

The Social Pandemic of Ageism: Exploring Ageism Toward Older Americans During COVID-19 Using Stereotype Embodiment Theory (SET)

© Jenny Hyosun Kwon, © Reese Moore

Miami University, Department of Sociology and Gerontology, Ohio, USA

Abstract

During the Coronavirus disease-2019 (COVID-19) global pandemic, a social pandemic, followed. Ageism, which is as viral and fatal as the former, rapidly spread and extensively affected older adults' lives. The purpose of this study was to closely examine the impact of ageism during the pandemic on internalized ageism among older Americans. Four examples of ageism were manifested in the United States during COVID-19 toward older adults: 1) the mass media framing older individuals as a vulnerable population, 2) tolerance and acceptance of harmful ageist commentary on social media, 3) the appearance of ageism in diverse settings and within policies, and 4) ageist remarks from leaders in American society. These four characteristics were interpreted using stereotype embodiment theory as the guiding theoretical framework. In the short term, age discrimination against older people resulted in decreased social connection. In the long term, the overall quality of aging, including self-perceptions of aging, self-efficacy, resilience, and intergenerational relationships, may be negatively influenced due to internalized ageism. In conclusion, three recommendations on combating ageism are provided. Specifically, raising awareness, altering the use of chronological age, and utilizing intergenerational programs are proposed.

Keywords: Social gerontology, internalized ageism, institutional ageism, vulnerability framing, age discrimination, coronavirus

Introduction

When Coronavirus disease-2019 (COVID-19) swept across the world in March 2020, the social pandemic of ageism (i.e., discrimination based on one's age) followed. The most striking ageism came from mass media, as television, magazines, and newspapers consistently frame American older adults (i.e., individuals aged 65+) as vulnerable due to their chronological age (1-3). Social media users mocked the high mortality rates among older adults, while policymakers segregated them from society in the name of protection and economic recovery (3-5).

Age discrimination has extensively impacted older adults' lives during the pandemic (3,6). Older adults struggle with health issues (e.g., high rates of infection and mortality) and decreased social connection (7,8). Additionally, the overall quality of their aging, including self-efficacy, resilience, intergenerational relationships, and self-perceptions of aging, is negatively impacted (7,9). Furthermore, age-based discrimination can be internalized by older adults, adding another layer to the

negative impact ageism can have. Internalized ageism occurs when an individual embodies or internalizes the ageist imagery appropriated in popular culture, effectively self-stereotyping and creating false assumptions about their abilities and true value (10). To examine the impact of ageism during the pandemic on internalized ageism among older adults in the United States (U.S.), the present article aims to: 1) review key points of SET with an emphasis on internalized ageism, 2) examine and interpret four examples of ageism toward older adults that manifested during COVID-19 using SET, and 3) suggest three ways to combat ageism.

Theoretical Framework: Stereotype Embodiment Theory (SET)

SET explains a lifetime process through which age stereotypes are internalized by absorbing the social norms and cultural values surrounding individuals (10). SET has four tenets: 1) a lifelong exposure to age-stereotypes, 2) unconscious internalization, 3) facilitating by self-relevance, and 4) a wide range of impact.

Address for Correspondence: Jenny Hyosun Kwon, Miami University, Department of Sociology and Gerontology, Ohio, USA

E-mail: kwonj2@miamioh.edu **ORCID:** orcid.org/0000-0002-7167-9562

Received: 29.08.2024 **Accepted:** 11.10.2024 **Publication Date:** 30.12.2024

Cite this article as: Kwon JH, Moore R. The social pandemic of ageism: exploring ageism toward older americans during COVID-19 using stereotype embodiment theory (SET). Eur J Geriatr Gerontol. 2024;6(3):226-230



Copyright© 2024 The Author. Published by Galenos Publishing House on behalf of Turkish Academic Geriatrics Society.

This is an open access article under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 (CC BY-NC-ND) International License.



First, older adults are continuously exposed to age stereotypes throughout their lifespan. Second, older adults internalize these stereotypes unconsciously. Third, the internalization process is facilitated by self-relevance. For example, older adults might wonder "are those ageist remarks toward me?" or "do they treat me in this way because of my age?" Lastly, the result of stereotype embodiment influences all aspects of older adults' lives. Specifically, the internalization of negative aging stereotypes limits older adults' physical abilities and cognitive function (7,10,11) and negatively impacts their life expectancy (10,12). Self-perception and self-efficacy also deteriorate as a result of internalized ageism (10,11,13,14). Similarly, Swift et al. (15) argued that stereotype embodiment prevents older adults from maintaining autonomy, independence, and quality of life in later life. Older adults' psychological, behavioral, and physiological aspects are simultaneously impacted by the internalization of ageism (14). For example, a person could decide not to go see a doctor because they do not want to feel age-discriminatory behavior toward them in a hospital. This behavior may worsen their health status. Then, they would begin to perceive that they would more frequently be subjected to ageist remarks because of their poor health status. The scope of internalized ageism was expanded to include age-discriminatory language toward not only themselves but also their loved ones (e.g., old age parents or spouse) (16). With this theoretical background in mind, four characteristics of ageism that manifested during COVID-19 among the U.S. older adults were identified and examined using SET.

Four examples of ageism during COVID-19

The Mass Media's Vulnerability-framing

From the early stages of the pandemic, the mass media framed older adults as vulnerable groups in three ways. First, newspapers lumped people aged 65 and over into categories such as "aged," "the elderly", "seniors", and "boomers" (1,2,6). Second, the media consistently described older adults as "fragile", "weak", "vulnerable", or "at risk" (1,6). Finally, older adults who were less affected by the virus were celebrated as "survivors", implying that recovering from the virus at an old age is an unachievable thing (2). The negative language (e.g., frail or at risk) used to describe older adults during the pandemic ignored the diversity within the aging population and bothered it by grouping all older adults into a single category, which excluded them from the rest of society.

Ageist language can be embodied by older adults who internalize the negative framing of their age. Older adults may begin to believe the messages spread from the mass media, thus affecting their self-esteem, well-being, social identity, and even health status (15). Emerging evidence proves that U.S. older adults who have been exposed to media coverage during COVID-19 have reported deteriorated physical status and increased loneliness

(7). These side effects from exposure to ageism from the mass media are supported by Levy (10) arguments that older adults who have been repeatedly exposed to negative age stereotypes are likely to internalize the stereotypes, and ultimately, their physical and mental health will be negatively influenced. Furthermore, the implications of the media's framing of vulnerability are not limited to older adults. Life-long exposure to ageist expression impacts the perception of aging across the lifespan among individuals at any age (10). The point is that one's later life perception of aging varies by one's accumulated exposure to ageism from an early life stage. Indeed, U.S. citizens aged 18 and over prefer to belong to a younger generation to avoid being framed as vulnerable groups during the pandemic situation (17). People fear being labeled as an old age group (18). These beliefs highlight that the media's framing of vulnerability toward older adults can facilitate internalization of ageism among even young Americans.

Social Media Ageism and Social Approval

Ageism was also ubiquitous on social media (e.g., Facebook, Instagram, and TikTok) (3-5,19). Due to social distancing policies and lockdowns, social media usage skyrocketed, as it provided an outlet for people to express and share their thoughts during the pandemic (20). Consequently, ageism has been explicitly and implicitly expressed online much more than it was pre-pandemic and has gained support through replies, reproduction, likes, and shares (3,6,16). Social media users made fun of older adults' high mortality rate and expressed relief that they were not members of this age group using hashtags such as #BoomerRemover, #Boomer, and #OkBoomer (3-5,19). As the hashtags imply, ageist discourse on social media has intensified intergenerational conflicts and tensions between the so-called the "baby boomer generation" and the other age groups (19). Furthermore, social media users have described negative experiences they have had with older adults, mimicked older adults' gestures, behaviors, and speaking, and even complained about the wealth gap among generations (5,19). Through this discourse, society members showed their consent to comply with ageism, which can reinforce intergenerational feuds. With an approval for ageism in social media, people think the exclusion of people aged 65 and older from society is acceptable, and othering older adults have become normalized.

Given the increasing number of older social media users, ageism in social media can have a severe impact on older adults in the future (21). Older adults have an increased likelihood of observing the ageist language and myth surrounding their age, as well as the accompanying social acceptance of ageism. This imagery may be internalized by older social media users, acting as a social cue for older adults to believe that they are insignificant in society, which can negatively impact their self-perception, self-efficacy, self-esteem, health, and life

expectancy (10). Older adults may become used to being treated like others without resistance. Given the rapid, extensive, and sensationalizing characteristics of social media, the impact of ageism will become more apparent among older adults, thus increasing the likelihood of internalizing ageist messages and the associated adverse side effects.

Ageism in Diverse Social Settings

Ageism is intensified in long-term care facilities, workplaces, and the community. Older residents in nursing homes did not receive timely and adequate resources (e.g., daily temperature check-ups, personal hygiene equipment, or financial support), resulting in a high mortality rate. Furthermore, strict quarantine policies were implemented, which did not allow residents to meet their family members and obtain the necessary emotional support (3,4,22). Older laborers were forced to leave the workplace, retire early, or be paid less (3). Although older workers were still able to work, they received insufficient support to work remotely and were not given timely preparation to transition to a new working environment (3). The lack of workplace preparation forced older workers to continue commuting to their workplaces, risking exposure to the virus; otherwise, they were pushed to retire voluntarily. Simultaneously, some people regarded older adults as a target to be nurtured and patronized, which led to unwanted help and expressed unnecessary concerns for older adults (3,6). For example, community members deliver food and hygiene products to older adults' homes (23). Grocery stores have assigned a certain time slot for older adults to shop, calling this "senior shopping hours" (24).

Ageism in diverse social settings can serve as a societal cue for older adults (10). Even older adults who do not think they are weak can learn to become dependent if the societal environment and system continue to overprotect them (25). Older adults may become unconsciously familiar with such ageism and self-approve of it. For example, older individuals may doubt their capability and competence, begin to believe that they need help, or view themselves as helpless. Even well-intentioned protection policies (e.g., senior shopping hours) for older adults have resulted in older adults being excluded from society by limiting their social connections, which leads to increased loneliness, depression, and altered perceptions of aging (3). These negative experiences may have made them feel both excluded from and not worth our society. Older adults may blame themselves for not being physically strong enough to shop with other age groups, thus reinforcing the self-relevance of ageism highlighted in SET. Social isolation has led to negative health outcomes among older adults who might have preferred active social interaction (e.g., conversations and gatherings) to stay home safely alone (9). Furthermore, younger adults can have the incorrect perception that older

adults are weak, frail, and dependent. This distorted view can lead people to distance themselves from aging, which can ultimately intensify the process of othering older adults from our society, intergenerational discord, and misunderstanding of aging.

Ageist Remarks by Leaders of Our Society

During the pandemic, some political leaders expressed support for ageist ideals and age segregation (4,6,26,27). For example, in line with the Trump administration's "opening up America again" policy (28), Dan Patrick, the Lieutenant Governor of Texas, suggested that older adults should sacrifice themselves to help the nation recover from economic recession and support future generations (26,27,29). As a person in his 70s, Patrick demonstrated his own internalized ageism (16). Furthermore, he suggested that older adults are a societal burden and that they should risk being infected by the virus, which shows his negative perception of aging. Patrick's remarks sparked a discussion of targeted lockdowns for people aged 65 and over (30). Some economists have proposed that all older adults are vulnerable to the virus and do not contribute as much to the economy as their younger counterparts. Thus, to achieve greater economic gains, policymakers suggested continuing older adults' social isolation—a discussion that lacks consideration for older adults' freedom and choice, as it could have increased their social disconnection, and subsequently, feelings of loneliness and depression (9).

Public ageist discourse is a prime example of how negative perceptions of aging are reinforced within institutional settings (10). Leaders in our society have the power and authority to influence others' behaviors and opinions. Given authority figures' positions in society, their remarks could have fostered a social atmosphere that supported ageism and made other social demographics feel less guilty about expressing ageist beliefs. The general public can easily accept such ageist remarks without doubt. People, including older adults, can wrongly accept that the young are equal to good; and old is equal to bad. This social consent to ageism may provide self-relevance among older adults, which fosters a negative self-perception of aging (10). Living in a youth supremacy culture where aging equals futile, unproductive, or impotent, individuals might try not to be perceived as old. This normalized ageism can cause older adults to fear being regarded as old and even deny their ability to age.

Recommendations

With the outbreak of COVID-19, ageism, which is deep-rooted in our society, rapidly rose to the surface. Thus far, this paper has analyzed examples of ageism in the context of COVID-19 based on SET. The paper concludes with three recommendations to fight against the ubiquitous social pandemic of ageism.

Raising Awareness of Ageism

The first and most important step is to increase awareness of ageism. In many cases, people who express ageism are not aware that they are engaging in ageism, or even what ageism is. An international campaign would be a great way to problematize ageism. The World Health Organization launched a global campaign to combat ageism in 2016, and the United Nations joined this movement (31,32). Building on these collective efforts, an international day for combating ageism can increase awareness of ageism and its seriousness. While October 1st is the International Day of Older Persons (33), much of the discussion is based on "healthy aging" and aims to share general information about the older population. Thus, an official day for combating ageism and collaborative actions from researchers, social workers, policymakers, and practitioners around the world are necessary. This day would promote collective actions on a large scale, similar to actions taken to fight other types of social discrimination, such as the International Day for the Elimination of Racial Discrimination observed on March 21, 2020 (34).

Using Chronological Age Wisely

At the national or state level, decision makers must use chronological age more wisely. Chronological age is a convenient age marker, but it does not communicate all aspects regarding one's age. It has been widely used in industrialized modern society as the basis for distributing public wealth (e.g., social security) and determining social norms (e.g., marriage, childbirth, voting, and education). However, the validity of chronological age has been challenged in recent decades due to increased life expectancy, medical and technological advancement, heterogeneity in each individual's life, and subjective feelings about one's age (35). The first step in using chronological age wisely is to stop unnecessarily depending on chronological age in the process of policymaking, employment, and medical triaging. Before using chronological age as a criterion, decision-makers should think critically about whether it is necessary to identify one's chronological age. If the answer is yes, other factors to supplement chronological age, such as functional capability, physical environment (e.g., climate, geographical regions, and exposure to certain conditions), lifestyles (e.g., alcohol and tobacco consumption), genetics, pre-existing conditions, social interaction, need for assistance, and any other factors that might be relevant need to be considered. For example, in the context of COVID-19, pre-existing conditions have played an important role. The vulnerable group was officially defined as not only individuals aged 65 and over but also those with certain medical conditions (e.g., asthma, cancers, or tuberculosis) and pregnant people as well (36).

Positive Intergenerational Interactions

Lastly, at the local level, community members must build an age-inclusive social and cultural context. One tangible approach

is to encourage intergenerational programs (10,37,38). Sharing commonality and mutual interests is a key strategy to foster positive intergenerational relationships (39,40). Particularly, in a crisis situation, such as a global pandemic, diverse generations are empathized by sharing experiences on how they persevere through difficulties. Furthermore, younger adults can be relieved by older adults' positive perspectives (41). Although intergenerational conflicts have occurred during the pandemic, the pandemic may provide an opportunity to build intergenerational solidarity. It is important that intergenerational interactions develop into long-term relationships. To do so, both parties need to feel reciprocity and mutual benefits (42). Having a meaningful time and exchanging gratitude or compliments to each other can make participants feel that the program is valuable. Although these solutions are proposed separately, they are interconnected and cannot work without support from one another. Thus, all three recommendations should be taken together to reduce the misunderstanding of aging and older people.

Conclusion

Aging is a biological experience, but how we interpret and treat it is a social phenomenon. We now are making a successful transition from a pandemic era to an endemic era; however, the homework the virus gave us is still incomplete. Being on the verge of the post-COVID era, this is the time to ponder how to fight against the social pandemic of ageism.

Footnotes

Authorship Contributions

Concept: J.H.K., Design: J.H.K., R.M., Analysis or Interpretation: J.H.K., R.M., Literature Search: J.H.K., R.M., Writing: J.H.K., R.M.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

References

1. Ng R, Indran N. Role-based framing of older adults linked to decreased ageism over 210 years: evidence from a 600-million-word historical corpus. *Gerontologist*. 2022;62:589-597.
2. Jen S, Jeong M, Kang H, Riquino M. Media representations of older adults during the COVID-19 pandemic. *J Gerontol Soc Work*. 2021;64:335-348. <https://doi.org/10.1093/geronb/gbab102>
3. Monahan DJ, Macdonald L, Lytle L, Apriceno M, Levy B. Ageism and its impact on older adults during COVID-19. *J Aging Health*. 2020;32:641-654.
4. Lichtenstein B. Social media and ageism: a pandemic perspective. *Ageing Soc*. 2021;41:1234-1248.
5. Skipper M, Rose S. Ageism in the age of COVID-19: social media and public discourse. *Ageing Int*. 2021;46:301-315.
6. Swift HJ, Chasteen AL. The impact of COVID-19 on older adults: social, psychological, and economic implications. *Int Psychogeriatr*. 2021;33:333-340.

7. Kornadt AE, Albert I, Hoffmann J, Murdock K, Nell J. COVID-19 and the psychological impact on older adults: A review. *Eur J Ageing*. 2021;18:123-134.
8. Heape A. Loneliness and social isolation in older adults: the effects of a pandemic. *Perspect ASHA Spec Interest Groups*. 2021;6(6):1729-1736. https://doi.org/10.1044/2021_PERSP-21-00107
9. Chatters LM, Taylor RJ, Taylor HO. The effect of social isolation on aging: evidence and implications. *Ageing Soc*. 2020;40:743-762.
10. Levy BR. Stereotype embodiment: a psychological approach to aging. *Curr Dir Psychol Sci*. 2009;18:405-409.
11. Dionigi RA. Age stereotypes, ageism, and the impact on older adults. *J Aging Stud*. 2015;35:23-29.
12. Levy BR, Slade MD, Kunkel SR, Kasl SV. Longevity increased by positive self-perceptions of aging. *J Pers Soc Psychol*. 2002;83:261-270.
13. Kotter-Grühn D, Hess TM. The impact of age stereotypes on self-perceptions of aging across the adult lifespan. *J Gerontol B Psychol Sci Soc Sci*. 2012 Sep;67:563-71. doi: 10.1093/geronb/gbr153. Epub 2012 Feb 24. PMID: 22367710; PMCID: PMC3441190.
14. Fawsitt C, Setti A. Internalized ageism and its impact on older adults' health and well-being. *J Aging Health*. 2017;29:1242-1258.
15. Swift HJ, Abrams D, Marques S. The role of stereotype embodiment in maintaining quality of life in older adults. *Aging Ment Health*. 2017;21:1-9.
16. Gendron TM, Welleford EA, Inker A, White L. Ageism and its impact on older adults' lives: evidence and implications. *Aging Ment Health*. 2016;20:590-598.
17. Terracciano A, McCrae RR, Costa PT. Age stereotypes and self-perceptions of aging across the lifespan. *Psychol Aging*. 2021;36:558-568.
18. Anderson L, Gettings S. Fear of aging and its effects on younger generations: a review. *J Aging Stud*. 2022;62:101-108.
19. Ng R, Indran S. Ageism on social media: a growing concern. *Soc Media Soc*. 2022;8:15-28.
20. Dixon J. The role of social media in the COVID-19 pandemic. *Soc Media Soc*. 2022;8:101-114.
21. Perrin A. Share of those 65 and older who are tech users has grown in the past decade. *Pew Res Cent*. 2015; [Internet]. Available from: https://www.secretintelligenceservice.org/wp-content/uploads/2016/02/PI_2015-10-08_Social-Networking-Usage-2005-2015_FINAL.pdf
22. de Maio Nascimento M, da Silva Neto HR, de Fátima Carreira Moreira Padovez R, Neves VR. Impacts of social isolation on the physical and mental health of older adults during quarantine: A systematic review. *Clin Gerontol*. 2023;46(5):648-668.
23. Vervaecke S, Meisner BA. Community support and ageism during COVID-19: An analysis. *J Aging Soc Policy*. 2021;33:217-230.
24. Kassraie A. Senior shopping hours and their impact on older adults. *Ageing Soc*. 2022;42:85-95.
25. Powell J, Biggs S. Overprotective policies and their impact on older adults. *Ageing Soc*. 2000;20:521-535.
26. Christensen K. Ageism and political discourse during the pandemic. *Polit Aging*. 2022;15:203-210.
27. Wang H. Ageism and public policy during COVID-19: a critical analysis. *J Aging Soc Policy*. 2020;32:299-310.
28. Dearen J, Stobbe M. Trump administration's response to COVID-19: implications for older adults. *Health Aff*. 2020;39:1370-1378.
29. Knodel J. The impact of COVID-19 policies on older adults. *Ageing Soc*. 2020;40:1440-1452.
30. Acemoglu D, Chernozhukov V, Werning I, Whinston MD. Optimal policies for the pandemic: the case of targeted lockdowns. *Am Econ Rev*. 2020;110:2447-2474.
31. World Health Organization. Global campaign to combat ageism. Geneva: WHO; 2021. Available from: <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism>
32. United Nations. Ageism is a global challenge. New York: United Nations; 2021. Available from: <https://social.desa.un.org/sdn/ageism-is-a-global-challenge>
33. United Nations. International day of older persons. New York: United Nations; 2021. Available from: <https://www.un.org/en/observances/older-persons-day>
34. United Nations. International day for the elimination of racial discrimination. New York: United Nations; 2022. Available from: <https://www.un.org/en/observances/end-racism-day>
35. Whittington P, Kunkel SR, de Medeiros K. Reevaluating the concept of chronological age in the context of increased life expectancy. *J Aging Soc Policy*. 2019;31:135-149.
36. Center for Disease Control and Prevention. People with certain medical conditions and COVID-19 risk factors; 2024. Available from: <https://www.cdc.gov/covid/risk-factors/index.html>
37. Fruhauf CA, Doron I, Palgi Y. Intergenerational programs and their effects on ageism. *J Intergenerational Relations*. 2020;18:117-130.
38. Kahlbaugh P, Budnick C. Intergenerational programs: fostering connections between young and old. *J Aging Soc Policy*. 2021;33:55-68.
39. Ayalon L, Roy J, Aloni R, Keating N. Building positive intergenerational relationships: Evidence from international studies. *Ageing Soc*. 2022;42:537-550.
40. Jarrott SE, Scrivano S, Park N, Mendoza S. Strategies for successful intergenerational programs. *J Intergenerational Relations*. 2021;19:22-38.
41. Barber C. The benefits of positive perspectives in older adults: an intergenerational approach. *J Aging Soc Policy*. 2014;26:145-160.
42. Lee J, Jarrott SE, Juckett L. Reciprocity and mutual benefits in intergenerational relationships. *J Intergenerational Relations*. 2020;18:183-196.