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Ageism in the Age of Pandemic

Abstract

Elderly persons, in addition to their health needs, also have a need for being socially perceived as persons and for considering aging as a normal life process. Throughout history, older people have been considered a social problem, resulting in a negative attitude towards the old age group. Ageism is a term denoting discrimination of a group of people because of their old age. Discrimination occurs because of the belief that aging causes negative changes that make a person less attractive, less intelligent and, most importantly, less productive. During a pandemic, the society's unethical actions towards this particularly vulnerable group become evident. These include cruelties in the triage procedure in some EU countries, giving preference to those who have a better chance of survival, and the recurring impression among the younger populations that nothing significant has changed in their lives and that, accordingly, nothing should be changed in their habits and behaviour.

Key words: pandemic, hatred, ageism, young people.

Introduction

I was inspired to give a lecture on this topic by Ante Tomić's column titled "Getting Old Ain't for Sissies," published on April 12, 2020 in *Jutarnji list*.

"Who in their right mind would decide that a seventeen-year-old schoolgirl, a beautiful budding creature, should sing about an elderly woman sitting on a park bench and watching the children play, thinking about her life fading like the sun on the horizon? What did these frivolous young men and women really know about the torment of aging, about illness, fear and loneliness, about sagging skin, withered muscles, squeaky bones, and dentures on shelves?"¹³¹

During the current pandemic, when publishing data in the media about persons who have died of COVID, it is always emphasized how old the person was and whether he or she was suffering from chronic diseases. Nearly one-quarter of the tweets analyzed in a study had ageistic or potentially offensive content concerning the elderly.¹³² This constant repetition of the fact that the majority of deaths were elderly and people with chronic diseases has created an impression in one part of the younger population that nothing significant in their lives has changed. With the advent of summer and in search for familiar summertime patterns of behavior, the numbers of diseased and the epidemiological situation have changed significantly. Patients are no longer only "old", "oncological", or "chronic". Generational differences and social changes caused by the spread of infectious diseases have long been the subject of writing. A good example is found in Giovanni Boccaccio's *Decameron*, when he describes the Florentine society during the Black Death of 1348: "Such fear filled the hearts of men and women... that a brother neglected his brother, a sister her brother... a wife her husband, and even... fathers and mothers avoided caring for their children."¹³³ Boccaccio's advice is the following: protect yourself with stories. By fleeing the city, surrounding yourself with pleasant company, and telling stories for good mood, a mixture of social isolation and entertaining activities, you can survive the worst days of the epidemic. By advising people to avoid the cities, he thus pioneered what today's public health experts call social isolation.

He also understood the importance of what we now call mental wellbeing, threatened not only by the feeling of isolation, but also by stigma. Stories cannot protect people from the virus, but they at least give them a chance when it comes to fighting the negative feelings created by the epidemics and quarantine. How much humanity have we retained through this time and do we recall the triage procedures in some EU countries and the decisions on who would be put on respirators? Community attitudes towards the elderly during a pandemic can be analyzed by focusing on three

131 Ante Tomić, "Starenje nije za curice" [Getting old ain't for sissies], <https://www.jutarnji.hr/naslovnica/pise-ante-tomic-starenje-nije-za-curice-kakav-je-samo-uzas-lezati-napusten-s-krivnjom-da-ste-uzeli-postelju-i-respirator-nekom-mladem10196539> (last accessed on May 27, 2020).

132 Maria Renee Jimenez, Carolina Gomez Moreno, and Enrique Soto-Perez-de-Celis, "Coronavirus, Ageism, and Twitter: An Evaluation of Tweets about Older Adults and COVID-19," <https://doi.org/10.1111/jgs.16508> (last accessed on August 20, 2019).

133 Rušev Marija, "Giovanni Boccaccio, Dekameron, PPT," 198.53.8 > rivaon > hrvatski > Boccaccio_Dekameron (last access on June 20, 2020).

important issues: the lockdown of nursing homes, recommendations of staying at home indefinitely long despite being separated from the family and suffering from increased social exclusion, and denying access to respirators during the early days of the pandemic and the exponential growth of sick persons. From “benevolent” health advice on age sensitivity to ghettoizing the elderly in order to minimize risk, ageistic rhetoric has been dominant in pandemic control.¹³⁴

We like to look for good qualities in ourselves, as well as for confirmation and gratitude in the eyes of others, and we often point out that a society is as strong as its weakest link. The World Health Organization emphasizes: “The true measure of any society is found in how it treats its most vulnerable members.” (WHO, 2019)¹³⁵

Unfortunately, there are different examples as well. The state policies of Western societies often see the elderly as a burden rather than an integral part of the population, whose members must be equally valuable. The elderly are rarely sufficiently represented in the media and the administration to have a voice in decision-making. The media play a significant role in spreading ageistic stereotypes and negative attitudes towards the elderly, especially in times of crisis.¹³⁶ The COVID-19 pandemic has highlighted this exclusion and prejudice against them. The current crisis emphasizes the disturbing public speech about aging that calls into question the value of elderly lives and neglects their irreplaceable contribution to the society.

Based on the negative perception of age and aged persons, and the social attitudes towards them, we were interested in establishing how many young people without medical education could identify violence against elderly persons in their own environment.

An important dimension of the lives of older people, in addition to their health needs, is the social perception of them as persons and of aging. Throughout history, older people have been considered a social problem, resulting in a negative attitude towards the old age group. Ageism is a term denoting discrimination of a group of people because of their old age. Discrimination occurs because of the belief that aging causes negative changes that make a person less attractive, less intelligent and, most importantly, less productive. The term was coined by Maggie Kuhn, who fought discrimination against the elderly after the Vietnam War.¹³⁷ In some societies, the prevalence of ageism has led to gerontophobia, i.e. fear of aging. Four factors have contributed to the development of a negative attitude towards aging. The first is the fear of death that comes with aging. Another is the emphasis on youth culture, especially in the media. The third factor is economic, and the fourth is the way in which age was initially researched in the scientific community. Most often, the respondents would

134 Rusac Silvija, Štambuk Ana and Verić Jelena, “Dobna diskriminacija: iskustva starijih osoba” [Ageism: Experiences of elderly persons], *Hrvatska revija za rehabilitacijska istraživanja* (49/2013), pp. 96-105.

135 Renato Matic, “Odnos hrvatskoga društva prema starijim osobama: Ispit humanosti i vizije budućnosti” [Attitudes of the Croatian society towards elderly persons: A test of humanity and a vision of the future], <https://doi.org/10.31823/d.26.4.5> • UDK: 314.8-953.9:17(497.5) (last accessed on August 20, 2020).

136 Fraser Sarah, Lagace Martine, Bongue Bienvenu, et al., “Ageism and COVID-19: What Does Our Society’s Response Say about Us?” *Age and Ageing* (49/2020), pp. 692-695.

137 Formosa Marvin, “Exposing Ageism,” *BOLD* (12/2000), pp. 15-23.

be persons placed in care centers, where only a small part of the elderly population lived, moreover the part that was barely functional on its own. Ageism should be observed from two vantage points. One is that the elderly are a group within a population, and the other that this group is made up of people of different social, economic, racial, and gender characteristics, who contribute to an overall picture of a particular individual from an older population. Sexism within ageism should be mentioned as well. Elderly women have a far worse experience of aging in the society than men. They are more often marginalized by the community, often ridiculed in popular culture, and more likely to have trouble finding care towards the end of their lives. One of the ways to fight ageism is education, propaganda, and struggle against the spread of ageism in the media and the society.

Our goal

The aim has been to point out the inequality of elderly people in the society, with a special emphasis on the ability of young people to identify violence against the elderly, which is also increasingly covered by the media during the COVID pandemic.

Sources and methods

In this cross-sectional survey, we interviewed 102 young persons attending the first year of Health Studies at the University of Split with a questionnaire on identifying violence against the elderly in families within the framework of the Reference Centre of the Croatian Ministry of Health for Protection the Health of Elderly Persons. The questionnaire consisted of ten statements to which the respondents answered with “True” or “False”.¹³⁸ The authors and source of the questionnaire were: doc. dr. sc. Silvia Rusac, Faculty of Law, Study Center for Social Work, Department of Social Gerontology, and Office for Public-Health Gerontology NZJZ “Dr. Andrija Štampar” – Reference Centre of the Croatian Ministry of Health for Protection the Health of Elderly Persons: www.stampar.hr/gerontologija.

Results

In this study, differences in responses that are due to sociodemographic differences were not significant. All respondents were of the same age, with few men among them.

138 Silvia Rusac, “Nasilje nad starijim osobama u obitelji na području grada Zagreba” [Domestic violence against elderly persons in the Zagreb area], *Ljetopis socijalnog rada* (16/2009), pp. 573-594.

Table 1. The respondents' answers to the questions of the *Test for Identifying Domestic Violence against Elderly Persons*.

Age	<20	>20	
	100	0	
Sex	M	F	
	13	87	
Statement	False (F)	True (T)	Correct answer

Question No.

1. Elderly persons are mostly abused by strangers.
2. Abuse of elderly persons occurs only in poorer social strata.
3. Elderly persons always despise their abusers and report abuse.
4. Violence against elderly persons is a serious social problem.
5. Older and younger people react similarly to abuse.
6. Children who abuse elderly parents were most likely abused themselves.
7. Models of prevention and intervention in cases of child abuse cannot be applied to cases of abuse of elderly persons.
8. Causing feelings of fear or restricting the freedom of movement or communication with third parties does not constitute violence against the elderly.
9. The number of abused elderly persons increases with the growing number of elderly persons in the society.
10. Caregivers may neglect care for the elderly due to excessive alcohol consumption.

Table 1 shows the ten statements to which the respondents were to give a correct answer by responding with "True" or "False". The respondents offered the most correct answer to the statement "Abuse of elderly persons occurs only in poorer social strata," where only one person gave an incorrect answer.

Discussion

From the results shown in Table 1, we see that most respondents showed good knowledge of the given problem. In this study, the respondents were students of Health Studies, so it is to be expected that we have obtained more promising data than we would have in the general population, as they have chosen a profession that requires empathy for others. Differences in relation to the respondents' sex are not significant because the share of male respondents was small. Most of the wrong answers referred to violence against the elderly and its difference in relation to other forms of domestic violence. Distinguishing the specifics of domestic violence with regard to specific age groups is not yet sufficiently recognized in our society. Thus, when asked whether violence against elderly persons was a serious social problem, only three respondents gave the right answer. A large number of incorrect answers was also given to the questions regarding the identity of the persons who abuse the elderly, whether children who abused the elderly had themselves been abused by their parents or relatives, and whether measures and models applied to violence against children could also be applied in the prevention of violence against this social group.

Domestic violence is a set of behaviors aimed at controlling family members through the use of force, intimidation, and manipulation. Healthcare professionals can play a key role in the early detection and prevention of domestic violence, because they are the only professionals that all people come in contact with throughout their lives and can therefore create a confidential conversation environment. The victims tend to minimize and cover up domestic violence for fear that their safety will be further compromised if they confide in someone, because of shame they feel because of living in such a family, and because of the specific dynamics of violent relationships that makes the victim helpless and loyal to their abuser. It is a legal obligation of healthcare professionals to report domestic violence to the police and the state attorney's office. This is in accordance with the ethical principles of the profession, because they need to identify the causes behind the patients' problems even when they are of a non-medical nature. Through their intervention, healthcare professionals help the victim to avoid and reduce his or her exposure to violence, which helps reduce harmful health consequences and can save the victim's life and health as domestic violence tends to recur and escalate.¹³⁹

Socially, elderly persons also experience discrimination even in healthcare. Numerous studies have shown how healthcare professionals, such as nurses, physicians, and healthcare students, treat the elderly according to their personal attitudes toward aging and the elderly population.

Although research is heterogeneous, negative standpoints are generally associated with poorer healthcare for the elderly, which results in poorer treatment outcomes. Discrimination against the elderly is associated with treatment decisions. An example from England speaks of the treatment of breast cancer in younger and older women. Although breast cancer is more common in the

139 Dean Ajduković and Marina Ajduković, "Nasilje u obitelji: što zdravstveni djelatnici mogu učiniti" [Domestic violence: What healthcare workers can do], *Medicina fluminensis* (46/2010), pp. 292-299.

elderly female population, doctors are less likely to recommend an early screening test for breast cancer to elderly women than to younger ones. Only a small number of physicians perform physical examination of breasts in elderly women. Also, elderly women are more likely to be recommended a more radical form of surgery as opposed to younger women, who are suggested less radical surgeries. Another form of discrimination against the elderly in the healthcare system is the way in which medical staff communicates with the elderly population. Older people are less involved in the treatment process. Medical staff shows less patience and respect towards them than towards the younger population. Communication is considered to be one of the factors contributing to the treatment outcome. Systematic research on health education programmes has shown that the efforts invested in combating discrimination against the elderly are insufficient and that gerontology is poorly promoted in education. Medical students have expressed the need for better education in geriatrics. In recent years, there has been a positive shift in solving this deficiency, and the education of healthcare staff in the field of gerontology is moving in the right direction.¹⁴⁰ One of the most obvious examples of neglecting elderly lives is the inefficiency of the French state authorities to report data on the deaths of elderly persons in nursing homes. This fact can lead the public to conclude that their deaths are insignificant and expected.¹⁴¹

The pandemic was not taken seriously at first, either in France or elsewhere, and it was presented to the public as dangerous only for the elderly. This approach may partly explain the resistance to following public health guidelines. It has been found that younger adults who died from COVID-19 complications often generated lengthy and thorough media reports worldwide, while the deaths of thousands of elderly persons were simply counted and added, if at all documented.

Social and/or cultural norms are responsible for a certain level of consensus, while the diversity of individual experiences significantly contributes to the diversity of attitudes towards the same object.

Attitudes towards an object can be shaped by behavioural or direct experience of an individual with the object of his or her attitude, but also indirectly, without behavioral experience. When it comes to a tangible, physical object, such an experience means manipulating that object or interacting with it. When the object of an attitude exists only in the person's psychological world or social reality, then direct experience refers to all previous behaviours related to the object. At the other end of the continuum are attitudes shaped by information that is not related to the individual's direct experience (e.g. information from books, newspaper articles, television, listening to the experiences of parents, friends, etc.). For an attitude thus formed, one says that it was shaped by indirect experience with the object of the attitude. When an attitude arises from such direct experience, there is a greater consistency between attitude and behaviour, greater sustainability of such an attitude over time,

¹⁴⁰ Wyman Mary, Shiovitz–Ezra Sharon, and Bengel Juergen, “Ageism in the Health Care System: Providers, Patients, and Systems,” https://www.researchgate.net/publication/325289340_Ageism_in_the_Health_Care_System_Providers_Patient_and_Systems (last accessed on August 20, 2020).

¹⁴¹ S. Fraser, M. Lagace, and B. Bongue, “Ageism and COVID-19,” pp. 692-695.

and its resistance to change, as compared to the attitude shaped by indirect experience with the object of the attitude.

The formation of attitudes begins with the birth of an individual and is based on a variety of experiences that are mutually reinforcing and result in a certain reaction in another, similar stimulating situation. Attitudes are a result of socialization and are acquired through social learning.¹⁴² In addition to knowledge, their development is influenced by three other factors: motivation and reinforcement, personality traits, and social environment. The motivation and reinforcement factor refers to the development of a reaction in which personal motives, based on personal experience, influence the features of the attitude to be developed. Personality traits are also partly conditioned by cognition, which in turn affects the features of the attitude that the person will eventually adopt.¹⁴³

Social environment limits the learning of experiences to those to which we are exposed in that particular environment, and thus influences the shaping of attitudes. Taking an attitude depends on its instrumental value for achieving certain goals of the individual. We usually have a positive attitude towards objects that contribute to the satisfaction of our motives, and a negative attitude towards objects that hinder the achievement of our goals. One of the processes that can affect the shaping of attitudes is social comparison.

Social comparison is defined as a process in which other persons, i.e. their attitudes, abilities, and modes of reaction, become the basis for assessing personal insights, attitudes, abilities, emotions, and other states.¹⁴⁴ According to L. Festinger's theory of social comparison, there is a need to evaluate personal insights, attitudes, abilities, modes of behaving and experiencing, and to assess their correctness and suitability.

In the absence of information from the "objective reality", a person will evaluate himself or herself by comparison with other people, whose behavior is the "social reality". Social comparison can result in empathy, which is immersion in the mental state of another person and understanding that person's position, such as suffering or being threatened, based on an experienced or imagined situation in which that person may be. Entering the mental framework of another person requires recognizing and identifying with the current feelings, thoughts, and reactions of the suffering person, and simultaneously understanding these reactions in terms of their importance, i.e. relevance for the future of that person.¹⁴⁵

142 Jerončić Tomić Iris, "Stigma – mitovi i predrasude depresivnog poremećaja – uloga videa kao medija u psihoedukaciji (Boli me – video za promociju mentalnog zdravlja)" [Stigma: Myths and prejudices of depressive disorder – The role of video as a medium in psychoeducation (It hurts – A video for fostering mental health)], https://hrcak.srce.hr/index.php?show=toc&id_broj=15082 (last accessed on May 28, 2020).

143 Petz Boris, *Psihologijski rječnik* [A dictionary of psychology], Prosvjeta, Zagreb 1992.

144 Kolesarić Vladimir, Krizmanić Marija, and Petz Boris, *Uvod u psihologiju – suvremena, znanstvena i primijenjena psihologija* [Introduction to psychology: Contemporary, scientific, and applied psychology], Grafički zavod Hrvatske, Zagreb 1991, pp. 175-213.

145 B. Petz, *Psihologijski rječnik*, 1992.

The sum of social attitudes towards the elderly outlines the level of humanity as well as care and awareness of one's own future. A sustainable, humane society implies an awareness of the irreplaceability of each and every person involved in social life. In the first place, there is the idea of the value of a person per se. Every human society is directed to some goal and uses certain means of living and acting to achieve it, which means that it has a structure and direction of action, while the real beginning, subject, and purpose of every form of human community is the person.¹⁴⁶

This implies a community based on the principles of life, because a free person is driven by the knowledge in which life is the beginning, the goal, and the greatest value. If the community members recognize it as such, understanding it as the fundamental value and choosing it as the principle of the community's existence, the person remains the beginning, content, and goal of the community, and thus the society.

For the future of a society, this is the basic level of awareness, which should be present among all its members, especially in those social groups whose task is to plan and make long-term development decisions. Integration and economic involvement of all members of the society is a strategic commitment, not just an individual exception.

"Getting old ain't for sissies," Bette Davis once said. You need to have the guts to do it even if you live in comfort and wealth, if someone loves you and takes care of you, and then imagine what a horror it is to lie abandoned, without anyone you can call your own, with the feeling of guilt for having taken a bed and a respirator that could have saved someone younger, while an esteemed MP explains on TV in the corner that it is not such a pity if you die. It is a horror worse than the corona virus: cruelty, selfishness, emptiness of hearts and minds, the defeat of civilization. If that doesn't make you cry, you'd better cry for yourself, for your stupid, scared, and despicable existence that you, completely wrongly, call life.¹⁴⁷

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146 R. Matić, "Odnos hrvatskoga društva prema starijim osobama."

147 A. Tomić, "Starenje nije za curice."

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Staromrštvo u doba pandemije

Sažetak

Stariji ljudi, osim zdravstvenih potreba, imaju i potrebu za društvenom percepcijom njih kao osoba i starenja kao normalnog životnog procesa. Kroz povijest, starije osobe su se smatrale socijalnim problemom i razvilo se negativno stajalište prema starijoj dobnoj skupini **Ageism** je pojam koji označava diskriminaciju određene skupine ljudi zbog njihove starije dobi. Do diskriminacije dolazi zbog uvjerenja kako starenjem dolazi do negativnih promjena koje čovjeka čine manje atraktivnim, manje inteligentnim i, najbitnije, manje produktivnim. Za vrijeme pandemije očituju se neetički postupci društva prema ovoj posebno ugroženoj skupini. Od onih početnih okrutnosti u trijažnom postupku prema velikom broju bolesnika u nekim europskim društvima da se prednost dodijeli onom koji ima veću šansu za preživljavanjem do svakodnevno ponavljanje činjenice kako je većina umrlih starije životne dobi i osoba s nekom kroničnom bolešću u jednog dijela mlađe populacije stvorilo se dojam kako se njima ništa značajno u životu ne mijenja u današnje vrijeme te da sukladno rečenom ne treba mijenjati ništa u svojim navikama i ponašanju.

Ključne riječi: pandemija, staromrštvo ili ageism, mladi ljudi.



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