

Caremongering and Assumptions of Need:

The Spread of Compassionate Ageism During COVID-19

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Editor's Note: This article contains profanity that some readers might find offensive. The Editor has chosen to permit the use of this language because it occurs in the context of reporting the genuine experience of an older person, in that person's own words, and in doing so effectively illustrates the concepts being evoked in the paper while respecting the voice of the original speaker.

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Abstract

The Coronavirus Disease 2019 (COVID-19) pandemic has highlighted the pervasive ageism that exists in our society. Although instances of negative or hostile ageism have been identified, critical attention to the nuances of ageism throughout the pandemic, such as the prevalence and implications of positive or compassionate ageism, has lagged in comparison. This commentary uses stereotype content theory to extend the conversation regarding COVID-19 and ageism to include compassionate ageism. We offer the ‘caremongering’ movement, a social movement driven by social media to help individuals impacted by COVID-19, as a case study example that illustrates how compassionate ageism has manifested during the pandemic. The implications of compassionate ageism that have and continue to occur during the pandemic are discussed using stereotype embodiment theory. Future actions that focus on shifting attention from the intent of ageist actions and beliefs to the outcomes for those experiencing them is needed. Further, seeking older individuals’ consent when help is offered, recognizing the diversity of aging experiences, and thinking critically about ageism in its multiple and varied forms are all required.

Keywords: Benevolent ageism, Age discrimination, Social discrimination, Social media

Recent reports of ageism elicited and amplified by the Coronavirus Disease 2019 (COVID-19) pandemic are being widely discussed in the academic literature (Fraser et al., 2020; Meisner, 2020) and in mainstream media (de Medeiros, 2020; Patterson, 2020). Most of this attention focuses on explicit forms of negative or hostile ageism (Cesari & Proietti, 2020). However, critical attention to the nuances of ageism during the pandemic, such as the prevalence and implications of compassionate ageism, is comparatively low. Drawing on stereotype content theory and stereotype embodiment theory, this commentary extends the conversation regarding COVID-19 and ageism by considering the experiences and examples of compassionate ageism. We begin by describing stereotype content theory and compassionate ageism and then explore how the oversimplification of COVID-19 risks for older adults has contributed to expressions of compassionate ageism. To substantiate our claims, we offer a case study example of the ‘caremongering’ movement to illustrate how compassionate ageism has manifested during the pandemic. Some potential implications of caremongering, and compassionate ageism more broadly, are explained using stereotype embodiment theory. Finally, we consider how we, as citizens and broader society, can move forward to address ageism in its multiple and varied forms during the COVID-19 pandemic and beyond.

Despite common conceptions of stereotypes as either positive *or* negative, stereotype content theory recognizes that stereotypes are often a mix of perceptions of an out-group in two dimensions, warmth and competence (Fiske, Cuddy, Glick, & Xu, 2002). In this combination of dimensions, out-groups can be “positively” stereotyped in one dimension and “negatively” stereotyped in the other. When this theory is applied to aging, research demonstrates that older individuals are typically stereotyped as warm or likeable but incompetent or dependent (Cuddy & Fiske, 2002). Mixed stereotypes high in perceived warmth and low in perceived competence,

as is the case for older adults, often result in paternalism where the assumed power of dominant groups is combined with perspectives and actions of nurturing and protecting those positioned as subordinate (Fiske et al., 2002). Importantly, Fiske et al. (2002) note that paternalistic stereotypes can result in “compassion, sympathy, and even tenderness, under the right conditions” (p. 880). The COVID-19 pandemic appears to have created “the right conditions” for patronizing sentiments and helping behaviors targeted at older adults.

The mixed nature of stereotype content and resultant paternalism described in stereotype content theory aligns closely with definitions of compassionate ageism. Binstock (1985) defines ageism as, “the attribution of the same characteristics, status, and deserts to an artificially homogenized group labeled ‘the aged’” (p. 422). In the case of compassionate ageism (also known as benevolent ageism), so-called positive or warm perceptions of older people are combined with attributes of incompetence, frailty, dependence, passivity, and victimhood (Binstock, 1985; Cary, Chasteen, & Remedios, 2017; Marier & Revelli, 2017), reflecting the mixed content of age stereotypes. Compassionate ageism often results in paternalistic actions that are patronizing to some older individuals, such as helping behaviors (Cary et al., 2017). These behaviors can fall under the dependency-support script described by Baltes and Wahl (1996), where often relatively younger people create an overresponsive and overaccommodating environment that assumes older adults are frail or dependent, without attention to their actual competence levels or interest in being helped. These age-biased labels and actions uphold the status of younger groups, and consequently lower the status of older individuals (Fiske et al., 2002).

Paternalistic age stereotypes and assumptions of older adults’ competence that frame older people as dependent have homogenized older adults, cultivated the conditions of high risk

with aging, and demonstrated the intersections between ageism and ableism during the pandemic. COVID-19 has been framed as an infectious disease that primarily impacts older adults since its beginnings (Ayalon, 2020). In this messaging, older adults are considered a homogeneous group with an equally high risk of contracting and suffering from COVID-19 (Ayalon et al., 2020). This assumed uniformity as a “vulnerable population” has upheld and bolstered age stereotypes of frailty and dependence. The pandemic has also highlighted society’s tendency to conflate chronological age with impairment by assuming that *all* older adults have health conditions that place them at higher risk of experiencing a severe case of COVID-19 (Meisner, 2020). The widespread classification of older adults as “vulnerable” has occurred throughout the pandemic despite consistent findings that age alone is not a reliable measure of the medical outcomes of COVID-19 (Ehni & Wahl, 2020; Meisner, 2020; Rahman & Jahan, 2020). Indeed, the generally unchallenged labeling of older people as “vulnerable” due to presumed health conditions demonstrates the persistent connections of ageism and ableism more broadly (Overall, 2006).

The oversimplification of COVID-19 risk for older adults as a supposedly uniform frail and dependent population has spread into many governmental directives during the pandemic. Numerous examples of ageist language have been identified in the pandemic’s early stages (Ayalon et al., 2020). References to all older adults as equally vulnerable have continued as many governments adopt a phased approach to reopening services, with many restricting community-dwelling older adults’ movement in certain phases while most younger and working adults reintegrate. Creating such age-based restrictions may have good intentions and a desire to respond to the epidemiological trends of COVID-19 cases; however, that does not excuse the use of communication that is paternalizing and homogenizing – both hallmarks of compassionate

ageism (Fraser et al., 2020). For example, a news article reporting France's ambiguous directives regarding the restrictions on older adults states that, "the elderly and vulnerable are allowed out, but must use common sense" (*Coronavirus*, 2020, France Section, Bullet 4). This statement groups the "elderly" and "vulnerable" people together and appears to question the competence of the "elderly" to use logic when in a social gathering, now that they are "allowed" out, despite many instances of people of all ages failing to use "common sense" during the pandemic (Rasmussen, 2020).

While these examples appear to demonstrate that governments are "looking after their most vulnerable" during the pandemic, some citizens believe these actions are not enough. The lack of government support and action is a commonly cited spark for the recent 'caremongering' movement that has emerged because of COVID-19 (Moscrop, 2020; Su, 2020). Started in Canada, caremongering is a social movement driven by social media to help individuals impacted by the COVID-19 pandemic (Gerken, 2020). Positioned as the anti-thesis of COVID-19 *scaremongering*, caremongering groups are designed to help those who are (or are perceived to be) at highest risk of COVID-19 infection and/or negative personal or social impacts (Estrada, 2020; Gerken, 2020). Through social media, typically younger and perhaps more able-bodied individuals have self-organized into many caremongering groups, first across Canada and now internationally. On social media platforms, such as Facebook, people can post "in search of" help (i.e., caremongerees) or "help offer" services they are willing and able to provide (i.e., caremongerers) (Gerken, 2020). The help requested and received via caremongering groups has included deliveries of groceries, homecooked meals, and prescriptions, as well as calling isolated individuals and creating care packages (*Small Acts of Kindness*, 2020; Venn, 2020). Above all, caremongering is described as a grassroots service provided to "anyone who needs it"

(Mahomed, 2020, para. 1).

There are numerous encouraging stories from both caremongerees and caremongerers (Gerken, 2020; Cohen, 2020), as well as individuals who simply like to scroll through caremongering groups to read about or see photos and videos of the uplifting actions that have occurred in an otherwise tumultuous time (Gerken, 2020). However, caremongering has also emerged as a unique setting to view how the oversimplification of COVID-19 risks to an artificially homogenized older adult group in society has manifested during the pandemic, and how this narrative has been continuously reinforced in media coverage of caremongering.

There are several news articles reporting on the caremongering movement that use “doddering but dear” (Cuddy & Fiske, 2002, p. 4) age stereotypes as well as patronizing and homogenizing language to describe the movement. For example, the following quote from a Global News article in Canada highlights many of the attributions and assumptions resulting from compassionate ageism:

One of the most vulnerable communities in this pandemic is our elderly. But it is not just their physical well-being at risk; with strict visitor restrictions at retirement and nursing homes, their mental health has been put in a fragile state.

(Estrada, 2020, para. 9)

This statement reinforces the oversimplified view that older adults are “most vulnerable” for COVID-19 infection and other negative impacts, while using language (i.e., “elderly”) that is criticized for representing and reinforcing negative age stereotypes (Lundebjerg, Trucil, Hammond, & Applegate, 2017). It then goes further to homogenize all older adults by immediately discussing older individuals who live in retirement and nursing homes, neglecting

to consider that many, in fact most, older adults continue to live in the community (Statistics Canada, 2017). It also demonstrates paternalizing language when it refers to older people as “*our* elderly” (emphasis added). The presumed ownership of the “elderly” stems from compassionate ageism and mixed age stereotypes which position older individuals as worthy of, and dependent upon, the support of younger people.

Despite caremongering being defined as a service provided to “anyone who *needs* it” (Mahomed, 2020, para. 1) (emphasis added), a dependence-support script is promoted through the media and potentially adopted by those participating in caremongering. The fact that frailty and dependence are not experienced by all older adults was featured on social media in a recent viral TikTok video pertaining to COVID-19. The video is of a younger woman recording herself making a sign that read, “HOPE YOU’RE OK LET ME KNOW IF YOU NEED ANYTHING” (emphasis in original) (Bracewell, 2020a). The video then shows her posting the sign on the side of her house, facing her neighbor’s house, and recording her neighbor’s reaction. Her neighbor, an older woman, responded with a sign of her own that read, “FUCK OFF” (emphasis in original). This video was a satirical commentary on the caremongering movement offered by the social media influencer and comedian and her mother. A second video clarifies that her mother is irritated by the language used in reference to older people in her country (New Zealand) during the COVID-19 pandemic. As she holds up her “FUCK OFF” sign from the first video, she says, “This is to all the people that call me ‘elderly’” (Bracewell, 2020b, 0:10). Both videos serve as social criticism of the assumptions being made about people characterized as and presumed to be “elderly” by governments and by some individuals in broader society that have resulted in helping behavior that is perhaps unneeded or unwanted.

These videos also acknowledge and ridicule the performative aspect of some

caremongering. Indeed, other social media users are noting this form of ageism and urge others to engage in critical thinking about caremongering efforts. As one Twitter user aptly voiced, “Please don’t let your local ‘#Caremongering’ group become a venue for performative charity and privileged ‘positivity’” (Low, 2020). This tweet demonstrates that caremongering can uphold recurrent relations of youth-centered power and privilege via advantaged individuals recording and sharing actions towards an often less-privileged stereotyped group. These TikTok videos and tweet highlight how it is imperative to verify need and seek consent before engaging in helping behavior, especially in such a performative manner. If the younger woman’s sign in the TikTok video had continued to be displayed, the neighbor could have been labeled as a frail and dependent older individual by both her geographical community and the larger virtual community watching TikTok.

While the TikTok videos and tweet begin to illustrate the potentially hurtful and damaging outcomes of the performative aspects of caremongering, we must consider what the lasting harms could be of compassionate ageism aimed at older individuals who do not need or want help. Research documenting the consequences of compassionate ageism predates the COVID-19 pandemic. Stereotype embodiment theory explains how age stereotypes, such as the warm but incompetent stereotypes of compassionate ageism, influence the health and well-being of older adults (Levy, 2009). Specifically, age stereotypes that exist at broader societal levels are learned, even unconsciously manifested, at the individual level across the lifespan (Levy, 2009; Meisner & Levy, 2016). The manifestation of age stereotypes at the individual level can occur through consistent exposure to compassionate ageism in interpersonal and communication contexts. These relational and social encounters reinforce age stereotypes of warmth and incompetence such that older individuals may consider others’ evaluations of their competence

as true, even if it is not, and learn to exhibit helpless behavior to meet expectations of them and their age group (Chasteen, Pichora-Fuller, Dupuis, Smith, & Sing, 2015; Levy, 2009).

The results of reinforced and learned compassionate ageism on older individual's health and well-being are established in research and include decreased self-esteem, empowerment, and motivation as well as declines in physical functioning, cognitive and psychological performance, and social engagement (Baltes & Wahl, 1996; Chasteen & Cary, 2015; Hehman & Bugental, 2015; Kemper, Othick, Warren, Gubarchuk, & Gehring, 1996; Meisner, 2012; Meisner & Levy, 2016). For example, Hehman and Bugental (2015) explored the impact of elderspeak, a form of patronizing communication directed at older people. The authors found that older adults, especially those with pre-existing negative perceptions of aging, experienced deficits on a cognitive task and increased activation of cortisol, a well-known stress hormone, following an experience of elderspeak (Hehman & Bugental, 2015). Given that many younger individuals often adjust their behavior when interacting with older people according to age stereotypes they hold (O'Connor & St. Pierre, 2004), it is likely that those engaging in helping behaviors during the COVID-19 pandemic, such as caremongering, are doing so in ways that have long-term implications for older recipients of this help.

The impact and prevalence of compassionate ageism will likely continue after the urgency of this pandemic has passed. The literature regarding learned helplessness following compassionate ageism clearly demonstrates the consequences if we do continue. This calls for sustained efforts in resisting this form of ageism. Compassionate ageism requires us to think of our actions through the perspectives of older people who experience differential treatment because of their perceived or actual age. Younger people often highlight their connections to older adults, such as spending time with grandparents or volunteering in settings that serve older

individuals, to falsely demonstrate that their proximity to older adults negates their ageist beliefs or actions. Using relationships with older individuals as a token of all older peoples' consent to ageism does not alleviate the impacts of such attitudes and behaviors. There is also a tendency to consider compassionate ageism as incompatible with potential discriminatory outcomes due to the often "good intentions" behind compassionate ageism (Johnson, 2020). Dichotomizing behavior as either "discrimination against" or "compassion for" older individuals fails to recognize that actions can in fact be both. We need to interrupt prejudice and discrimination against older adults even if there are good intentions, as the experience and outcomes of this differential treatment, from older persons' perspectives, may not be inherently "good."

The examples provided throughout this commentary indicate that paying careful attention to our assumptions about aging and older people, the language we use, and the actions we take is crucial. Numerous calls for adjustments to how we think about, refer to, and engage with older people have been published prior to the pandemic (Lundebjerg et al., 2017). Notably, critical perspectives regarding the impact of the assumptions that inform compassionate ageism have largely come from the public sphere during the pandemic, such as on TikTok and Twitter, as described. In comparison, there are currently very few academic articles that discuss compassionate ageism and COVID-19. In the existing published articles, there appears to be a focus on the unintended consequences of, and rationale for, ageist actions during the pandemic. For example, recognizing that strict guidelines directed at older individuals have inadvertently resulted in social isolation and reasoning that the outcomes of protective actions were ultimately good-natured and a demonstration of valuing older people (Monahan, Macdonald, Lytle, Apriceno, & Levy, 2020; Petretto & Pili, 2020). However, this literature does not yet acknowledge the necessity of seeking older peoples' consent, perspectives, and experiences

when others decide to provide help or implement public health directives pertaining to COVID-19 based on perceived or actual age. Focusing on the reasons motivating such actions without considering consent, interest in, or need of receiving help, effectively represents and reinforces paternalism, the homogenization of older people, and subsequent detrimental health outcomes – the very things we are trying to prevent. It is our responsibility to reflect upon and adjust our beliefs, attitudes, communication and actions when needed. Likewise, we must hold others accountable and challenge systems (including governments) that use stereotypical terms and ideas that reproduce and enable socially stigmatizing environments.

One way to challenge these ingrained narratives is to shift the script when offering help. For example, moving away from a dependency-support script of, “You are an old and frail person. I am here to help you, and I expect you to accept my help and support” (Baltes & Wahl, 1996, pp. 227-228) toward a script that recognizes older individuals’ autonomy and agency, “You are a person. I can be here to offer help if you want it, but I don’t expect you to need or accept help and support.” Assuming that older adults fit the stereotype of needing or wanting care, and that those who break or reject the dependency-support script are “exceptional” (Massie & Meisner, 2019, p. 36), should be replaced by the realization that aging is complex and older adults are diverse. Most older people are merely living their ordinary lives when they are thought to reinforce or refute ageist and ableist assumptions that others have been taught to believe about aging and older adults’ capabilities (Massie & Meisner, 2019).

Promoting more accurate media messaging that resists oversimplification and recognizes the heterogeneity and multifaceted complexity of aging is another strategy needed to encourage nuanced representations and understandings of aging (Binstock, 1985; Marier & Revelli, 2017). Intergenerational relationship-building opportunities, such as caremongering, could also be

reimagined as mutually-beneficial social experiences that focus on the relationships generated, rather than on the benefits to one group. As such, assumptions that help is unidirectionally provided to older adults by relatively younger adults or younger generations must be overcome. We must recognize that older adults in many instances and cultures are net providers (rather than receivers) of help and care through various roles, such as volunteers and unpaid caregivers of peers, spouses, and grandchildren. These roles existed long before the pandemic and have continued during it, despite government directives limiting the mobility and independence of older individuals (Macdonell, 2020). We must also consider how younger people can be disadvantaged by assumptions that they do not need or want help, which could be consensually provided by a person of any age.

The COVID-19 pandemic intensified experiences and examples of age discrimination and catalyzed discussions motivating us to think more critically about the various forms and subtleties of ageism. In these complex understandings of aging and older adulthood, there is space to understand that some older adults will appreciate the helping behaviors that result from social movements, such as caremongering, while also acknowledging that some older individuals will not need, want, or appreciate this help. We must carefully ensure that, although older adults are sometimes the objects of our concern and targets of our help with good intentions, they must maintain their autonomy and agency as individuals to remain the subjects of their own decisions and lives. Therefore, being critical of compassionate ageism does not mean we should not interact with older adults. Rather, it encourages us to reflect upon why and how we engage with older adults in the ways we do and how much these actions teach them, others, and ourselves about what it means to be “older.” We must consider the extent to which older adults are surrounded by people and social environments that unintentionally encourage them to be and

become vulnerable. Moving forward, messages and actions should be grounded in the latest evidence, rather than on ageist beliefs and behaviors. This evidence must include first-person accounts of older adults' experiences of various forms and encounters of ageism that often intersect with other systems of oppression (Meisner et al., 2020). Exploring the lived experiences of ageism before, during, and after the pandemic should be done in partnership with a variety of diverse older people, through interdisciplinary collaboration, with the aim to cultivate a more equitable and just aging society.

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