5 Ageing and ageism in COVID-19 times

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The occurrence of the COVID-19 pandemic intensified the ageist attitudes in society. At the same time, the pandemic made it more difficult to identify such attitudes. The aim of this work is to attempt to explore this area. The manifestations of ageism may be observed in the models of social functioning, healthcare and in media. The oldest members of society face the direct consequences of ageism. However, ageism may indirectly affect other people as well. It weakens social relationships, breaks family ties and intensifies the sense of threat which is already heightened because of the pandemic. There are numerous initiatives aimed at supporting older adults. Older adults' involvement for the sake of society shows that they may offer a lot of values visible in initiatives they undertake.

Introduction

Brad A. Meisner referred to the difficult determinants of functioning in the time of pandemic and remarked: "Although we cannot control the year we were born, we can control how we think about, treat, respect, and empathize with each other – across generations, in solidarity – especially in a time of crisis" (Butler 1975: 5). He emphasized that an ability to control and create one's own views and behaviors is key to friendly relationships in society which are based on empathy and solidarity. It is extremely important to do so during the global crisis which humanity is facing as a result of the occurrence of COVID-19.

The pandemic situation has tremendously changed the functioning of individuals and societies. It may even be said that it has strengthened and polarized human attitudes and social phenomena. Unfortunately, they also include negative phenomena which lack mutual intergenerational respect postulated by Meisner (Meisner 2020:59). One of them is ageism which is a form of social discrimination by the year of birth. During the pandemic, chronological age took on a new meaning as it was the older adults who

became particularly prone to infection and all its consequences. Consequently, certain words and behaviors which discriminate against older adults surfaced in different areas of life.

On the other hand, it may also be observed that older adults are perceived and treated in a different, positive way. Care for their safety and health led to numerous initiatives which are not as accessible to the public as the cases of ageism are. The aim of this work is to show the manifestations of ageism and prosocial behaviors in the functioning of global society affected by the coronavirus. In order to achieve it, it will be necessary to outline the issue of older adults facing COVID-19 and the essence of ageism.

Older adults facing COVID-19

The World Health Organization (WHO) declared SARS-CoV-2 as a pandemic on March 11, 2020. It was the beginning of a very difficult time, especially for older adults. According to research, older individuals are more likely to get COVID-19 and have much worse outcomes compared with the general population, in particular with young people. In addition, the level of mortality of the SARS-CoV-2 pandemic in older adults has been striking. If they have certain comorbidities, they may be at a greater risk of infection and suffer worse outcomes. The use of vaccinations against the virus to a great extent prevents the disease from spreading, but it does not completely eliminate the sense of threat.

Health risks lead to many other problems because a range of pandemic exceeds the area of medicine. It is important to underline the social context of the epidemic situation. The global recommendation for older populations includes social isolation. It involves staying at home and avoiding contact with other people for some period of time, currently estimated to be between three and four months, depending on the regulations in particular countries. Older adults in need of care are particularly dependent on family and friends. However, social isolation includes avoiding close direct contact with family members and friends if they do not live together. Older adults may also rely on the support of voluntary services and social care. They can organize the delivery of essential items, such as groceries and medications (Brooke & Jackson 2020: 2044).

Some older adults are facing additional difficulties at this time. The spread of COVID-19 in nursing homes is taking a devastating toll on older adults' lives. Some distressing reports indicate instances of neglect or mistreatment. Some older people who are in quarantine or locked down with family members or caregivers may also face higher risks of violence, abuse and neglect (United Nation 2020: 3).

Joanne Brooke and Debra Jackson emphasize the need to recognize that older people who previously had not reported being lonely may disproportionately experience the requirements of social isolation due to COVID-19. It may happen because of the removal of social contacts which normally

occur during attending community groups and places of worship and other day-to-day activities. In these circumstances, social isolation and loneliness increase older people's risk of anxiety, cognitive disfunction, depression, heart disease and mortality. In addition, older people may also be affected by ageism which leads to the belief that life of older people is not as important as loss of life of other age people (Brooke & Jackson 2020: 2044).

Ageism

Robert N. Butler was the first who used the term "ageism" to describe prejudice against older adults, defining it as "a process of systematic stereotyping of and discrimination against people because they are old" (Butler 1975: 12). Over the next 50 years, this classical definition was coined, modified and completed by adding more well-known forms of prejudice. One of the most complete and up-to-date definitions has been offered by Thomas N. Iversen, Lars Larsen and Per E. Solem, who defined ageism as

negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) older people on the basis of their chronological age or on the basis of a perception of them as being "old" or "elderly." Ageism can be implicit or explicit and can be expressed on a micro-, meso-, or macrolevel.

(Iversen et al. 2009: 15)

This definition describes the most important areas of ageism: three classical psychological components of the ageist attitude, conscious and unconscious, positive and negative aspects and the diverse scope of ageism. It needs emphasizing that the expression "elderly" used in the definition is currently perceived as a verbal form of ageism (Avers et al. 2011: 153–154).

Although ageism may relate to the young as well, and in such cases it is called "adultism," from the perspective of social issues ageism is mainly related to older adults. There are very strong negative attitudes toward older adults, prejudices against them and stereotypes about them in society. They are based on the biological diversity of humans which is connected with the process of aging. Moreover, they are related to the competences and needs of people depending on their chronological age. As a result, the calendar age is used to separate groups whose access to various social resources is subject to systematic control (Szukalski 2009: 61–62). Positive ageism involves attributing certain qualities to older adults. Qualities such as kindness or wisdom result from their lifelong experience. Older age is a factor which may contribute to more lenient treatment in court, deeper understanding when it comes to shortcomings and organizing different forms of support which are available after reaching a certain age. Negative ageism is a form of exclusion and may be expressed in the social rejection of older adults or

in self-ageism. It may be observed when older adults start to believe in these negative stereotypes. The internalization of stereotypes contributes to discrimination against older adults in the area of employment, medical care, institutional support and even in the family (Palmore 2015: 873).

Ageism may be caused by various determinants of functioning of individuals and society. According to Lev, Wurm and Ayalon, the reasons for ageism can be seen in terror management theory, stereotype embodiment theory and social identity theory (Lev et al. 2018: 52). Terror management theory provides an explanation for the reasons and motives of ageism toward old age groups among the young, middle aged groups and young-old age group. In this case, ageism is connected with the threat of death, the threat of animality, and the threat of insignificance. Prejudice and intolerance are based on the fear of death. An inability to peacefully coexist with others results from an inability to share one's worldview with those who do not agree with us and do not buffer our anxiety (Greenberg et al. 2020). Stereotype embodiment theory explains the roots of ageism among the young-old and old-old age groups. Negative attitudes and stereotypes about older adults which an individual has internalized during their life are often unconsciously embodied during old age, whereas social identity theory is connected with interpersonal and intergroup behaviors. Interpersonal behavior is determined by individual characteristics and interpersonal relationships. Intergroup behavior is determined by respective membership in various social groups or categories. The social behavior of individuals combines these two aspects. Subordinate and minority groups in society often tend to internalize a social evaluation of themselves as "second class," which leads to self-ageism (Lev et al. 2018).

It seems that the root of ageism should not be searched for only in the psychological and sociological area. Personal dignity plays a particularly important role in this matter. Personal dignity and human rights arising from it were confirmed by the Universal Declaration of Human Rights. The Preamble to the Declaration states: "Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world" (United Nations 1948). Unfortunately, there are many factors which may undermine personal dignity of older adults. As a result, they experience exclusion. Pope Francis emphasizes the importance of this problem in the following words:

We have created a 'throw away' culture which is now spreading. It is no longer simply about exploitation and oppression, but something new. Exclusion ultimately has to do with what it means to be a part of the society in which we live; those excluded are no longer society's underside or its fringes or its disenfranchised – they are no longer even a part of it. The excluded are not the 'exploited' but the outcast, the 'leftovers'.

(Pope Francis 2013)

Older adults frequently face such a situation. How and to what extent does their situation change when the circumstances of everyday life change radically?

How ageism affects older adults during the COVID-19 pandemic

Traumatic experiences cause a strong reaction in almost every human being. Tension mounts in extreme situations, which perpetuates traumatic experiences. Such experiences affect the social context of human life, hinder social functioning and increase tension between people. The coronavirus pandemic has intensified some negative social behaviors, e.g., ageism. The other authors of this book also write about them. It is worth extending the scope of some forms of ageism.

“Boomer remover”

One of the manifestations of the influence of the pandemic on daily life are changes in spoken language in which vocabulary related to the pandemic is used. Language is sociable by nature. It is inseparably connected with people who are its creators and users. Language grows and develops together with the development of society. In the social consciousness, the role of language is not limited to being merely a communication tool. Language plays an important role as a concept itself and as a subject of evaluation. Therefore, its quality and level are really crucial. The evaluation of language should not limit its development but encourage reflection, initiate social debate and implement educational action in areas where controversial, yet popular terms point to deficiencies in language.

Neologisms coined during the pandemic express social moods. They are a form of stress relief and at the same time, they facilitate communication, especially among younger generations. They may have an opinion-forming significance and in this way, they may contribute to the intensification of ageism. They include expressions referring to the coronavirus and older adults who are at risk such as “Boomer Doomer,” “Senior Deleter” or “Elder Repeller.” However, the best-known expression used in memes is “Boomer Remover,” which was a trending topic and hashtag on Twitter in March 2020 (Meisner 2020). The term “Boomer Remover” is a modified form of the expression “Ok, Boomer” which was popular with the members of Y and Z generation in 2019. It was used to refer to the representatives of the generation of Baby Boomers born between 1945 and 1964. In common usage, this phrase refers to an older adult when one wants to end the conversation with them, expressing a disrespectful attitude toward them.

When referred to the coronavirus which poses a threat mainly to older adults, the expression “Boomer Remover” implies a process of demographic cleansing of society of people above 60 years of age. The term is humorously

interpreted as a harmless reaction of the young generation to the oldest members of society. However, a deeper analysis shows that in the media this phrase tends to be used to express hostility toward older adults and disrespect for them (Haffower 2020). The purpose of using this name is to address global and domestic overpopulation, decrease the burden that older adults put on health care and tax systems, remove older adults from society in order to provide more jobs, opportunities and resources to younger and healthier people and reduce the number of right-wing conservative voters, too (Meisner 2020). There is no doubt that these expressions can be perceived as a manifestation of ageism. As a result, we may observe a new category of ageism in the mass media which present older adults as “sitting ducks,” vulnerable and helpless against COVID-19. High mortality amongst older adults is considered an “inevitable” and “normal” outcome of this pandemic (Fraser et al. 2020).

Herd immunity

The idea of herd immunity was presented to the public in the early stage of the development of COVID-19 in Europe. It was related to the fact that the process of adopting a model of combating the coronavirus differed from country to country. Some countries introduced tough restrictions while other ones did not. One of the discussed models assumes that the immunity of a given population may be achieved by infecting around 70% of society. Therefore, countries where the model was implemented did not decide to severely limit social contacts. The statement that emphasis should be placed on treating the ill rather than on prevention aroused great controversy which has ageist reference in line with the following assumption: the herd immunity, protect the economy, and if that means some pensioners die, too bad (Bufacchi 2020). The model assumes that older adults are protected, but it does not sufficiently protect them against infection, which is proven by a lot of cases of infection in nursing homes. According to Haley E. Randolph and Luis B. Barreiro, “the consequences of this model are serious and far-reaching – a large fraction of the human population would need to become infected with the virus, and millions would succumb to it” (Haley & Barreiro 2020: 741). The process of producing and using vaccinations against the virus weakened the ageist dimension of attempts to achieve herd immunity.

Is age still the first criterion?

Nowadays, older adults are rarely given a voice and are seldom considered when making decisions. The pandemic creates numerous situations in which making decisions is necessary but extremely difficult, especially in the ethical dimension. It applies to the use of limited sources of support, e.g., respirators. If their number does not satisfy the current need of society,

decisions about the priority to use them must be made. The analysis of recommendations and ethical opinions reveals a substantial discrepancy in this matter (Pawlikowski 2020). There are regulations regarding patients' equality which assumes that race, age, disability, ethnicity, ability to pay or social worth cannot be taken into consideration when making decisions. In this approach, the patient's age cannot become a criterion in the use of limited sources of support, e.g., The New York State guidelines for ventilator allocation rejected the use of advanced age as a criterion as discrimination against older adults (American Psychological Association 2020).

However, there are also opinions that the age criterion is significant. In this case, they refer to the following rule: "Younger individuals should receive priority, not because of any claims about social worth or utility, but because they are the worst off, in the sense that they have had the least opportunity to live through life's stages" (White & Lo 2020: 1773). Making the age criterion significant or giving it priority which determines whose life to save first is a manifestation of ageism. Adopting the age criterion as one of the basic determinants of decision-making is a risky and medically unjustified proposal in the context of wide diversity of biological potential of people of different chronological age (Pawlikowski 2020).

Overcoming ageism

Despite a lot of examples which indicate that the problem of ageism became more serious during the COVID-19 pandemic, there are also manifestations of deep concern for older adults. The common denominator of these activities is care for the oldest members of society. It is an expression of selfless, emphatic interest in people who need help due to current circumstances. Concern for others may have different reasons, e.g. altruism, solidarity, faith in God and religious beliefs as well as close relationships with other people. Manifestations of care for others may be observed at the microsocial, local and macrosocial level. Numerous initiatives in local communities are a response to the call for society to help older adults. They were promoted by politicians, celebrities and other well-known people. Such initiatives are, first of all, an expression of love and concern for the oldest family members who expect being noticed and need care, kindness and practical help during this special time.

"It is everyone's business"

There are a lot of campaigns aimed at supporting older adults. They show a growing interest in older adults' needs as well as the active involvement in the process of satisfying them. Support offered to older adults by governments has become indispensable and made it possible to introduce regulations which protect older adults at the legislative level.

A growing awareness of older adults' needs may be observed as society is more and more conscious of the fact that older adults are at a high risk of

getting infected and at the same time, they constitute an important social group. Consequently, governmental and informal initiatives were launched in the media in order to identify the specific needs of older adults. In this context, on behalf of WHO, Kluge emphasized that older adults' life is at risk. He postulated:

Supporting and protecting older people living alone in the community is everyone's business. I am reminding governments and authorities that all communities must be supported to deliver interventions to ensure older people have what they need. This support includes safe access to nutritious food, basic supplies, money and medicine to support physical health and access to social and mental health support and information to maintaining emotional well-being. All older people should be treated with respect and dignity during these times. Remember, we leave no one behind. (...) "Physical distancing" is not "social isolation."

(Kluge 2020)

These words convey a message which highlights not only older adults' specific needs and ways of offering support to them, but it also refers to the social perception of older adults. The phrase "It is everyone's business" aims to raise social awareness and calls for a mental change, thanks to which support offered to older adults is perceived as an activity which brings benefits for every member of society.

"We are all in this together!"

Care for older adults is expressed in solidarity with them, which is proven by numerous initiatives launched by governmental organizations and other institutions. Funds provided by organizations were given to adults directly or with the help of volunteers. In many cases, contact between donors and older adults would not be possible without the involvement of young volunteers. It is worth noting that their involvement counterbalances ageism:

Despite clear indications of ageism, there are also encouraging signs of intergenerational solidarity during this pandemic. There are myriad examples of younger people supporting older adults during their isolation: dropping off groceries, looking after their garden and working to keep them socially connected.

(Fraser et al. 2020: 3)

This form of help is most often offered at a local level, without the media.

Adults and young adults have become necessary links in the process of offering support to older adults. First of all, they help their family members, but in many cases they support people who are not their relatives. The involvement of volunteers makes it possible to get to those who need help. Thanks to

them, funds provided by governments and non-governmental organizations satisfy the current needs of older adults. It needs emphasizing that overcoming the barriers of social isolation which results from social distancing is equally important. It takes place in meetings between those who offer help and those who need it. However, these “meetings” are often limited to knocking at the door and dropping off shopping or initiating contact via communicators. Pope Francis called for young people to overcome older adults’ loneliness by showing them gestures of tenderness directly or with the use of communicators. This initiative was heartily approved of in society (Watkins 2020).

In this respect, the involvement shown by young people is of great significance both at the individual level and at the level of youth organizations. It is confirmed by research conducted by OECD among youth organizations in 48 countries. Research shows that the involvement of young people who belong to various organizations contributes to improving quality of older adults’ life (OECD 2020).

Locked down with old people

Apart from action taken in families and local communities there are also initiatives which go beyond the scope of support already described in the chapter. It is worth highlighting the importance of voluntary work and readiness to assist older adults and other people who stay in nursing homes. During the pandemic nursing homes became places where older adults were at risk of death, and sometimes they suffered from the lack of proper care and attention. It occurred that they were subjected to unacceptable abuse (AGE Platform Europe 2020). The difficult situation caused fatigue among staff, and the lack of appropriate equipment aroused the feeling of helplessness. In such a situation, the only solution was to involve volunteers in supporting them. Volunteers showed heroic concern for older adults. They had to make a decision which had long-term consequences, because support offered to nursing home residents was related to an increased risk of infection and the need to stay isolated with them.

Polish nuns and monks showed their readiness to help and responded to the call for support from nursing home directors. During the initial period of the pandemic in Poland, over 3,000 nuns helped those who needed help, e.g., older adults. Some nuns and a group of monks voluntarily “locked themselves” in nursing homes and provided nursing and care services to residents. At the same time, they had to follow the rules of isolation for several weeks. The attitude of volunteers and their help made it possible to support older adults and ill people staying in nursing homes (Goławski 2020).

Older persons’ response to social needs

The pandemic has shown that older adults are not only a group which requires a lot of social support, but they are primarily needed in society. Their contribution to its functioning may be observed on many levels. One of

them is their involvement in helping other older adults, firstly their relatives, but also people in a wider social dimension.

According to American Psychological Association, many older adults actively contribute to society as family caregivers, health care providers on the front line of the COVID-19 pandemic by providing essential services in health and long-term care settings or in supportive functions such as housekeeping and food services. If some parents work in essential services or healthcare, grandparents play an equally vital role in facilitating their ability to work. Moreover, retired medical professionals, for example in New York and Florida were called to return to work. In effect, tens of thousands volunteered to do so. Likewise, many older adults are caregivers for family members who are frail. Spouses are the primary caregivers for over a third of older adults. In addition, almost 2 million older people are caregivers for their grandchildren and 25% of children under five are taken care of by grandparents in place of parents who are working (American Psychological Association 2020). It shows their great generosity and highlights their role in society.

Similar initiatives were launched in other countries. It is worth noting that the involvement of retired doctors led to consequences. At the beginning of July 2020, the number of doctors who died of COVID-19 in Italy reached 172, including retired doctors (Kluge 2020). Thanks to their involvement, older adults gained recognition in society. It also made people appreciate their role and reduced the impact of ageism.

For further discussion...

The analysis of positive and negative attitudes toward older adults during the pandemic does not provide sufficient quantitative justification of how significant these phenomena are. Only some examples of attitudes toward older adults were chosen and analyzed. This analysis is of qualitative significance as although it does not make it possible to exactly determine the scope of the phenomenon, it shows its complexity. It also reveals the complex determinants and mechanisms of ageism as well as the context of adopting prosocial attitudes.

An increase in ageism during the COVID-19 pandemic is easily noticeable, and its manifestations cause well-founded fear. They occur at the level of verbal communication and in the area of healthcare. They are also visible in any other activity which marginalizes older adults. The mass media contribute enormously to the problem as it promotes and strengthens ageist attitudes. At the same time, the same mass media provide the opportunity to promote respect for older adults. Therefore, it is important to make use of this potential to defend everyone's rights, regardless of age.

Ageism visible in healthcare is frequently related to the current complex situation of healthcare workers. The need to make decisions about saving patients' lives and about who should receive priority had been quite rare. During the pandemic there was a growing need to make such decisions in

hospital teams, which resulted in stress and ethical dilemmas. It seems that in the decision-making process there was often not enough reference to the opinions of ethics committees, which together with inevitable haste and stress contributed to adopting solutions which limited the rights of older adults. The presence of such committees in hospitals is a postulate which gained special significance during the pandemic.

Care for older adults, both the close ones and strangers, provides the basis for the prosocial attitude. It was expressed in a variety of ways and was full of empathy, creativity, and even heroism. As a result, the oldest members of society were noticed and their needs received careful attention. The ways of satisfying them were indicated. An interesting manifestation of this attitude is the involvement of older adults in supporting other people in need. Consequently, society benefited greatly, and older adults showed that they remain an irreplaceable social group.

The way of functioning and the directions of social change remain an open question. In the social dimension of functioning, these changes, in particular the ones in mentality, will supposedly take place at a specific pace. Therefore, it is important to make use of the present time and focus on social education which includes the process of forming attitudes toward older adults. In the near future, the beneficiaries of this kind of education will be people who are currently helping older adults or receiving help from older adults in families. Such an exchange of good is one of the most effective forms of becoming mature both as society and as individuals and rising to modern, difficult challenges.

Ageism will still be observed in societies when the threat posed by the coronavirus is reduced. However, the awareness of ageism cannot be used as an excuse for not analyzing the situation of older adults and not undertaking initiatives to counteract this kind of social inequality. On the contrary, experiences gained during the pandemic should inspire further scientific research and encourage social support. The source of this activity is the dignity of old adults. A key issue is social education which may emphasize this dignity. However, social education should be balanced. Otherwise, it may lead to adultism – a form of ageism which discriminates against younger people. Such a form of education opens broad perspectives of social activity.

References

- AGE Platform Europe, *COVID-19: with great challenge must come great solidarity*, 2020. Available at: <https://www.age-platform.eu/special-briefing/covid-19-great-challenge-must-come-great-solidarity> [Accessed 7 August 2020].
- American Psychological Association, *Ageism and COVID-19*, 2020. Available at: <https://www.apa.org/topics/covid-19/research-ageism> [Accessed 21 July 2020].
- Avers, D., Brown, M., Chui, K.K., Wong, R.A., Lusardi, M., *Use of the term "elderly"*, *Journal of Geriatric Physical Therapy*, 34(4), pp. 153–154, October/December 2011.

- Brooke, J., Jackson, D., *Older people and COVID-19: Isolation, risk and ageism*, Journal of Clinical Nursing, 29(13–14), pp. 2044–2046, 2020.
- Bufacchi, V., *How coronavirus exposed our society's inherent ageism*, New Statesman, 2020. Available at: <https://www.newstatesman.com/international/2020/05/coronavirus-old-age-over-60s-risk-care-homes-herd-immunity-deaths> [Accessed 21 July 2020].
- Butler, R.N., *Why survive? Being old in America*, Harper and Row, New York 1975.
- Fraser, S., Lagacé, M., Bongué, B. et al., *Ageism and COVID-19: What does our society's response say about us?* Age and Ageing, pp. 1–4, 2020.
- Goławski, P., *Wolontariat w DPS-ach, zbiórki pieniędzy, pomoc psychologiczna i modlitwa. Działania Kościoła w walce z COVID-19*, 2020. Available at: <https://www.polskieradio24.pl/5/1222/Artykul/2511839,Wolontariat-w-DPSach-zbiorki-pieniedzy-pomoc-psychologiczna-i-modlitwa-Dzialania-Kosciola-w-walce-z-COVID19> [Accessed 15 July 2020].
- Greenberg, J., Solomon, S., Pyszczynski, T., *Terror management theory of self-esteem and cultural worldviews: Empirical assessments and conceptual refinements*, Advances in Experimental Social Psychology, 29, pp. 61–139, 2020.
- Haffower, H., *A certain horrible subset of the internet is calling the coronavirus 'boomer remover'*, Business Insider Australia, 2020. Available at: <https://www.businessinsider.com/millennials-gen-z-calling-coronavirus-boomer-remover-reddit-2020-3?IR=T> [Accessed 2 August 2020].
- Haley, E.R., Barreiro, L.B., *Herd immunity: Understanding COVID-19*, Immunity, 52, pp. 737–741, 2020.
- Iversen, T.N., Larsen, L., Solem, P.E., *A conceptual analysis of ageism*, Nordic Psychology, 61, pp. 4–22, 2009.
- Kluge, H.H., *Statement – Older people are at highest risk from COVID-19, but all must act to prevent community spread*, Copenhagen 2020. Available at: <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19-but-all-must-act-to-prevent-community-spread> [Accessed 3 August 2020].
- LaRepubblica, *Coronavirus, sale a 172 l'elenco dei medici morti da inizio pandemia*, 2020. Available at: https://www.repubblica.it/cronaca/2020/07/06/news/coronavirus_sale_a_172_l_elenco_dei_medici_morti_da_inizio_pandemia-261159772/ [Accessed 3 July 2020].
- Lev, S., Wurm, S., Ayalon, L., *Origins of Ageism at the Individual Level*. In: L. Ayalon, C. Tesch-Römer (eds), *Contemporary perspectives on ageism*. International perspectives on aging, pp. 51–73, vol. 19, Springer, Cham 2018.
- Meisner, B.A., *Are you ok, boomer? Intensification of ageism and intergenerational tensions on social media amid COVID-19*, Leisure Sciences, pp. 1–6, 2020.
- OECD, *Youth and COVID-19: Response, recovery and resilience*, 2020. Available at: <http://www.oecd.org/coronavirus/policy-responses/youth-and-covid-19-response-recovery-and-resilience-c40e61c6/> [Accessed 15 July 2020].
- Palmore, E., *Ageism comes of age*, Journals of Gerontology: Social Sciences, 70(6), pp. 873–875, 2015.
- Pawlikowski, J., *Etyczny wymiar decyzji priorytetowych i alokacyjnych dotyczących stosowania zaawansowanych technologii medycznych w kontekście pandemii COVID-19*, Medycyna Praktyczna, 4, 2020.
- Pope Francis, *Apostolic Exhortation "Evangelii gaudium" on the Proclamation of the Gospel in Today's World*, no 53, Vatican 2013.

- Szukalski, P., *Ageizm – przejawy indywidualne i instytucjonalne*. In: M. Halicka, J. Halicki, A. Sidorczyk (eds), *Człowiek dorosły i starszy w sytuacji przemocy*, pp. 59–68, UwB, Białystok 2009.
- United Nations, *Universal declaration of human rights*, Paris 1948. Available at: <https://www.un.org/en/universal-declaration-human-rights/> [Accessed 1 August 2020].
- United Nations, *Policy brief: The impact of COVID-19 on older persons*, 2020. Available at: <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf> [Accessed 3 August 2020].
- Watkins, D., *Covid-19: Vatican launches #sendyourhug campaign to support elderly*, 2020. Available at: <https://www.vaticannews.va/en/vatican-city/news/2020-07/coronavirus-laity-family-life-campaign-closeness-to-elderly.html> [Accessed 10 July 2020].
- White, D.B., Lo B., *A framework for rationing ventilators and critical care beds during the COVID-19 pandemic*, JAMA, 323(18), pp. 1773–1774, 2020.