Fuller, Dupuis, Smith, & Singh, 2015](#); [Levy, Slade, Kunkel, & Kasl, 2002](#); [Levy et al., 2016](#); [Siebert, Braun, & Wahl, 2020](#)) as well as emotional responses to stress ([Bellingtier & Neupert, 2018](#)) of older persons. In addition, ageism, which includes negative age stereotypes, can have detrimental effects at the societal level. For example, in terms of the health care costs, ageism can have substantial economic costs for countries, which could compound the economic strains of the pandemic ([Levy, Slade, Chang, Kanno, & Wang, 2020](#)).

The second way that evidence from the behavioral sciences of aging can contribute to the response to the pandemic is by highlighting the value of strengthening solidarity between the generations. The distinction between young and old, as well as language about “walling off the old” that is stressed in current public discourse reinforce our already age-divided societies ([Hagestad & Uhlenberg, 2005](#)). As older adults are portrayed as susceptible to the negative effects of the COVID-19

Table 1. Illustrations of Older Adults' Portrayal as Helpless, Frail, and Unable to Contribute to Society in Various Media Reports

| Source | URL | Main message | Country in focus |
|---------------------------|---|---|----------------------|
| Ottawa Citizen | https://ottawacitizen.com/opinion/columnists/harden-during-covid-19-ask-seniors-to-stay-home-but-dont-abandon-them/ | Harden: During COVID-19, ask seniors to stay home—but don't abandon them | Canada |
| UUTISET | https://yle.fi/uutiset/osasto/news/finland_urges_over_70s_to_stay_indoors/11265277 | Finland urges over 70 to stay indoor | Finland |
| Google | https://verfassungsblog.de/grenzen-der-solidaritaet/ | Professor in law science says: Every life has equal value, but that civil society should invest the same energy (...) to provide additional months or years to a 95-year old (...) is much of an imposition for common sense. | Germany |
| India Today | https://www.msn.com/en-in/health/familyhealth/coronavirus-in-india-how-to-protect-elderly-people-from-covid-19/ar-BB11rLrg | Coronavirus in India: How to protect elderly people from Covid-19 | India |
| Calcalist (in Hebrew) | https://www.calcalist.co.il/internet/articles/0,7340,L-3800532,00.html | Social isolation and protection of older adults in Israel | Israel |
| Haaretz | https://www.haaretz.com/us-news/premium-in-u-s-coronavirus-crisis-will-trump-save-the-elderly-or-condemn-them-to-death-1.8687478 | In Italy's Coronavirus Crisis, the Elderly Are Left to Die. Will Trump Let America Follow? | Italy |
| CNA International Edition | https://www.channelnewsasia.com/news/singapore/covid-19-loneliness-isolation-among-elderly-safe-distancing-12611158 | COVID-19: Ensuring the elderly don't become isolated during the outbreak | Singapore |
| Euronews | https://www.euronews.com/2020/03/11/spain-warns-elderly-to-keep-away-from-grandchildren-as-covid-19-cases-soar | Spain warns elderly to keep away from grandchildren as COVID-19 cases soar | Spain/ United States |
| BBC News | https://www.bbc.com/news/uk-51895873 | Coronavirus: isolation for over 70 within weeks | United Kingdom |
| USA Today | https://www.usatoday.com/story/news/nation/2020/03/24/covid-19-texas-official-suggests-elderly-willing-die-economy/2905990001/ | Texas' lieutenant governor suggests grandparents are willing to die for US economy | United States |
| Metro | https://metro.co.uk/2020/03/25/dj-says-elderly-people-sacrifice-coronavirus-save-economy-12454758/ | DJ says elderly people should sacrifice themselves to coronavirus to save the economy | United States |

outbreak, younger people tend to view themselves as immune to the virus and, thus, engage in risk behaviors with consequences that ultimately will need to be addressed by an already stressed health care system. The growing division between young and old also allows younger people to direct their anger and resentment about the situation towards older adults, who are clearly portrayed as the out group. In the future, this age division and negative portrayal of older adults and aging may affect younger people's aging process as they too internalize negative messages about old age and aging in the context of the current pandemic (Levy, 2009). As behavioral scientists, it is our responsibility to stay alert to these dynamics and to educate the public about their dangers. Rather than

pitting generations against each other, we should facilitate intergenerational exchange and solidarity.

We can draw on the considerable body of research that shows that even with physical distancing, there are numerous ways to strengthen social contacts between members of different generations. These ways include, but are not limited to, the use of online services like Zoom or FaceTime, phone calls, letters and engaging in common activities such as reading the same book or watching the same show and then discussing it. Physical distancing does not need to bring about emotional distancing. As soon as intergenerational contact becomes individualized (e.g., within families, personal contacts to older neighbors) rather than taking place in public discourse, negative effects of social

categorization, stigmatization, prejudice, and stereotyping are strongly reduced and replaced by norms of solidarity and relatedness (e.g., Bengtson & Putney, 2006). Fostering this form of personal contact between old and young is an important means to overcome intergenerational tensions and ageism resulting from it.

The third way that evidence from the behavioral sciences of aging can contribute to a more balanced discourse about the COVID-19 pandemic is through enriching discussions about the significant ethical questions that have been raised by this outbreak. There is no doubt that this pandemic will strain and even overburden the health systems in many countries. Situations have already arisen where resources were not sufficient for all individuals in need. Hence, difficult decisions have had to be made: Who should be treated first (or at all)? Ethics-based rules for triage situations have to be developed in order to avoid ad hoc decisions of the health professionals on the frontline who are under enormous pressure to help everybody in need. Making triage decisions means, in the extreme, to help one person live and let another person die. We fear chronological age will become an accepted criterion in the very near future for such decisions—which would be the most blatant expression of ageism.

Conclusions and Recommendations

Despite recent efforts to combat ageism (Officer & de la Fuente-Núñez, 2018) and to foster intergenerational solidarity, we see currently a worldwide and full-blown emergence of ageism and intergenerational division. At times of scarce resources, intergroup conflicts are likely to emerge (Stephan & Stephan, 2017). Because behavioral scientists know about the risks inherent in such intergroup conflicts, the current emergency situation is exactly the time when we need social and intergenerational solidarity the most (Durant, 2011). In the following, we offer a few recommendations that may be helpful in navigating the current pandemic.

Arguing Against Age Cutoffs

One major step to tackle the current pandemic of ageism and intergenerational divide is to avoid the use of arbitrary age cutoffs. It is indeed far from clear at present how the association between older age and symptom severity and mortality from the COVID-19 can be explained (<https://www.statnews.com/2020/03/30/what-explains-coronavirus-lethality-for-elderly/>; download on April 8, 2020). Chronological age should not be a sole criterion for determining risk or access to medical care (Swiss Academy of Medical Sciences, 2020). Instead, we should acknowledge and stress the complex intersectionalities that may put some people at a greater risk for the direct and indirect negative consequences of COVID-19. Although older adults might be more susceptible to COVID-19 in general,

we also have to acknowledge the multiple negative effects that COVID-19 has on younger people. In fact, recent research suggests that *younger* adults are at greater risk of psychological distress and loneliness during COVID-19 lockdowns than older adults. Further, those with more negative aging attitudes were also more likely to report higher distress and loneliness during the lockdown (Losada-Baltar et al., 2020).

Stressing Risk Factors

We know that it is not only chronological age, but also the presence of chronic illness and comorbidities that make individuals more vulnerable to COVID-19. We also know that during emergency situations, older adults with cognitive or physical impairments face even greater risks for having their autonomy compromised and their human rights violated (United Nations Human Rights Office of the High Commissioner, 2020). We urge specific attention and protection for those who are most likely to be classified as vulnerable or at-risk.

Pointing Out Consequences of Physical Distancing

Given the promotion of physical distancing practices and the increasing reliance on digital technology to manage daily functioning, limited access to technology or limited ability to use technology might become major risk factors for depression and loneliness. These factors may be especially risky for some older adults by preventing them from accessing goods and services and obtaining the social support they may need during the outbreak. Thus, taking into account the “digital divide” that may exist for disadvantaged older adults also deserves attention.

Influencing Public Discourse

As behavioral scientists, we should use research evidence to inform the current public discourse and make it more effective and useful for older adults and society at large. An important means to avoid confrontational discourse is to refrain from broad age-based categorizations, resulting in sweeping generalizations and a lack of differentiation. Ageism and categorization can be overcome by stressing that we are all in this together rather than emphasizing age as the critical variable, by individualizing communication and interaction, by drawing on personalized rather than generalized messages, and by invoking references to individual people. There is enough research evidence to guide current efforts to identify at-risk individuals in a more refined and effective way, aside from looking only at chronological age.

In conclusion, in this editorial, we have been concerned with the effects of the COVID-19 public discourse on the lives of older adults, and the solidarity between generations. We believe that behavioral scientists have a responsibility to participate in the current public discourse to

correct misperceptions, over-generalizations, and ethically questionable suggestions.

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