

Research Article

Ageism in COVID-Related Newspaper Coverage: The First Month of a Pandemic

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Abstract

Objectives: Media sources have consistently described older adults as a medically vulnerable population during the coronavirus disease 2019 (COVID-19) pandemic, yet a lack of concern over their health and safety has resulted in dismissal and devaluation. This unprecedented situation highlights ongoing societal ageism and its manifestations in public discourse. This analysis asks how national news sources performed explicit and implicit ageism during the first month of the pandemic.

Method: Using content and critical discourse analysis methods, we analyzed 287 articles concerning older adults and COVID-19 published between March 11 and April 10, 2020, in 4 major U.S.-based newspapers.

Results: Findings indicate that while ageism was rarely discussed explicitly, ageist bias was evident in implicit reporting patterns (e.g., frequent use of the term “elderly,” portrayals of older adults as “vulnerable”). Infection and death rates and institutionalized care were among the most commonly reported topics, providing a limited portrait of aging during the pandemic. The older “survivor” narrative offers a positive alternative by suggesting exceptional examples of resilience and grit. However, the survivor narrative may also implicitly place blame on those unable to survive or thrive in later life.

Discussion: This study provides insight for policy makers, researchers, and practitioners exploring societal perceptions of older adults and how these perceptions are disseminated and maintained by the media.

Keywords: Content analysis, Critical gerontology, Discourse analysis, Print media

On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus disease 2019 (COVID-19) outbreak a global pandemic (WHO, 2020) and in the same week, the Centers for Disease Control and Prevention (CDC) began publishing COVID-related public safety guidelines on a near-daily basis (CDC, 2020). Informed by international and U.S.-based data sources, the CDC (2020) has consistently stated that the risk of severe complications from COVID-19 increases with age and is heightened among individuals of any age living with underlying medical conditions. In the early stages of the pandemic, this perceived consolidation of risk within populations who are largely invisible raised issues around ableist and ageist decision-making around the rationing of medical resources and treatment (Andrews et al., 2020). Some took

issue with commonly made statements that “only” older adults were at risk or remarks that those in later life or with medical conditions are disposable (Wasserman, 2020). This sentiment was captured by Dr. Louise Aronson (2020), who asked in her opinion piece, “Why are we OK with old people dying?”

This unprecedented situation sheds light on the ongoing but underdiscussed concern of societal ageism and its manifestations in public discourse. First introduced by Butler in 1969, ageism refers to discriminatory and exclusive actions or attitudes based on age (Angus & Reeve, 2006). Ageism includes cognitive, affective, and behavioral elements, which are operationalized as stereotyping, prejudice, and discrimination, respectively (São José et al., 2019). These can be manifested explicitly (e.g., through intentional

actions or uses of language) or implicitly (e.g., through unconscious thoughts, feelings, or behaviors; Iversen et al., 2009). While ageism can be directed toward any age group, most instances target older adults (Nelson, 2005) who may also internalize ageist beliefs (Angus & Reeve, 2006). According to Levy's stereotype embodiment theory (2009), consistent exposure to ageism may contribute to an internalization of ageist stereotypes. Internalized stereotypes shape self-perceptions of aging across the life course and are unconsciously manifested in health and functioning (Allen, 2016). Both external and internalized experiences of ageism can negatively influence older adults' physical and psychological health, posing a significant threat to well-being in later life (E-Shien et al., 2020; Marques et al., 2020). COVID-related media coverage has contributed to ageist images of older adults by portraying them as homogenous and vulnerable (Previtali et al., 2020) and such distorted and negative portrayals impact socially constructed perceptions of aging. The pandemic and its media coverage may play a significant social and cultural role in disseminating and maintaining ageist images unless such portrayals are critically examined, deconstructed, and replaced by more nuanced and empowering messages. This global health crisis comes at a time when "fake news" has been identified as a major public concern (Mitchell et al., 2019). Media coverage is often politicized and distrusted, but also plays a crucial role in driving how the public gains information, makes judgments, and alters their behaviors. Foucault (1978) argued that language, in all forms, creates, maintains, and causes the public to adopt ideological stances. Informed by this claim, we conceptualize the media as a cultural tool that shapes societal imagination around topics of conversation and consciousness (Jones, 2020). For instance, columnist Mary Schmich (2020) called for intergenerational understanding in her discussion of the term "Boomer Remover," an ageist nickname for COVID-19, and the trending hashtag #notdyingforwallstreet, which emerged in response to suggestions that older adults should sacrifice their freedoms or health for the sake of economic solvency. Berridge and Hooymann (2020) also critiqued the widespread use of the phrase "the elderly" during the pandemic as a social tool of homogenization, masking differences and disparities among older adults and informing ageist and ableist triage policies in health care. Although these commentaries point to the potential for language to cause harm, examining discourses might also enable new possibilities for transformative and empowering language use.

This analysis critically examines evidence of ageism in national media sources during the first month of the COVID-19 pandemic. Newspapers are perceived as relevant and reliable sources of current information, representing not only print media, but also powerful internet platforms that reach a wide national audience (Richardson, 2007). As such, newspapers—compared to magazines or social media—wield a particular kind of discursive power

as their use of language and propagation of certain narratives can influence the way the general public sees everyday topics of conversation and current events (Richardson, 2007; Teo, 2000). It is this power we seek to critically examine in light of the COVID-19 pandemic to make visible and deconstruct taken-for-granted and oppressive discursive practices.

Method

Data Identification

Inclusion criteria were developed to specify the sample based on location, source, time period, media type, and substantive content. Criteria required that articles must have been: (a) published in one of four major newspapers, that is, *USA Today*, *The New York (NY) Times*, *Los Angeles (LA) Times*, or *The Washington Post*; (b) first published online between March 11 and April 10, 2020; (c) inclusive of information relevant to both COVID-19 and older adults in the United States; and (d) a textual column piece (as opposed to videos, photo series, or letters to editors). The time period was chosen to cover the first month of COVID-related coverage following the WHO's declaration of the pandemic. In addition to the four newspapers listed above, the *Wall Street Journal* and *New York Post* were included in the top six U.S. newspapers by circulation (Cision Media Research, 2019). However, we excluded these sources due to their financial and social commentary-focused content, respectively.

Within the identified sample, we ran a systematic search for relevant articles by combining terms from two categories: (a) older adult-related content ("old," "older," "elder(s)," "senior(s)," "age," "aging," "ageism," "age discrimination," "age bias," and "age prejudice") and (b) COVID-related content ("coronavirus," "COVID-19," and "pandemic"). The initial search produced 478 articles, which were reviewed using the inclusion criteria. Articles were excluded if they were not relevant to aging populations ($n = 154$), were internationally focused ($n = 21$), or were not a textual column ($n = 16$). A common reason for exclusion was the use of search terms in other contexts, such as the term "senior" being used to reference "high school seniors" or "senior officials." The final sample included 287 articles. See Table 1 for sample characteristics.

Data Analysis

Analyses combined strengths of content and critical discourse analysis (CDA) methodologies and were completed using Dedoose data analysis software (version 8.3.41). Content analysis yields semantic descriptions of patterns and themes in the representation of textual data (Elo & Kyngas, 2008), while CDA enables an interpretive understanding of how and why certain discourses are utilized

Table 1. Sample Characteristics by Source

| | Number | | Circulation |
|----------------------------|----------------------|------------------|------------------|
| | of articles N (%) | Opinion N (%) | |
| <i>USA Today</i> | 84 (29.3) | 7 (8.3) | 1,621,091 (58.4) |
| <i>NY Times</i> | 81 (28.2) | 26 (32.1) | 483,701 (17.4) |
| <i>LA Times</i> | 66 (23.0) | 2 (3.0) | 417,936 (15.0) |
| <i>The Washington Post</i> | 56 (19.5) | 8 (14.3) | 254,379 (9.2) |
| Total | 287 | 43 (15.0) | 2,77,107 |

Note: Circulation sourced from Cision Media Research as of January 2019: <https://www.cision.com/us/2019/01/top-ten-us-daily-newspapers/>

within data (Hsieh & Shannon, 2005). In this analysis, assessing the frequency and co-occurrence of term usage allowed us to identify ageist language patterns, while discursive insights enabled us to interpret the potential function or impact of these uses of language. The application of a critical perspective is well aligned with the framing of critical gerontology (Holstein & Minkler, 2007) and assumes a stance that is not value-neutral, but actively engaged in naming and resisting oppressive social structures and processes. In producing this analysis, we intentionally took on the role of naming and deconstructing ageist messaging to support older adults' well-being and self-determination.

In an initial round of coding, the first two authors deductively and inductively coded all 287 articles. We created a deductive set of ageism codes (i.e., observed, enacted, and internalized) to assess how ageism was represented in the data set. The code of *observed ageism* was applied in cases where the article's author identified or critiqued the statements or actions of others that explicitly or implicitly devalued or revealed biases against older adults or later life. Therefore, this code reflects critiques of ageism rather than instances of ageism, whereas *enacted ageism* reflects ageist statements made by article authors and *internalized ageism* reflects ageist statements made by a self-identified "older" or "old" author. We also developed an inductive coding dictionary based on emergent patterns in the data. The two coders discussed development of the coding dictionary and made revisions as needed. The fourth author reviewed and offered suggestions as part of an ongoing peer debriefing process. This role was particularly important when issues of differential interpretation of implicit ageism came into question in both deductive and inductive coding processes, in which case differences in code applications were discussed and a final code application was unanimously agreed upon by all three analysts. All researchers then reviewed preliminary findings and collectively identified noteworthy patterns by narrowing the codes and identifying qualitative data to provide evidence of coding patterns. The second round of coding was conducted by the first two authors to produce enhanced specificity where needed. We then assessed the frequencies of each code and their co-occurrences. Findings were selected to offer a focused

look at specific patterns related to ageism evident in the sample. Although 64 total codes were applied, we report patterns specific to eight parent codes and 11 child codes deemed most relevant to the present study (see Table 2) as well as patterns in terms used to reference older adults (see Table 3).

Results

The analysis included 287 newspaper articles published in *USA Today* ($n = 84, 29.3\%$), *The NY Times* ($n = 81, 28.2\%$), *LA Times* ($n = 66, 23.0\%$), and *The Washington Post* ($n = 56, 19.5\%$). The order of sources by article frequency corresponds to the order of sources by circulation: *USA Today* reported approximately 1.5 million subscriptions as of January of 2019, both the *NY* and *LA Times* reported 500,000 each, and *The Washington Post* reported 250,000. These media sources reach an audience of approximately 2.8 million subscribers (Cision Media Research, 2019), although there is likely overlap in readership. Sources varied in the proportion of articles that were considered "opinion" pieces, with the largest proportion in the *NY Times* ($n = 26, 32.1\%$) and the least in the *LA Times* ($n = 2, 3.0\%$).

We chose to highlight two specific findings: (a) ageist uses of language and constructions of older adults and later life, and (b) the "survivor" narrative. In this analysis, our definition of a "narrative" aligns with Tompkin's (1987) conceptualization of a narrative script as a culturally recognized, and therefore legible and predictable, storyline that defines how one can and should think, feel, and behave.

Ageist Language and Constructions of Older Adults

Coding patterns revealed the common use of ageist language in reference to older adults, as well as limited portrayals of later life during the pandemic dominated by images of institutionalization, illness or death, and a lack of agency. While implicit ageism was frequently identified in the data, explicit references to and critiques of ageism were rare.

Ageist terms describing older adults

One of the implicit patterns identified in the data was the frequency of terms used to reference older adults as individuals or as a population. The two terms most commonly used in reference to older adults were "old" or "older" (combined $n = 365$, representing 25.8% of all terms used) and "elderly" ($n = 261, 18.4\%$), followed closely by "senior(s)" ($n = 250, 19.3\%$) and specific age range ($n = 248, 19.2\%$). While individual terms may seem innocuous in themselves, the images of older adults they imply or invoke may have a lasting impact on societal perceptions—an impact that

Table 2. Code Frequencies by Source (listed alphabetically)

| | Source | | | | Total |
|------------------------------------------|---------------------------|--------------------------|--------------------------|-------------------------------------|-------|
| | <i>USA Today</i> N (%) | <i>NY Times</i> N (%) | <i>LA Times</i> N (%) | <i>The Washington Post</i> N (%) | |
| Ageism | 28 (15.9) | 47 (26.7) | 38 (21.6) | 63 (37.8) | 176 |
| Enacted | 9 (29.0) | 5 (16.1) | 8 (25.8) | 9 (29.0) | 31 |
| Observed | 16 (13.7) | 35 (29.9) | 24 (20.5) | 42 (35.9) | 117 |
| Internalized | 3 (13.0) | 2 (8.7) | 6 (26.1) | 12 (52.2) | 23 |
| “Ageism” stated in text | — | 5 (100.0) | — | — | 5 |
| Guidance/precautions | 27 (12.8) | 33 (15.6) | 75 (35.5) | 76 (36.0) | 211 |
| For older adults protecting themselves | 6 (5.3) | 23 (20.4) | 46 (40.7) | 38 (33.6) | 113 |
| For others protecting older adults | 21 (21.4) | 10 (10.2) | 29 (29.6) | 38 (38.8) | 98 |
| Older adults as lower health priority | 13 (16.9) | 28 (36.4) | 23 (29.9) | 13 (16.9) | 77 |
| Older adults as in need of protection | 24 (21.8) | 14 (12.7) | 27 (24.5) | 45 (40.9) | 110 |
| Long-term care facilities | 53 (12.1) | 48 (11.0) | 131 (29.9) | 206 (47.0) | 438 |
| Quotes | 57 (21.9) | 51 (19.6) | 79 (30.4) | 73 (28.1) | 260 |
| Quotes from older adults | 17 (16.7) | 27 (26.5) | 38 (37.3) | 20 (19.6) | 102 |
| Quotes from others (about older adults) | 40 (25.3) | 24 (15.2) | 41 (25.9) | 53 (33.5) | 158 |
| Specific populations | 52 (18.2) | 92 (32.2) | 74 (25.9) | 68 (23.8) | 286 |
| Survivors of coronavirus/other survivors | 8 (16.0) | 19 (38.0) | 14 (28.0) | 9 (18.0) | 50 |
| Statistics, rates, and risk | 96 (23.4) | 70 (17.0) | 99 (24.1) | 143 (34.8) | 411 |
| At-risk/vulnerable population | 78 (30.1) | 45 (17.4) | 57 (22.0) | 79 (30.5) | 259 |
| Death rate | 18 (11.8) | 28 (18.4) | 42 (27.6) | 64 (42.1) | 152 |
| Total | 350 (17.8) | 383 (19.5) | 546 (27.7) | 687 (34.9) | 1,969 |

Table 3. Terms Used to Reference Older Adults by Source (listed by frequency)

| | Source | | | | Total N |
|--------------------|---------------------------|--------------------------|--------------------------|-------------------------------------|------------|
| | <i>USA Today</i> N (%) | <i>NY Times</i> N (%) | <i>LA Times</i> N (%) | <i>The Washington Post</i> N (%) | |
| Old/older | 80 (21.9) | 127 (34.8) | 64 (17.5) | 94 (25.8) | 365 |
| Elderly | 79 (30.3) | 45 (17.6) | 54 (20.7) | 83 (31.8) | 261 |
| Senior/seniors | 82 (32.4) | 13 (5.2) | 120 (48.0) | 35 (14.0) | 250 |
| Specific age | 95 (38.3) | 52 (21.0) | 60 (24.2) | 41 (16.5) | 248 |
| Grandparent | 12 (19.7) | 20 (32.8) | 2 (3.3) | 27 (44.3) | 61 |
| Elder/elders | 2 (4.5) | 30 (68.2) | 8 (18.2) | 4 (9.1) | 44 |
| Loved one(s) | 4 (10.5) | 4 (10.5) | 22 (57.9) | 8 (21.1) | 38 |
| Retired/retiree(s) | 2 (14.3) | 1 (7.1) | 8 (57.1) | 3 (21.4) | 14 |
| Boomer/baby boomer | 0 (0) | 5 (38.5) | 3 (23.1) | 5 (38.5) | 13 |
| Total | 356 (27.5) | 297 (23.0) | 341 (26.4) | 300 (23.2) | 1,294 |

may be deepened through the terms' frequency and repetition. Describing individuals as old or older or with specific age ranges are recommended ways to avoid ageism as they offer relatively neutral descriptions or explicitly define a population of interest (Lundebjerg et al., 2017). Among the articles we reviewed, the use of specific age ranges was especially common when referencing those at risk for medical complications due to COVID-19, which created a sense of distinction and specificity (e.g., “Those over age 70 appear to be at three times the mortality risk as those age 60 to 69, and those over age 80 at nearly twice the mortality

risk of those age 70 to 79”). In contrast, the term “elderly” has consistently been described as homogenizing and unnecessarily provoking a sense of frailty or vulnerability in portrayals of older adults (Berridge & Hooyman, 2020; Putnam, 2015). Further, more so than any other term, “elderly” was used in conjunction with references to older adults as “vulnerable” or “at risk,” making the term's connection to frailty explicit in the data. Additionally, the term “senior” has been critiqued for describing older adults as a separate class of individuals requiring differential treatment (Pinkser, 2020). However, in the data, this term was

often used to describe “senior shoppers” as the beneficiaries of designated shopping hours, which likely reflects the language use of stores offering such hours, but may also suggest the belief that older adults are in need of protection.

References to older adults as “grandparents” ($n = 61$, 4.7%, e.g., “You might be killing your granddad”) or “retirees” ($n = 14$, 1.1%, e.g., “We should consider all the unpaid hours that retirees give to the country and its economy”), while sometimes accurate, are not relevant to all older adults and limit portrayals of older adults to their interpersonal or occupational roles as opposed to full, complex depictions of their lives. Terms such as “boomer” ($n = 13$, 1%) were also used to describe middle-aged and older individuals as being in political conflict with other generations (e.g., “There’s also been a slew of pieces that commiserate with millennials whose foolhardy boomer parents won’t stay home”), although two out of 13 references to “boomers” explicitly critiqued the use of ageist phrases, citing “Boomer Remover” as a “cruel [meme]” and describing “OK, Boomer” as “dismissive and condescending.” Despite these isolated critiques of ageism, overarching patterns in terms referencing older adults tend to provoke a sense of vulnerability, paternalism, homogeneity, and conflict, offering a generally negative view of later life.

Limiting portrayals of older adults

Beyond terms referencing older adults and populations, the most frequent codes were references to *Long-Term Care Facilities* ($n = 438$) and *Statistics, Rates, and Risk* ($n = 411$), the latter of which included reports of the number of infections and deaths of older adults within a given facility, time frame, or geographic region. These two codes frequently overlapped ($n = 92$) when deaths of long-term care residents were reported (e.g., “Death surrounds the [facility] nursing staff—as of Sunday morning, 51 patients had died since the hospital had its first confirmed case”). Of the applications of the long-term care code, 87 (21.2%) specifically referenced the Life Care Center in Kirkland, Washington, described as being “at the center of the ... epidemic” and “one of the deadly pathogen’s first footholds.” Nursing facilities across the nation were quickly characterized as “densely packed ... breeding grounds” for illness. These two codes represent nearly half of all long-term care codes applied, evoking a particular image of later life, limited to institutional contexts and associated with dying. The potential impact of this image on readers was made explicit by one author who asked their readers, “If you don’t already live in a nursing home, are you looking forward to the time when you can move into one?” This question was utilized as a discursive tool to illustrate the negative expectations or fears of residential care espoused by individuals of varied ages in response to anecdotal experiences, but also due to negative media coverage.

In addition to bleak images of institutionalization and imminent threats of illness and death, there were patterns in the data indicating a lack of agency among older individuals. For instance, older adults were quoted describing their own experiences ($n = 102$) less frequently than younger people describing older adults’ experiences ($n = 158$). While guidance was often shared related to safety precautions and protecting older adults, this guidance was directed toward younger people ($n = 98$) almost as often as it was directed toward older adults themselves ($n = 113$). One such article suggested that family caregivers “may have to ... exercise ‘tough love’, discouraging elders from unnecessary visits to markets and other crowded spaces.” At a similar frequency, older adults were described as being in need of protection ($n = 110$), such as one article titled *God Doesn’t Want Us to Sacrifice the Old* in which the author stated: “We cannot pass by on the side of the road when the elderly, the disabled, the poor, and the vulnerable are in peril before our eyes.” Collectively, these patterns provoke an image of older adults as vulnerable, lacking in agency, and powerless to protect themselves from the dangers of the pandemic.

References to ageism

We applied deductive codes to assess the frequency of ageism as internalized by an older author or speaker, enacted by an author or speaker, or observed by an author or speaker (i.e., when an individual was quoted), and to code for uses of the term “ageism.” The code *Internalized Ageism* was coded 23 times, including the oft-quoted comments of Texas Lieutenant Governor Dan Patrick made on March 24: “‘Let’s get back to living’, Patrick (R) said. ‘Let’s be smart about it. And those of us who are 70-plus, we’ll take care of ourselves, but don’t sacrifice the country’.” Patrick’s comments provoked a flurry of media responses following their dissemination through a widely shared video clip from his press briefing. His comments were critiqued in multiple articles, such as one author who described his remarks as “politicians arguing that our elders should die for the sake of the economy” (coded as *Observed Ageism*).

Enacted ageism was coded 31 times, such as when a 30-year-old graduate student remarked, “‘Well, you know, when it’s [COVID] reaching people that aren’t in vulnerable populations, that’s when I’ll worry about it’.” Some journalists, while perhaps well-intentioned, reproduced language that was patronizing or provoked and maintained stereotypes of older adults. For example, one author said of a 90-year-old interviewee, “Even at her advanced age, [she] remains feisty ... [She] figures she takes as many as 20 pills daily, including prescription drugs, vitamins, and supplements. Most seniors can undoubtedly relate.” While the author’s intention may have been to highlight the strengths of their interviewee, the use of the term “feisty” provokes a minimizing characterization of what it means to be energetic or opinionated in later life, while the framing of one

being feisty “even” at an advanced age and associating later life with multiple required medications are both constructions that rely heavily on stereotypes.

Of the three types of ageism for which we coded, observed ageism was coded most frequently ($n = 117$) in places where authors identified or critiqued the ageist statements or behaviors of others, indicating an antiageist trend in the data. For example, the author of one opinion piece reflected on their interpretation of an article titled, *Not Just Old People: Younger Adults Are Also Getting the Coronavirus*, stating, “The words seemed to suggest that COVID-19 didn’t matter much if it was a scourge only among the old.” Older adults were also frequently described as being of lesser priority for receiving health care resources and life-saving interventions ($n = 77$). One older opinion piece writer reflected on reading such news, stating that he was left with the impression that older adults were considered “acceptable losses.” One 65-year-old person, Cleve Jones, was quoted in a piece on survivors of the AIDS pandemic, stating, “During AIDS, I was disposable because I’m a faggot. Now I’m disposable because I’m a fogie.” In another instance of observed ageism, Dr. Louise Aronson (2020) was quoted describing the potential long-term impact of societal ageism during the pandemic, stating concerns that “governments will ‘start judging people based on age and social contributions’ and conclude it’s acceptable for old folks to ‘just lay down and die.’” While these excerpts indicate the presence of ageist attitudes, policies, and practices, we find it promising that authors are using media as a platform to name and speak back to such instances of ageism from the perspectives of older adults themselves, as well as the perspectives of scholars, advocates, and community members.

While codes for observed, internalized, and enacted ageism were applied 171 times in total, the term “ageism” appeared only five times and only in the *NY Times*. Additionally, despite making up only 15% of the total sample, opinion pieces were responsible for almost 80% of all instances of observed ageism and all uses of the term “ageism,” indicating that opinion writers took on the greatest burden of calling out and critiquing such forms of prejudice during the first month of the pandemic. Such patterns also indicate a presence of ageism that is not being discussed explicitly or named directly, particularly by journalists, the main drivers, and contributors to media production.

The “Survivor” Narrative

References to specific populations of older adults (e.g., older prisoners, caregivers, people of color, etc.) were coded 286 times in the data. One of the most common populations referenced was *Survivors* ($n = 53$, coded in 25 articles), a term used to describe survivors of COVID-19, as well as those who had survived prior traumatic events such as the Spanish flu, the Holocaust, the Great Depression, the

AIDS pandemic, military service, and personal tragedies. These articles described older adults as resilient in the face of COVID-19 due to living through historical and individual challenges. For instance, *The Washington Post* reported the story of Bill Lapschies, a 104-year-old veteran who experienced a full recovery from COVID-19 and one of the oldest known survivors of the virus. Articles also implied that the general public has something to learn from listening to “elders” about living through a pandemic, such as the article titled *Comfort From a 102-year-old Who Has Lived Through a Flu Pandemic, the Depression and WWII* in which Lucille Ellson was quoted advising others “not to get stressed about planning far ahead” and to focus instead on what one can “control.”

Considering the frequently depicted homogenous image of institutionalization, vulnerability, and lack of agency, the older survivor narrative might provide a contrasting positive image of older adults, highlighting exceptional examples of grit, survival, and successful aging. This narrative allows older adults to see and position themselves as survivors of various challenges, capable of garnering respect, and entitled to a sense of pride in their accomplishments. However, such depictions of “success” can also have negative impacts, such as minimizing the virus’ potential threat or blaming those unable to achieve such success through survival. For instance, one article titled *If This 81-year-old Can Endure the Coronavirus, You Can Too* was written by a physician reflecting that his older patient’s healthy diet and exercise regimen protected him from the more damaging or worrisome impacts of the virus. This story prompted the author to conclude that this example “shows that among the older population and the vulnerable ... this infection can be less a serious illness and more a matter of management and control.” While the author’s goal was likely to reduce unnecessary fear among readers, this conclusion implies that those unable to survive such an illness may be to blame for their lack of foresight, healthy habits, and physiological fortitude. Thus, the survivor narrative, while creating a positive counterimage to that of vulnerability and death, may also provoke negative attitudes toward those more susceptible to the virus and other threats to health in later life.

Discussion

We see the COVID-19 pandemic as a “focusing” or “framing” event that briefly centers public attention on specific social and cultural issues, but may leave a lasting impression due to the frequency and poignance of that attention (Scheufele & Tweeksbury, 2007). Given ageist patterns in COVID-related media coverage (Berridge & Hooyman, 2020) and the negative impacts of ageism on the health and well-being of older adults (E-Shien et al., 2020; Marques et al., 2020), this is a critical moment to reflect on, critique, and intentionally shape discursive constructions of older adults, aging, and later life.

One indicator of ageism in the current study was the frequency of particular codes. The frequent use of the term “elderly,” along with the framing of older adults as highly vulnerable, is particularly concerning. While the use of this term may not appear problematic, the practice has been condemned by gerontological societies and organizations. In 2015, the *Journal of Gerontological Social Work* stated that authors must replace the term “elderly” with “older adults” in an effort to promote empowering language (Putnam, 2015) and the American Geriatrics Society now strongly recommends using specific age ranges to further distinguish and clarify variation among this diverse population (Berridge & Hooyman, 2020; Lundebjerg et al., 2017). Both make the argument that “language matters” (Lundebjerg et al., 2017, p. 1386), indicating a cultural and discursive shift in academic publishing that has yet to be conveyed to or widely adopted among those contributing to popular news sources.

Equally concerning are portrayals of aging as defined by institutionalization or threat of death or illness. While the proportion of news coverage portraying nursing facilities negatively remained consistent before and after the onset of COVID-19, the number of stories rose dramatically, nearly tripling in frequency (Miller et al., 2021). The poignancy and repetition of this image may be deeply impactful in shaping public opinion of aging and residential long-term services and supports beyond the pandemic, but it can also negatively impact willingness to access such services. Prior studies indicate that media coverage influences expectations and perceptions of reality in notable ways. The Kaiser Family Foundation (2005) found that public perceptions of and attitudes toward nursing homes are directly shaped by personal experiences and indirectly informed by relevant media coverage. In a recent poll, 54% of respondents reported their perception of nursing facilities had worsened after the pandemic onset and 65% indicated they would be less willing to pursue such housing arrangements for themselves or a loved one after the pandemic (Spanko, 2020). Negative portrayals of residential care can also cause concern among family caregivers over the treatment and safety of their older relatives, instill fear in those who may require skilled nursing support in the future, and make young people avoidant of such settings even after the pandemic, thereby deepening cross-generational divides in contact and support.

The stories of “survivors” might offer an optimistic counternarrative to the image of aging as institutionalization and illness. This counternarrative may empower older adults by highlighting capacity for recovery and resilience—an image not dissimilar to the concept of successful aging, which aims to highlight one’s self-efficacy in shaping their aging future by avoiding disease or disability and maintaining strong social connections into later life (Rowe & Kahn, 1997). However, the successful aging paradigm has been critiqued for its binary construction of later life into the narrow confines of “success” versus “failure” and

while the theory was intended to empower individuals to take control over their own health and well-being, blame may inadvertently be placed on those unable to maintain “optimal” levels of health (Martinson & Berridge, 2015). Further, this theory has been critiqued for failing to address or account for the structural issues impacting elders of color or those marginalized due to their sexuality or gender identity (Sandberg & Marshall, 2017). A recent report published by the FrameWorks Institute argues that when media sources propagate such narratives without attending to structural barriers or when they “[equate] successful aging with individual choice ... media depictions infer that most older adults have failed to successfully choose or manage a better outcome” (O’Neil & Hayden, 2020, p. 3). More equitable approaches might be identified through the concept of embodied empowerment, which combines “the interplay of power and vulnerability in later life” (Morell, 2003, p. 69), and by reframing aging futures as complex, diverse, and nuanced.

As a societal discourse, ageist media coverage may have unique impacts on different audiences. For younger generations, research indicates individuals are less likely to plan intentionally and effectively for their own aging futures when they cannot imagine themselves in later life or when images of later life provoke fear or resistance (Bytheway & Johnson, 2010; Pickard, 2014). This lack of planning may then challenge their ability to achieve their full potential in health and life satisfaction as they age and put added pressure on aging services to support their diverse needs. Exposure to ageist media coverage in early stages of life shapes individuals’ negative stereotyping of later life (Levy, 2009). When they reach the societally considered threshold of old age, these ageist stereotypes become self-stereotypes (Barber, 2017), which have deleterious effects on functioning and health for older adults (Levy, 2009). Among older adults themselves, social isolation due to COVID-19 has caused increased reports of loneliness and mental distress (Losada-Baltar et al., 2021) while negative expectations or fears around the pandemic’s impact predict higher stress levels and negative affect (Whitehead, 2021). Given that experienced and internalized ageism can shape mental and physical health outcomes, the framing of the pandemic may also have indirect negative consequences for the long-term health of older adults.

Those serving older adults must anticipate and assess such impacts as the pandemic continues, as well as fostering awareness and education around implicit and explicit forms of ageism in workplace trainings and continuing education. Service providers and policymakers must also be mindful and critical of the media they consume and how it impacts their perception of, service provision to, and policymaking around older populations. Standards set within academic publishing to ward off ageist language and deficit-based framings of later life might also be adopted by social and health service organizations and legislators seeking to revise or develop new policies. Research

might also attend to discourses present in different forms of media that reach diverse audiences, such as examining ageism within social media and scholarly publications. One limitation of the present analysis relates to the subjective nature of ageism, particularly implicit ageism, suggesting the concrete operationalization of ageism for coding purposes could be further explored in future research.

Considering the extent of detrimental impacts of ageism, developing effective interventions—including discursive interventions—is crucial. Regarding discursive framing, authors of both popular media and scholarly literature can intervene in their fields to promote more empowering messages, thereby informing antiageist actions in practice, policy, and research. Additional research is needed to assess the long-term direct impacts of the pandemic on older adults' health and well-being, as well as the impact of ageist messaging and media coverage on both older and younger populations. As noted in the findings, some authors, particularly those contributing opinion pieces, have offered critiques of ageist policies, practices, and attitudes, as well as notable alternative and empowering discursive strategies for constructing older adults. These strategies include framing later life from the perspectives of older adults themselves, highlighting the contributions of older adults to their families and society, and explicitly naming and critiquing the ageist language use, policies, and practices. Researchers and practitioners can disseminate such strategies by translating academic and practice-informed antiageist language into popular media narratives around aging and later life. All of us will eventually age into later stages of life and we all have a stake in combating ageism as an internal, interpersonal, and cultural phenomenon.

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