Age discrimination in the Pandemic was not the rule: Every twentieth person in the second half of life reported experiencing discrimination because of their age

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Veröffentlichungsversion / Published Version
Sammelwerksbeitrag / collection article

Empfohlene Zitierung / Suggested Citation:
Wettstein, M., & Nowossadeck, S. (2023). Age discrimination in the Pandemic was not the rule: Every twentieth person in the second half of life reported experiencing discrimination because of their age. In J. Simonson, J. Wünsche, & C. Tesch-Römer (Eds.), *Ageing in Times of the COVID-19 Pandemic* (pp. 215-233). Wiesbaden: Spinger VS. https://doi.org/10.1007/978-3-658-40487-1_12

12 Age Discrimination in the Pandemic Was not the Rule—Every Twentieth Person in the Second Half of Life Reported Experiencing Discrimination Because of Their Age

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12.1 Key Messages

Experiences of age discrimination

In summer 2020, 5.4 per cent of individuals in the second half of life reported that they had been targets of age discrimination since the start of the Covid-19 crisis. In contrast, the vast majority of individuals (94.6 per cent) reported that they had not experienced age discrimination since the start of the pandemic.

Age discrimination was reported at similar rates by all age groups in the second half of life, by women and men, and by different educational groups. People in different age groups (50–59, 60–69, 70–79, 80–90) did not differ significantly in how often they reported experiencing age discrimination. The proportion was between about 3 and 6 per cent in all groups. The proportions were also very similar for women and men. As far as the educational level is concerned, more people with low educational levels stated that they had experienced discrimination or unfavourable treatment (8.1 per cent) than people with medium (4.1 per cent) and high education (6.4 per cent), but this difference was also not statistically significant.

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J. Simonson et al. (eds.), *Ageing in Times of the COVID-19 Pandemic*,
https://doi.org/10.1007/978-3-658-40487-1_12

Age discrimination was experienced more frequently by people who rated their health as less good. Almost twice as many people with poor self-rated health (7.3 per cent) reported experiencing age discrimination as people with very good to good self-rated health (3.9 per cent).

Areas of experienced age discrimination

With advancing age, the proportion of individuals who stated that they had been target of age discrimination in medical care and in everyday life increased. Age discrimination in medical care was most frequently reported by the oldest people aged 80 to 90 years (3.7 per cent), while less than 1 per cent of 50–59-year-olds reported having experienced age discrimination in this area. At 2.4 per cent, a higher proportion within the oldest group reported having experienced age discrimination in everyday life than younger age groups (e.g., only 1.1 per cent of 50- to 59-year-olds).

More women than men reported experiencing age discrimination in everyday life. The proportion of women reporting this discrimination was 2.0 per cent; among men it was 1.2 per cent. In contrast, there were only negligible differences between women and men in terms of experienced age discrimination in medical care.

A higher proportion of people with poor self-rated health reported experiencing age discrimination in everyday life compared to people with good self-rated health. Persons with good vs. poor self-rated health did not differ significantly regarding experienced age discrimination in medical care. In contrast, there was a clear difference regarding experienced age discrimination in everyday life: 3.1 per cent of people with poor self-rated health reported having experienced it. This proportion is more than five times higher than among those with good or very good health (0.6 per cent).

12.2 Introduction

Since the beginning of the Covid-19 crisis in Germany around mid-March 2020, one-sided portrayals that overemphasise the vulnerability of older people, sweepingly portrayed as a risk group, have been repeatedly found in the media, but also in political discourse (Kessler and Bowen 2020). Such general characterisations of older people as a vulnerable risk group neglect the great differences within the group of older persons (Gerstorf et al. 2006; Nelson and Dannefer 1992; Smith

and Gerstorf 2004), especially in the area of health and regarding health changes which occur in old and very old age (Wettstein et al. 2016; Wolf et al. 2015).

This type of media coverage and the political debate during the Covid-19 crisis may thus have changed perspectives on old age in a negative way. This, in turn, could have meant that people of an older age, who frequently did not get the chance to express their opinion in the public discussions (Pelizäus and Heinz 2020), perceived themselves as targets of age discrimination[1] (Ayalon 2020; Ayalon et al. 2020; Ehni and Wahl 2020). This discrimination takes different forms. It could be "*benevolent* ageism" (Apriceno et al. 2020), expressed in a perception of older people as particularly vulnerable and in a paternalistic and overprotective attitude towards them. However, ageism could also be *hostile* ("hostile ageism"; Apriceno et al. 2020) and manifest itself in perceptions of older people as a burden and in contemptuous attitudes towards them.

Some studies have suggested that a negative public discourse about older people emerged after the start of the pandemic. For example, the term "boomer remover" (meaning "eliminator of the baby boomer birth cohorts") spread on social media, and some used it to describe the pandemic (Lichtenstein 2020; Meisner 2020). An analysis of tweets posted in March on the topic of Covid-19 and older people found that almost a quarter of these posts were discriminatory, derogatory or offensive towards older people (Jimenez-Sotomayor et al. 2020). Experienced discrimination due to age may also have become more frequent in medical care, for example, because of the debate on whether a patient's age was reason for (non-)treatment decisions, if optimal medical care could no longer be provided to all due to limited medical resources. There were corresponding recommendations from expert groups as well as triage guidelines in various countries that advocated for or at least considered an age limit in such emergency situations (Ehni et al. 2020). Such decisions to withhold treatment from certain age groups were also reported in countries where dramatic hospital overloads occurred (Ayalon et al. 2020).

[1] Age discrimination can be expressed in different ways and occur in different forms: it can take the form of social discourse (e.g. overgeneralising well-meaning or malicious statements about "the elderly"), it can be objectively measurable as an active act of discrimination (e.g. in medical care), or it can be a person's subjective perception that they are subject to age discrimination. This chapter covers the latter form of age discrimination, that is, age discrimination as experienced disadvantage/discrimination based on one's age. It can affect different age groups and is closely related to the other forms of age discrimination mentioned.

Due to the often negative portrayals of older people, we might assume that experienced age discrimination increased in frequency after the onset of the pandemic, possibly not only among older people, because perceived age discrimination also affects middle-aged adults (Beyer et al. 2017). Yet, given the large differences between older people as described above, we cannot expect *all* people in the second half of life to have experienced age discrimination after the onset of the Covid-19 pandemic. Nor is it certain that experienced ageism in the second half of life actually increased as a result of the pandemic. In some cases, the pandemic might have instead provided an opportunity for intergenerational and interfamily support, thus also promoting intergenerational solidarity (Gilligan et al. 2020); in these cases, even ha Covid-19-related reduction in the experience of age discrimination might have occurred. In fact, the findings of one survey of people in Germany aged 50 and over reflect this heterogeneity. In that survey, the majority neither agreed nor disagreed with the statement that older people were subject to age discrimination during the Covid-19 pandemic; rather, very different degrees of individual agreement and rejection were indicated (Wahl et al. 2020).

Different social groups may have experienced ageism to different degrees. This chapter examines the role of age, gender, education and health status.

Age could have played a role in age discrimination experienced after the onset of the Covid-19 crisis: On the one hand, scientific sources such as the Robert Koch Institute (2020) reported a "steadily increasing risk of a severe course from around 50–60 years of age" (see also Karagiannidis et al. 2020; Nachtigall et al. 2020). This fact is indisputable but could also have contributed to the phenomenon that people over 60 were more often blamed for measures such as lockdowns or social distancing rules and may also have been targets of (hostile) age discrimination more often than people in middle adulthood. Paternalism by others regarding behaviour in everyday life and precautions could also have affected this age group more often. On the other hand, during the Covid-19 pandemic, older people may also have benefited more from certain solidarity-based, decidedly anti-discriminatory attitudes and actions (Barrett et al. 2020; Sipocz et al. 2020), as well as social support (Gilligan et al. 2020), meaning that some older people may also have experienced *less* frequent ageism after the start of the pandemic.

This chapter also examines the role of ***gender*** in the experience of age discrimination. In the 2014 survey wave of the German Ageing Survey, women more frequently reported having experienced age discrimination, although there were no gender differences when different areas of discrimination were considered separately (Beyer et al. 2017). Other studies also reported a gender difference regarding age discrimination to the disadvantage of women—especially those studies that started surveying after the beginning of the pandemic (Reiner et al.

2020). Yet, men reportedly had a higher risk of being hospitalised and even dying in the event of Covid-19 (Atkins et al. 2020; Robert Koch Institute 2020), meaning that they were a "risk group" in two ways, namely due to their gender and their age; this group may hence have experienced paternalism more frequently during the Covid-19 pandemic than women.

Education might also have been relevant for experienced age discrimination: independent of the Covid-19 pandemic, individuals with a low educational level generally report being affected more often by age discrimination—for example, in medical care—than people with a higher educational level (Beyer et al. 2017). This difference may have been exacerbated in the Covid-19 crisis. On the other hand, there was a convergence between educational groups in certain areas after the start of the Covid-19 pandemic, for example, in terms of their life satisfaction (Entringer et al. 2020), and such convergence may have also occurred in age discrimination.

Age discrimination may also have affected those who rated their ***health*** less favourably. These more negative health ratings were presumably due to certain diseases, which in turn were a risk factor for severe or even fatal Covid-19 (Atkins et al. 2020; Karagiannidis et al. 2020; Nachtigall et al. 2020; Robert Koch Institute 2020). Therefore, older people with poorer self-rated health were also doubly labelled a "risk group", due to their age and due to their health status, and they may have experienced pejorative labels, such as those circulating in social media, more strongly as age discriminatory due to their greater vulnerability compared to people who rated their health better.

Research questions

This chapter examines the proportion of people in the second half of life who reported having been subject to age discrimination after the start of the Covid-19 pandemic in summer 2020. In addition to this question, the chapter considers areas of life age discrimination occurred in namely medical care and everyday life.

The following research questions are explored:

- What proportion of individuals in the second half of life in June/July 2020 reported having experienced age discrimination since the start of the Covid-19 crisis (mid-March 2020)?
- Did specific population groups (age groups, women and men, educational groups and people with different self-rated health status) differ in the extent to which they experienced ageism?
- Furthermore, did these population groups differ in the areas (in everyday life or in medical care) in which their experiences of discrimination occurred?

12.3 Data and Methodology

The results of this chapter are based on analyses of the seventh wave of the German Ageing Survey (DEAS; Vogel et al. 2020). For the present analyses, we included the data of 4510 persons aged between 50 and 90 years.

The following measures were used for the analyses:

- Perceived disadvantage because of one's age (hereafter: experienced age discrimination) was recorded with the question: "Since mid-March, have you been discriminated against or placed in a worse position than others because of your age?" This question could be answered in a "yes" or "no" format.
- Those persons who reported experiencing age discrimination (n = 200) were subsequently asked: "Can you tell us in which areas of life this occurred?". In the present analyses, the following specified areas were evaluated[2]:
  - In medical care (e.g. medical diagnosis, treatment or prescriptions).
  - In everyday life (e.g. when shopping, at events or in personal relationships).
- To measure self-rated health, the survey asked: "How do you rate your present state of health?". Respondents could answer this question on a scale from 1 (very good) to 5 (very bad). In the following analyses, values 1 and 2 were interpreted as "good self-rated health" and values from 3 to 5 as "moderate to (very) poor" or impaired self-rated health.

Age, gender and educational status were determined based on self-reports and were already known due to previous participation in the German Ageing Survey. Four age groups were distinguished: 50–59-year-olds (n = 768; 17.0 per cent), 60–69-year-olds (n = 1434, 31.8 per cent), 70–79-year-olds (n = 1421, 31.5 per cent) and persons aged 80 to 90 (n = 887, 19.7 per cent). Women (n = 2293, 50.8 per cent) and men (n = 2217, 49.2 per cent) were also compared. Education was divided into three groups: individuals with a low educational level (n = 187; 4.2 per cent), a medium educational level (n = 2120; 47.0 per cent) and a high educational level (n = 2202; 48.8 per cent). There were only 17 people with a low

[2] Questions also elicited information about discrimination "at work or when looking for work (e.g. awarding of positions, in the workplace itself or dismissal from employment)" and "in other areas"; however, this is not considered in the following analyses.

educational level who experienced age discrimination, so we combined people with low and medium educational levels into one group for our analyses by areas of age discrimination. In addition, age discrimination "in other areas" was only mentioned by very few people (<1 per cent of the total sample), meaning that we could not conduct any further group-specific analyses for this area.

12.4 Findings

Among people in the second half of life, one in twenty reported having experienced age discrimination since the start of the Covid-19 crisis

As Fig. 12.1 shows, in summer 2020, most people in the second half of life (94.6 per cent) reported having experienced no age discrimination since mid-March 2020. In contrast, 5.4 per cent reported having experienced age discrimination.

Thus, most people in the second half of life did not appear to have faced age discrimination. In 2017, the corresponding proportion was 8.5 per cent (Spuling et al. 2020). This proportion was thus larger than in 2020, but it also related to a longer period (12 months in the 2017 survey versus 3 to 4 months in the 2020 survey). Therefore, there is no direct comparability.

Similar proportions among different age groups, among women and men, and among people with different educational levels were affected by age discrimination

As shown in Fig. 12.1, the proportions of those reporting age discrimination from the beginning of the Covid-19 crisis were similar across all age groups. Although age discrimination seems to have occurred slightly less frequently in the 70–79 age group (3.4 per cent) than in all other age groups, whose proportions ranged from 5.0 to 6.3 per cent, this difference was not statistically significant. Experienced age discrimination therefore did not seem to vary depending on age, at least not within the second half of life.

Similarly, the proportions were very similar for women and men. Regarding the role of education, people with a low educational level reported having experienced age discrimination more often (8.1 per cent) than people with medium or high educational levels (4.1 and 6.4 per cent), but this difference was not statistically significant. The group of respondents with a low educational level was small overall, and in absolute numbers there were only 17 people within this group who reported having been discriminated against because of their age.

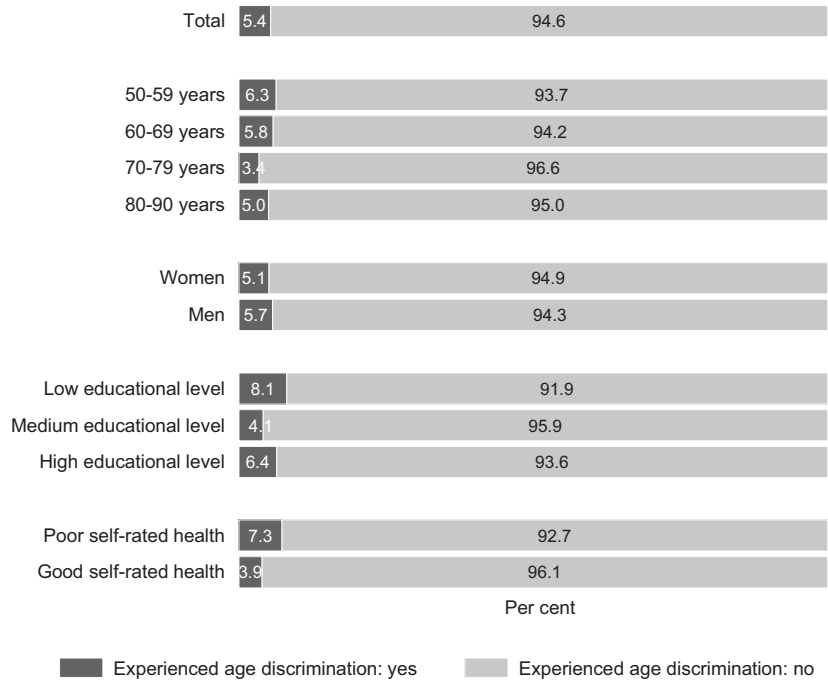

Fig. 12.1 Proportion of people who say they were discriminated against by others or placed in a worse position than others because of their age since mid-March 2020, in total and by age, gender, education and self-rated health (in per cent). *Source* DEAS 2020 (n = 4510), weighted analyses, rounded estimates The differences according to age, gender and education were not statistically significant. In contrast, the difference depending on subjective health was statistically significant

From these results, we can conclude that experiences of age discrimination in the second half of life did not seem to be a matter of age and that there were no significant differences between middle-aged and older adults. Similarly, a comparable number of women and men reported having experienced age discrimination. Regarding education, a small but non-significant difference emerged. Individuals with low educational level reported having been a target of age discrimination slightly more often than people with medium or high educational levels.

People who rated their health less favourably were more likely to report experiencing age discrimination

In contrast, there was a noticeable difference in experienced age discrimination depending on self-rated health. Comparing people with good and with poor self-rated health, we found that almost twice as many people with poor self-rated health (7.3 per cent) reported experiencing age discrimination as those with good self-rated health (3.9 per cent) (Fig. 12.1).

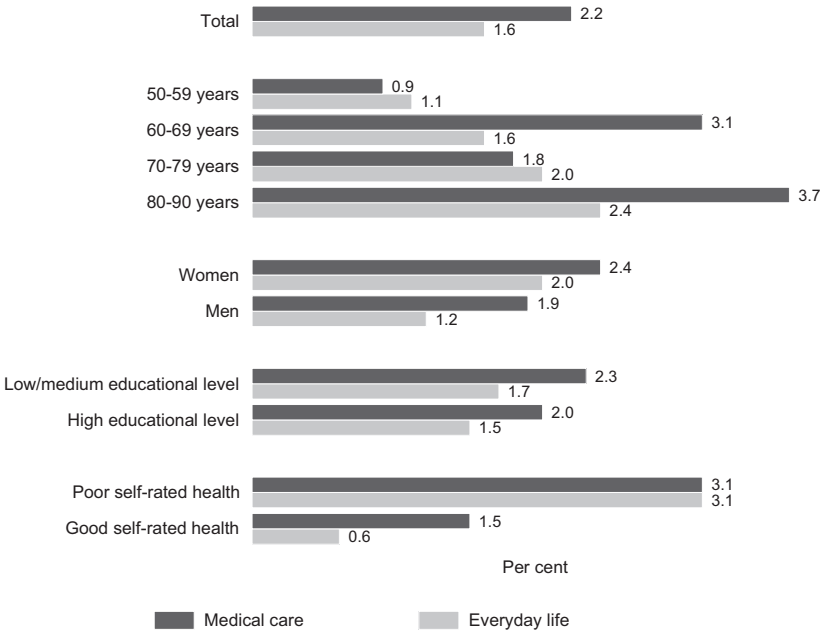

Fig. 12.2 Proportion of people who reported that they had been discriminated against by others or placed in a worse position than others because of their age in medical care or in everyday life since mid-March 2020, in total and by age, gender, education and subjective health status (in per cent). *Source* DEAS 2020 (n = 4510), weighted analyses, rounded estimates. The differences between the age groups were significant for both domains (everyday life and medical care); the difference between women and men was only significant for the domain everyday life; the differences by education were not significant for either domain (everyday life and medical care); only the difference in the domain everyday life was significantly different between persons with good vs. poor self-rated health

Areas of age discrimination: with increasing age, the proportion of people experiencing age discrimination in medical care and in everyday life increased
As Fig. 12.2 shows, 2.2 per cent of respondents reported having been discriminated against in medical care because of their age. Age discrimination in everyday life was reported by 1.6 per cent of respondents.

The areas in which experienced age discrimination was reported differed significantly by age. Gender also had implications for experienced age discrimination but there were no significant differences by educational level.

The proportion of the oldest age group reporting age discrimination in medical care (3.7 per cent) and in everyday life (2.4 per cent) was larger than in the other age groups, especially compared to the youngest group, 50–59-year-olds (experienced age discrimination in medical care: 0.9 per cent; in everyday life: 1.1 per cent). Experiences of age discrimination in medical care thus seemed to increase with age (except for 70–79-year-olds, who reported this type of experienced discrimination less frequently than 60–69-year-olds), as did experienced age discrimination in everyday life.

There was no difference between women and men in the proportion of those who experienced age discrimination in medical care. However, a larger proportion of women (2.0 per cent) than men (1.2 per cent) stated that they had been disadvantaged or placed in a worse position in everyday life because of their age. For people with different levels of education, however, there was no significant difference between the two areas of discrimination.

People who rated their health as poor were more likely to have reported experiencing age discrimination in everyday life
Differences based on self-rated health were much more striking than the differences between age groups or between women and men regarding reported age discrimination in everyday life. More than five times as many people with poor self-rated health experienced this form of discrimination (3.1 per cent) than people with good self-rated health (0.6 per cent). A larger proportion of people with poor self-rated health reported discrimination in medical care than those with good self-rated health (3.1 per cent versus 1.5 per cent), but this difference was not statistically significant.

In summary, these results show that compared to people with good self-rated health, more people with poor self-rated health stated that they had experienced age discrimination in everyday life. In medical care, on the other hand—presumably a very crucial area of life for those with a negative evaluation of their own health—more people with poor self-rated health saw themselves disadvantaged than people with good health, but this difference was small and not statistically significant.

12.5 Conclusion

The Covid-19 crisis may have promoted ageism, as it generated—sometimes very one-sided—discussions about the vulnerability, need for protection and risk status of older people (Kessler and Bowen 2020), as well as about the role of age in possible decisions to give or refuse treatment (Ehni et al. 2020). In addition, the portrayal of older people and their situation in the pandemic, especially in social media, was sometimes characterised by age-discriminatory posts and tendencies (Jimenez-Sotomayor et al. 2020; Lichtenstein 2020; Meisner 2020; Sipocz et al. 2020).

One in twenty respondents reported having experienced age discrimination since the start of the Covid-19 crisis

A key finding of the survey was that in the summer of 2020, 5.4 per cent of respondents reported that they had experienced age discrimination since the beginning of the Covid-19 crisis (i.e. since mid-March 2020). The overwhelming majority, on the other hand, more than 94 per cent, reported that they had not experienced age discrimination.

On the one hand, this result can be interpreted as an "all-clear", because there was seemingly no universal age discrimination, at least in the early phase of the pandemic as perceived by people in the second half of life. Other studies have reported similar results, according to which some people feared age discrimination after the onset of the Covid-19 crisis or had experienced it themselves, but at the same time, the proportion of these people in the population of older people was rather small (Reiner et al. 2020; Wahl et al. 2020).

On the other hand, the results of the present study show that as many as one in twenty people reported having experienced age discrimination. Other studies that have investigated ageist tendencies in social media (Jimenez-Sotomayor et al. 2020) estimated the prevalence of age discrimination as far greater and more problematic. The type of age discrimination studied may make a difference—i.e. whether a survey looks at personal and subjective age discrimination or objectively measurable age discrimination that is directed against the group of older people in general. Given how severe the consequences of experienced age discrimination are for well-being, health and longevity (Chang et al. 2020; Levy et al. 2020), every single person affected by age discrimination was one person too many. Therefore, despite the apparently low prevalence of experienced age discrimination, efforts by politicians, journalists and scientist should be intensified to counteract a one-sided and loss-oriented view of aging. In addition, the potential, strengths, adaptability and resilience of older people should be publicly

addressed, especially in relation to the Covid-19 crisis (Entringer and Kröger 2020; Eurofound 2020; Gilan et al. 2020; Lind et al. 2020; Röhr et al. 2020). Negative age stereotypes and age discrimination may also arise due to insufficient knowledge about the life phases of middle adulthood and old age. It is therefore important to provide balanced and comprehensive information about this phase of life and about the diversity of age(s). Not all older people have poor health; within the older age group there are—as in all other age groups—considerable interindividual differences. Initiatives to convey realistic and balanced views on aging (e.g. the BMFSFJ initiative "New Images of Old Age" or the thematic year 2012 "In the Best Age. Always" against age discrimination by the Federal Anti-Discrimination Agency) should therefore be continued and expanded.

Clearly, ageism is a problem that predated the Covid-19 pandemic (Beyer et al. 2017; Spuling et al. 2020), and negative or hostile attitudes towards older people and age stereotypes existed beforehand. Efforts and campaigns to combat ageism will therefore continue to be necessary for the remainder of the pandemic and as it subsides.

Ageism during the Covid-19 crisis affected different age groups, women and men, and people with different educational levels equally

Was the Covid-19 crisis the great "leveller" from which different population groups suffered equally? At least in terms of experienced age discrimination, this seemed to be the case in the early phase of the pandemic, because between 5 and 6 per cent in each age group reported having experienced age discrimination following the onset of the crisis from middle adulthood upwards. The exceptions were 70–79-year-olds, of whom a slightly lower proportion reported such discrimination (3.4 per cent), though this was not significantly different from the other age groups. Other studies also reported that older people's perceptions of being discriminated against in the early period of the pandemic were largely independent of the age of the respondents (Wahl et al. 2020). Similarly, among both women and men, around 5 to 6 per cent reported having experienced age discrimination. As far as education is concerned, on the other hand, it seems that more people with low educational levels reported having experienced age discrimination than people with medium or high educational levels. However, this difference between education groups was not statistically significant, a finding that is also evident in other studies (Reiner et al. 2020).

At least so far, these findings suggest that no socio-demographic "risk group" in middle and older age emerged as being particularly vulnerable to age discrimination during the Covid-19 crisis. Experienced age discrimination affected people of different ages, and measures to protect against discrimination must therefore

also consider all age groups within the second half of life. In addition, it is also important to avoid stigmatising people in the "first half of life", such as children, adolescents or young adults, who were by no means ruthless "super spreaders" during the pandemic (Doblhammer and Trappe 2021; Pelizäus and Heinz 2020). Politicians must resist blaming any age group for the pandemic and its consequences, be they younger or older people. Such apportionment of blame is fundamentally wrong and could be a source of intergenerational conflicts. In addition, research should observe whether this pattern of non-existent age and gender differences continued as the pandemic progressed or whether it changed, for example, during the debate on vaccination prioritisation.

Age discrimination during the Covid-19 crisis seemed to have affected different age groups within the second half of life to a similar extent. However, certain very old people with particular vulnerabilities—such as nursing home residents, who were not sufficiently represented in this study and who experienced temporary visiting bans during the pandemic (Rothgang et al. 2020), with their remarkable negative consequences for mood and well-being (Benzinger et al. 2021; Sporket 2020)—might have experienced more frequent and more problematic disadvantages. Groups like these should therefore be given more consideration in future empirical studies.

With increasing age, more individuals reported having experienced age discrimination in medical care and in everyday life because of their age

The areas in which people in the second half of life experienced age discrimination varied with age: The youngest age group, 50–59-year-olds, mentioned medical care and everyday life less frequently than all other age groups. In contrast, the proportion of people who experienced discrimination in these areas was greater in the group of 80–90-year-olds than in the other groups.

Especially for older and very old people, the key areas of discrimination were thus medical care and everyday life. Doctors and nursing staff, but also the public (Jimenez-Sotomayor et al. 2020) and the media (Lichtenstein 2020; Reiner et al. 2020), should be sensitised to aspects of age discrimination as well as to negative age views and their consequences. This requires comprehensive and ongoing education and training of health workers.

As far as further group differentiations were concerned, women affected by age discrimination more frequently reported having experienced age discrimination in the area of everyday life. This gender difference was not evident before the pandemic (Beyer et al. 2017) and could therefore be partly due to it. Women may have felt that they had been the target of pandemic-related age discrimination in everyday life to a greater extent than men (Reiner et al. 2020). In contrast,

there were no substantial differences between groups of different educational levels regarding experienced age discrimination in medical care or in everyday life.

People who rated their own health as poor were more likely to have reported experiencing age discrimination—especially in everyday life

The difference in experienced age discrimination depending on self-rated health was more pronounced than the differences according to age, gender or education: 7.3 per cent of the people with poor self-rated health reported having experienced age discrimination. This proportion was significantly higher than the proportion of those who rated their health as good or very good (3.9 per cent). People with poor self-rated health could also have experienced a greater degree of discrimination because of their age, since the stigma of belonging to the "risk group" (Robert Koch Institute 2020) affected them doubly: because of their age and because of their health conditions. These people may also have experienced more paternalism and overprotective behaviour from relatives and others than those who considered their health status to be better and who thus also saw themselves as less at risk for severe Covid-19. This could also explain why, among those who experienced age discrimination, those with less good self-rated health were more than five times more likely to mention discrimination in "everyday life" than those who rated their health as better.

People with poor health thus suffered due to the pandemic in many respects: due to pre-existing conditions, they were more at risk for severe or even fatal Covid-19 (Atkins et al. 2020; Karagiannidis et al. 2020; Nachtigall et al. 2020; Robert Koch Institute 2020). They also—justifiably—perceived the pandemic as more threatening (Jungmann and Witthöft 2020; Traunmüller et al. 2020; see chapter "How did individuals in the second half of life experience the Covid-19 crisis? Perceived threat of the Covid-19 crisis and subjective influence on a possible infection with Covid-19") and reported being affected by ageism significantly more often than people with better self-rated health. Therefore, these people needed support from politics and society. On the one hand, it was and still is important to ensure that they get through the pandemic with a lower objective and subjective risk—for example, due to optimal health care (e.g. treatment of pre-existing conditions, preventive and therapeutic measures) –and with help in everyday life from others. On the other hand, this highly burdened group should not become a target of age discrimination. Health-impaired persons should not be blamed for measures such as lockdowns and social distancing rules, nor should they be patronised and treated in an overprotective manner.

Summary

According to the available findings, a minority of people in the second half of life experienced age discrimination during the Covid-19 crisis, namely about 5.4 per cent of respondents. Although this may not appear to be a large number, any type of age discrimination is significantly detrimental to the quality of life and health of the people affected (Chang et al. 2020; Levy et al. 2020). Therefore, action is definitely called for. A one-sided picture of older people as a highly vulnerable population group is not warranted, while the resilience, adaptability, potential and strengths of this population group should not go unnoticed and unmentioned. Such one-sided, negative views on ageing encourage ageism, as they lead some to behave paternalistically and overprotectively towards older people, or even to blame them for measures such as lockdowns or social distancing rules.

People who assessed their own health as poorer than those with better self-rated health seemed to be more frequently affected by age discrimination. Particularly these people should be supported politically as well as socially and protected from discrimination, paternalism and stigmatisation.

The Covid-19 crisis may also have generated intergenerational solidarity and support (Barrett et al. 2020; Gilligan et al. 2020; Sipocz et al. 2020) and reduced experienced ageism. This potential should not go unused, and these kinds of solidarity and support should be explicitly appreciated and promoted so that they last beyond the end of the pandemic. For one thing is indisputable: ageism existed before the pandemic, and it can by no means be traced back only to the Covid-19 crisis. Therefore, political, and social initiatives to combat ageism need perseverance and, if they are to be lastingly successful, they must continue until well after the end of the pandemic.

References

Apriceno, M., Lytle, A., Monahan, C., Macdonald, J., & Levy, S. R. (2020). Prioritizing Health Care and Employment Resources During COVID-19: Roles of Benevolent and Hostile Ageism. *The Gerontologist, 61*(1), 98–102. https://doi.org/10.1093/geront/gnaa165

Atkins, J. L., Masoli, J. A. H., Delgado, J., Pilling, L. C., Kuo, C.-L., Kuchel, G. A., & Melzer, D. (2020). Preexisting Comorbidities Predicting COVID-19 and Mortality in the UK Biobank Community Cohort. *The Journals of Gerontology: Series A: Biological Sciences and Medical Sciences, 75*(11), 2224–2230. https://doi.org/10.1093/gerona/glaa183

Ayalon, L. (2020). There is nothing new under the sun: ageism and intergenerational tension in the age of the COVID-19 outbreak. *International psychogeriatrics, 32*(10), 1221–1224. https://doi.org/10.1017/s1041610220000575

Ayalon, L., Chasteen, A., Diehl, M., Levy, B., Neupert, S., Rothermund, K., Tesch-Römer, C., & Wahl, H.-W. (2020). Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity. *The Journals of Gerontology. Series B: Psychological sciences and social sciences*. https://doi.org/10.1093/geronb/gbaa051

Barrett, A. E., Michael, C., & Padavic, I. (2020). Calculated Ageism: Generational Sacrifice as a Response to the COVID-19 Pandemic. *The Journals of Gerontology. Series B: Psychological sciences and social sciences, 25*(10). https://doi.org/10.1093/geronb/gbaa132

Benzinger, P., Kuru, S., Keilhauer, A., Hoch, J., Prestel, P., Bauer, J. M., & Wahl, H.-W. (2021). Psychosoziale Auswirkungen der Pandemie auf Pflegekräfte und Bewohner von Pflegeheimen sowie deren Angehörige—Ein systematisches Review. *Zeitschrift für Gerontologie und Geriatrie, 54*, 141–145. https://doi.org/10.1007/s00391-021-01859-x

Beyer, A.-K., Wurm, S., & Wolff, J. K. (2017). Älter werden—Gewinn oder Verlust? Individuelle Altersbilder und Altersdiskriminierung. In: K. Mahne, J. K. Wolff, J. Simonson, & C. Tesch-Römer (Eds.), *Altern im Wandel: zwei Jahrzehnte Deutscher Alterssurvey (DEAS)* (pp. 329–343). Wiesbaden: Springer VS.

Chang, E. S., Kannoth, S., Levy, S., Wang, S.-Y., Lee, J. E., & Levy, B. R. (2020). Global reach of ageism on older persons' health: A systematic review. *PloS one, 15*(1), e0220857. https://doi.org/10.1371/journal.pone.0220857

Doblhammer, G., & Trappe, H. (2021). COVID-19 und natürliche Bevölkerungsentwicklung aus der Perspektive des Lebenslaufs: Gesundheitliche Auswirkungen der Pandemie auf die Lebensphasen Jugend und Alter. In: E. Lines (Eds.), *Post-Pandemic Populations* [Discussion Paper No. 13]. Berlin: Max Planck Society/Population Europe.

Ehni, H.-J., & Wahl, H. W. (2020). Six Propositions against Ageism in the COVID-19 Pandemic. *Journal of Aging & Social Policy, 32*(4-5), 515–525.

Ehni, H.-J., Wiesing, U., & Ranisch, R. (2020). Saving the most lives–A comparison of European triage guidelines in the context of the COVID-19 pandemic. *Bioethics*. https://doi.org/10.1111/bioe.12836

Entringer, T., Kröger, H., Schupp, J., Kühne, S., Liebig, S., Goebel, J., Grabka, M.M., Graeber, D., Kroh, M., Schröder, C., Seebauer, J., Zinn, S. (2020). Psychische Krise durch Covid-19? Sorgen sinken, Einsamkeit steigt, Lebenszufriedenheit bleibt stabil. *Multidisciplinary Panel Data Research, 1087*. Berlin: Deutsches Institut für Wirtschaftsforschung. https://www.diw.de/documents/publikationen/73/diw_01.c.791307.de/diw_sp1087.pdf (Last retrieved 16.03.2021)

Entringer, T., & Kröger, H. (2020). *Einsam, aber resilient—Die Menschen haben den Lockdown besser verkraftet als vermutet* [DIW Aktuell, 46]. https://www.diw.de/documents/publikationen/73/diw_01.c.791373.de/diw_aktuell_46.pdf (Last retrieved 15.03.2021)

Eurofound (2020). *Living, working and COVID-19* [COVID-19 series, Publications Office of the European Union]. Luxembourg. https://www.eurofound.europa.eu/data/covid-19 (Last retrieved 15.03.2021)

Gerstorf, D., Smith, J., & Baltes, P. B. (2006). A systemic-wholistic approach to differential aging: Longitudinal findings from the Berlin Aging Study. *Psychology and Aging, 21*(4), 645–663. https://doi.org/10.1037/0882-7974.21.4.645

Gilan, D., Röthke, N., Blessin, M., Kunzler, A., Stoffers-Winterling, J., Müssig, M., Yuen, K., Tüscher, O., Thrul, J., Kreuter, F., Sprengholz, P., Betsch, C., Stieglitz, R. D., Lieb, K. (2020). Psychische Belastungen, Resilienz, Risiko- und protektive Faktoren während der SARS-CoV-2-Pandemie. *Deutsches Ärzteblatt International, 117*(38), 625–632. https://www.aerzteblatt.de/int/article.asp?id=215264 (Last retrieved 15.03.2021)

Gilligan, M., Suitor, J. J., Rurka, M., & Silverstein, M. (2020). Multigenerational social support in the face of the COVID-19 pandemic. *Journal of Family Theory & Review, 12*(4), 431–447. https://doi.org/10.1111/jftr.12397

Jimenez-Sotomayor, M. R., Gomez-Moreno, C., & Soto-Perez-de-Celis, E. (2020). Coronavirus, Ageism, and Twitter: An Evaluation of Tweets about Older Adults and COVID-19. *Journal of the American Geriatrics Society, 68*(8), 1661–1665. https://doi.org/10.1111/jgs.16508

Jungmann, S. M., & Witthöft, M. (2020). Health anxiety, cyberchondria, and coping in the current COVID-19 pandemic: Which factors are related to Covid-19virus anxiety? *Journal of Anxiety Disorders*, 73, 102239. https://doi.org/10.1016/j.janxdis.2020.102239

Karagiannidis, C., Mostert, C., Hentschker, C., Voshaar, T., Malzahn, J., Schillinger, G., Klauber, J., Janssens, U., Marx, G., Weber-Carstens, S., Kluge, S., Pfeifer, M., Grabenhenrich, L., Welte, T., Busse, R. (2020). *Case characteristics, resource use, and outcomes of 10 021 patients with COVID-19 admitted to 920 German hospitals: an observational study. The Lancet Respiratory Medicine, 8*(9), 853–862. https://doi.org/10.1016/s2213-2600(20)30316-7

Kessler, E.-M., & Bowen, C. E. (2020). COVID ageism as a public mental health concern. *The Lancet Healthy Longevity, 1*(1), e12. https://doi.org/10.1016/s2666-7568(20)30002-7

Levy, B. R., Slade, M. D., Chang, E.-S., Kannoth, S., & Wang, S.-Y. (2020). Ageism Amplifies Cost and Prevalence of Health Conditions. *The Gerontologist, 60*(1), 174–181. https://doi.org/10.1093/geront/gny131

Lichtenstein, B. (2020). From "Coffin Dodger" to "Boomer Remover": Outbreaks of Ageism in Three Countries With Divergent Approaches to Coronavirus Control. *The Journals of Gerontology: Series B: Psychological sciences and social sciences.* https://doi.org/10.1093/geronb/gbaa102

Lind, M., Bluck, S., & McAdams, D. P. (2020). More Vulnerable? The Life Story Approach Highlights Older People's Potential for Strength During the Pandemic. *The Journals of Gerontology: Series B: Psychological sciences and social sciences.* https://doi.org/10.1093/geronb/gbaa105

Meisner, B. A. (2020). Are You OK, Boomer? Intensification of Ageism and Intergenerational Tensions on Social Media Amid COVID-19. *Leisure Sciences*, 1–6. https://doi.org/10.1080/01490400.2020.1773983

Nachtigall, I., Lenga, P., Jóźwiak, K., Thürmann, P., Meier-Hellmann, A., Kuhlen, R., Brederlau, J., Bauer, T., Tebbenjohanns, J., Schwegmann, K., Hauptmann, M. Dengler, J. (2020). Clinical course and factors associated with outcomes among 1904 patients hospitalized with COVID-19 in Germany: an observational study. *Clinical Microbiology and Infection*. https://doi.org/10.1016/j.cmi.2020.08.011

Nelson, E. A., & Dannefer, D. (1992). Aged heterogeneity: fact or fiction? The fate of diversity in gerontological research. *Gerontologist, 32*(1), 17–23. https://doi.org/10.1093/geront/32.1.17

Pelizäus, H., & Heinz, J. (2020). Stereotypisierungen von Jung und Alt in der Corona-Pandemie. *Aus Politik und Zeitgeschichte, 70* (52–53), 24–30. https://www.bpb.de/apuz/generationen-2020/324487/stereotypisierungen-von-jung-und-alt-in-der-corona-pandemie (Last retrieved 15.03.2021)

Reiner, J., Lehmann, S., Ruf, E., Misoch, S., & Braunwalder, R. (2020). Corona-19 Ageism: Altersdiskriminierung in Zeiten der Covid-19 Pandemie. Zu den subjektiven Erfahrungen von Personen ab 65 Jahren in der Deutschschweiz. https://www.ost.ch/en/details/projects/project/covid-19-ageism-altersdiskriminierung-in-zeiten-der-covid-19-pandemie-zu-den-subjektiven-erfahrung/ (Last retrieved 15.03.2021)

Robert Koch Institute (2020). *Epidemiologischer Steckbrief zu SARS-CoV-2 und COVID-19.* https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Steckbrief.html (Last retrieved 15.03.2021)

Röhr, S., Reininghaus, U., & Riedel-Heller, S. G. (2020). Mental wellbeing in the German old age population largely unaltered during COVID-19 lockdown: results of a representative survey. *BMC Geriatrics, 20*(1), 020-01889. https://doi.org/10.1186/s12877-020-01889-x

Rothgang, H., Domhoff, D., Friedrich, A.-C., Heinze, F., Preuss, B., Schmidt, A., Seibert, K., Stolle, C., Wolf-Ostermann, K. (2020). Pflege in Zeiten von Corona: Zentrale Ergebnisse einer deutschlandweiten Querschnittsbefragung vollstationärer Pflegeheime. *Pflege*, 33(5), 265–275. https://doi.org/10.1024/1012-5302/a000760

Sipocz, D., Freeman, J. D., & Elton, J. (2020). "A Toxic Trend?": Generational Conflict and Connectivity in Twitter Discourse Under the #BoomerRemover Hashtag. *The Gerontologist*. https://doi.org/10.1093/geront/gnaa177

Smith, J., & Gerstorf, D. (2004). Ageing differently: Potential and limits. In; S. O. Daatland & S. Biggs (Eds.), *Ageing and diversity: Multiple pathways and cultural migrations* (pp. 13–28). Bristol, UK: Policy Press.

Sporket, M. (2020). Traurig und verzweifelt, aber verständnisvoll – Ergebnisse der Befragung zur Situation in Pflegeheimen. *Sozialrecht+Praxis, 30* (12), 1–8.

Spuling, S. M., Wettstein, M., & Tesch-Römer, C. (2020). *Altersdiskriminierung und Altersbilder in der Corona-Krise* [DZA-Fact Sheet]. Berlin: Deutsches Zentrum für Altersfragen. https://www.dza.de/fileadmin/dza/Dokumente/Fact_Sheets/Fact_Sheet_Corona2_Altersbilder.pdf (Last retrieved 15.03.2021)

Traunmüller, C., Stefitz, R., Gaisbachgrabner, K., & Schwerdtfeger, A. (2020). Psychological correlates of COVID-19 pandemic in the Austrian population. *BMC Public Health, 20*(1), 1395. https://doi.org/10.1186/s12889-020-09489-5

Vogel, C., Klaus, D., Wettstein, M., Simonson, J., & Tesch-Römer, C. (2020). German Ageing Survey (DEAS). In: D. Gu & M. E. Dupre (Eds.), *Encyclopedia of Gerontology and Population Aging*. Cham: Springer. https://doi.org/10.1007/978-3-319-69892-2_1115-1

Wahl, H. W., Wurm, S., Schlomann, A., & Ehni, H. J. (2020). Ältere Menschen in der Zeit der Corona-Pandemie: Theoretische Konzepte und eigene Studienergebnisse. *Medien & Alter, 7*(17), 9–24.

Wettstein, M., Schilling, O. K., & Wahl, H. W. (2016). "Still Feeling Healthy After all these Years": The Paradox of Subjective Stability versus Objective Decline in Very Old Adults' Health and Functioning Across Five Years. *Psychology and Aging, 31*(8), 815–830. https://doi.org/10.1037/pag0000137

Wolf, D. A., Freedman, V. A., Ondrich, J. I., Seplaki, C. L., & Spillman, B. C. (2015). Disability Trajectories at the End of Life: A "Countdown" Model. *The Journals of Gerontology: Series B: Psychological sciences and social sciences, 70*(5), 745–752.

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