



## Vulnerability in context; hard numbers, tricky words and grey areas for gerontology

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### ABSTRACT

At the start of the COVID-19 pandemic, the Portuguese government identified those aged 70 or more as a risk group, placing a special duty of protection on them to shelter-at-home. This paper asks how Portuguese municipalities, using Facebook posts, communicated the risk to older adults and to what extent ageist stereotypes were found in the language and frames employed. Over 3800 Facebook posts made by Portuguese municipalities concerning older adults and COVID-19 published between March and July 2020 were analyzed. Language counts for age-related words were used in a first round of content analysis followed by a process of thematic analysis. Findings indicate that the language used to address Portuguese older adults could be understood as ageist in terms of homogenizing older people as a fixed group. The communication of risk was often conflated with the vulnerability narrative already observed in the extant literature. However, context- and culture-specific themes of ‘solidarity’, ‘inter-relatedness’, ‘duty of care’ and ‘support for those living in isolation’ were also found. The study highlights the extent to which language, culture and context are intertwined with our understanding of age, aging and ageism. It provides a culturally-specific case study, which challenges both gerontological interpretations of vulnerability and neoliberal frames which focus responsibility on the individual regardless of age. We argue that these alternative frames echo the emerging discourse of mutual aid and solidarity, providing a wider context for addressing vulnerability in a health crisis.

### Introduction

The COVID-19 pandemic, as a focusing event, has put ageism in the spotlight (Reynolds, 2020). The medical profile of rising risk with advancing age has been met with varied responses, from those that advocate against arbitrary age cut-offs with respect to confinement measures (British Society of Gerontology, 2020; Ehni & Wahl, 2020), to calls to reinforce the rights of elders (United Nations Department of Economic and Social Affairs, UNDESA, 2020), to intergenerational conflict across social media (Meisner, 2020; Skipper & Rose, 2021), to the refusal of emergency health care for older people based on years lived (Rosenbaum, 2020). Across the globe, measures were put in place to reduce both the pressure on health services and the spread of the virus as vaccines were rapidly developed and tested. Non-pharmaceutical measures during the first wave of the pandemic predominantly concerned the movement of people in public space, with some countries, such as Portugal, placing a duty of protection on those aged over-70 to

shelter-at-home, as well as other identified risk groups (people with heart disease, cancer, immune deficiency, pulmonary conditions and other co-morbidities) (Portuguese Republic, 2020).

Age as a risk factor for COVID-19 is well documented across a number of reviews (Dessie & Zewotir, 2021; Gallo Marin et al., 2021; Romero Starke et al., 2020). However, when age is used on its own it is misleading given risks are significantly reduced when adjusted for age-dependent risk factors. Romero Starke and colleagues found that, “if important age-related risk factors are taken into account, there is a 2.7% increased risk per age year for disease severity (based on two studies), and almost no age-related risk for death (based on five studies)” (Romero Starke et al., 2020, p. 19) concluding that age was less important than the presence of co-morbidities.

As Fletcher (2021) argues, the debate around “chronological quarantine” (p. 480) reveals tensions within gerontology because a chronological epistemology is “a troublesome yet essential component of the discipline’s very existence,” (p. 484) since age as a separating factor for

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study can unwittingly create the conditions for the “othering” of older people it seeks to avoid. This paper looks at age-related numbers, words and the grey areas of context to explore these tensions within the context of the pandemic.

Studies of the pandemic show that ageism was prevalent in terms of portraying older people using negative stereotypes (Allen & Ayalon, 2021; Naughton, Padeiro, & Santana, 2021; Jen, Jeong, Kang, & Riquino, 2021; Swift & Chasteen, 2021). Another concern for those advocating for older people has been a rise in compassionate ageism (Reynolds, 2020), for example, in terms of “caremongering” (Vervaecke & Meisner, 2021, p. 162), where older people are stereotyped as “needing or wanting care” (ibid), which leads to helping behaviors that are unwanted and unneeded. However, this interpretation of care-giving excludes the many forms of vulnerability and interdependence that arise in later life (Laceulle & Baars, 2014; Wiles, 2011), and the context of the pandemic has brought these tensions within gerontology to the fore (Leibing, 2020; Vasara, Simola, & Olakivi, 2023).

Much of what has been reported on ageism during the pandemic relates to English language settings, although the vulnerability narrative, which portrays the negative stereotype of old age as a time of inevitable decline, has also been found in non-English-speaking settings (Lagacé, Doucet, Dangoisse, & Bergeron, 2021; Xu, 2022; Zhang & Liu, 2021). While culture<sup>1</sup> and context have been shown to shape our understanding of ageism (Ng & Lim-Soh, 2021; Zhang et al., 2016), much of what has been theorized assumes a universalized context of late capitalism, individualism and neoliberal hegemonic discourse. This paper seeks to address the lack of attention paid to other languages and other cultural contexts and to ask to what extent language, culture and context are intertwined with our understanding of age, aging and ageism, using Portugal as a case study. The study examines the context of the pandemic to identify age-related language and themes used in communications about COVID-19 and asks to what extent ageist stereotypes were found in the language and frames employed.

To begin, we look at the reports of how older adults were represented during the pandemic and then move to initiatives within gerontology to re-frame age, aging and vulnerability. We place this in the non-English-speaking context of the current study and the corresponding challenges of interpreting ageist language and frames. We then present literature emerging from the pandemic that recognizes the contribution of mutual aid and solidarity (Carstensen, Mudhar, & Munksgaard, 2021; Mould, Cole, Badger, & Brown, 2022; Spade, 2020; Travlou, 2021) as “affective infrastructures” (Berlant, 2016, p.4) that provided support to those in need, regardless of age, and which sought to deconstruct hierarchies of volunteerism that disempower the care receiver (Mould et al., 2022). The reconceptualization of vulnerability as an opportunity for connection and interdependence is offered as an alternative to the gerontological literature that most often interprets narratives of vulnerability as ageist, and therefore an oppression, which arguably forecloses other interpretations (Higgs & Gilleard, 2022). The discussion situates our results within the extant literature on ageism and vulnerability but further contributes context- and culture- specific frames that offer a different lens for theorizing vulnerability and interdependence along the life-course.

## Representations of older adults during a pandemic

The effects of negative age-based stereotyping have been well-established (Butler, 1969, 1975; Gullette, 2004; Levy, 2009; Levy & Myers, 2004; Levy, Slade, Chung, & Gill, 2015; Levy, Slade, Kunkel, & Kasl, 2002; Palmore, 2015), where ageism can be understood as, “stereotypes, prejudice, or discrimination against (but also in favour of)

<sup>1</sup> Culture is understood as “... the set of attitudes, values, beliefs, and behavior shared by a group of people, but different for each individual, communicated from one generation to the next” (Matsumoto, 1996, p. 16).

people because of their chronological age” (Ayalon & Tesch-Römer, 2018, p. 1). It can be directed towards the self (internalized) or others (externalized) (Levy, 2009). The internalized negative stereotypes that people hold about age and aging can be detrimental to health outcomes and life expectancy as well as social participation (Swift, Abrams, Lamont, & Drury, 2017). As such, the reporting of the pandemic and the way in which older adults are portrayed is an important factor in assessing the potential impact of negative stereotypes (Ayalon et al., 2020; Xu, 2022).

Studies of the pandemic have found widespread use of the ‘vulnerability narrative’ (Naughton et al., 2021; Jen et al., 2021; Monahan, Macdonald, Lytle, Apriceno, & Levy, 2020; Swift & Chasteen, 2021), which homogenizes older people through representations of later life, “dominated by images of institutionalization, illness or death, and a lack of agency” (Jen et al., 2021, p. 3). Even within healthcare and sites of age advocacy, the decline/abjection narrative is pervasive (Naughton et al., 2021; Reynolds, 2020). Silva et al.’ (2021) integrative review of literature relating to ageism in the context of the pandemic found that this form of discrimination has been amplified in terms of access to healthcare, intergenerational conflict, social isolation and through the use of social media.

Reporting of the pandemic and the corresponding representations of older people came from a number of perspectives: mass media; social media; and government sources. In studies of the mass media, the widespread use of negative stereotyping was found in the US (Allen & Ayalon, 2021; Jen et al., 2021), New Zealand (Morgan, Wiles, Williams, & Gott, 2021), China (Zhang & Liu, 2021) and the Canadian-French presses, where older adults were, “described as not being able to take part in the collective fight against the virus, hence that others must protect them” (Lagacé et al., 2021, p. 4). Lichtenstein (2021) looked across three formats (newspapers, media websites and current affairs magazines) in three countries (US, UK and Australia) and found a “rhetoric of disposability” (p. e206) where the discourse focused on the burden of older adults on both services and the economy. On social media, there was a proliferation of discriminatory hashtags, such as “boomer-remover” and “senior-deleter” (Meisner, 2020; Skipper & Rose, 2021). An analysis of ten days of tweets at the start of the pandemic found a quarter of posts were ageist or potentially offensive (Jimenez-Sotomayor, Gomez-Moreno, & Soto-Perez-de-Celis, 2020).

Xu (2022) analyzed the visual representation of older adults using Facebook posts made by Swedish local authorities and found that the older population was not presented using negative stereotypes, “older people (including those in residential care homes) were mainly portrayed as remaining socially engaged and moderately physically capable” (p. 719). However, Xu argues that this does not reflect reality for many older people who require care. Köttl, Tatzler, and Ayalon (2022) analyzed German news media, looking at reports of COVID-19 and the use of Everyday Information and Communication Technology (EICT). They found, “EICT use was associated with youthful, consumption-orientated, and active lifestyles, while nonuse was constructed as failures on the policy or individual level” (p. 413). These dichotomous representations, on the one-hand, refute the stereotype of the incapable older person but also allude to neoliberal narratives where individuals are either blamed for their choices, capacities and consequent vulnerability (Biggs & Powell, 2001) or exhorted “to engage in various forms of self-investments as an inherent part of their responsibility in managing their own ageing process in the ‘right’ way” (Shimoni, 2018, p.47). They reinforce the othering of older adults found in representations of both a glorified third age and an abject fourth age (Naughton et al., 2021; Higgs & Gilleard, 2020, 2021; van Dyk, 2016). The evidence points to an amplification of ageism, but, in the context of the COVID-19 crisis, where an age-related risk was identified as well as a moral imperative to protect older adults (Oliver, 2020), it exposes an absence of more nuanced narratives for “individuals who lack legitimate ways to voice their needs without the fear of being categorised under ageist and stigmatised identities” (Vasara et al., 2023, p. 2).

## Re-framing age from within gerontology

Many age-related organizations have developed policies with respect to language protocols that aim to re-frame the debate and provide counter-narratives of aging as inevitable decline, dependency and loss<sup>2,2</sup>. In 2017, the American Geriatric Society (AGS) adopted 'older adults' and 'older people/person' as its preferred terminology and recommended no further use of 'the elderly', 'senior(s)' and/or 'senior citizen (s)'. A report by APAV (Portuguese Association for Victim Support) is the only source the authors found that discusses the Portuguese nomenclature for older people. In this report, 'older person(s)' is translated directly as 'pessoa(s) idosa(s)' and is chosen as the most appropriate form of address (*Associação Portuguesa de Apoio à Vítima (APAV), 2020*, p. 16). While some official documents use this nomenclature, it is yet to reach widespread adoption.

The Reframing Aging Initiative in the U.S. found that even a brief framing intervention reduced the implicit bias of participants, such that unconscious bias, formed over time through the repetition of negative messages about age and the process of aging, is malleable (*Busso, Volmert, & Kendall-Taylor, 2019*). This has also been found in the Australian context where alternative frames to represent aspects of aging were co-designed using participatory research (*Hausknecht, Clemson, O'Loughlin, McNab, & Low, 2022*). However, little attention has been paid to how communications are framed for people who may require help or where social programmes are fundamental to ensuring the rights of older people who are in vulnerable situations, be that due to their specific health, living conditions, risk exposure, working situations or social situation. This makes the COVID-19 pandemic a particularly interesting context to study, as the age-related risk element creates a tension between the need to assist those in vulnerable situations yet not discriminate or stereotype on the basis of chronological age (*Fletcher, 2021*).

The pandemic and its effects present an opportunity to rethink ageism. It is clear from the literature that ageism, in terms of negative representations of age and aging, has been both prevalent and amplified during the crisis. There have been widespread reports of discrimination and neglect of older adults in hospital and in long-term care (*de Leo & Trabucchi, 2020; Iacobucci, 2020; Rosenbaum, 2020*). As *Higgs and Gilleard (2020)* argue, there is a pulling apart of what constitutes ageism and particularly the difference between two conceptual approaches towards an "aspirational" third age and a "feared" fourth age (p. 1619 drawing on *Longino, 2005*). This prompts us to rethink how social space is constructed along the life-course and how we move between an ageless midlife (*van Dyk, 2016*), to a celebrated third age, to a fourth age/oldest old marked by corporeal realities where "health is deemed a key factor in their experience of ageing" (*Higgs & Gilleard, 2021*, p.2 drawing on *Suzman and Riley (1985)* concept of the 'oldest old').

*Higgs and Gilleard (2022)* argue that framing ageism as an oppression "risks homogenizing the complexity of later life" and "restricts research on aging through the foreclosure of explanations which might otherwise undermine the seeming coherence of treating old age as a social space marked primarily by ageist oppression" (p.5). This study concurs that the frame of ageist oppression is not sufficient to account for discourses of care, co-operation, solidarity and inter-relatedness and asks how do we disrupt binary framings of a relentlessly positive and often neoliberal third age or an abjectly negative fourth age (*Naughton et al., 2021; Vasara et al., 2023*).

Within gerontology, interpretations of the "vulnerability narrative" are most often deemed ageist where discourse on the biophysical decline of the body or the psychosocial losses in terms of isolation and loneliness dominate (*Vasara et al., 2023*). Counter narratives from mainstream

gerontology such as "active" or "productive" aging often play into a neoliberal ideal of a third age that denies vulnerability and erases the power hierarchies that (re)produce the very situations that lead to vulnerability (*Biggs & Powell, 2001; Estes, Biggs, & Phillipson, 2003; Foster & Walker, 2015; Shimoni, 2018*). Critical gerontology's counter-narratives that celebrate old age as its own authentic life stage unintentionally reproduce processes of othering through the construction of aged difference in contrast to an idealized middle-age (*van Dyk, 2014; van Dyk, 2016*).

The "vulnerability zeitgeist" (*Brown, Ecclestone, & Emmel, 2017*, p. 497) within social policy recognizes vulnerability is a characteristic both of people and their situation and, for example, within Disaster Studies, there has been "a movement away from simple taxonomies or checklists of 'vulnerable groups', to a concern with 'vulnerable situations', which people move into and out of over time" (*Wisner, Blakie, Cannon, & Davies, 2004*, p.15). *Laceulle (2017)* celebrates gerontology's successes in both identifying such "contingent vulnerabilities" (p. 2) and offering interventions and solutions to prevent or remediate these situations for older people. He separates this form of vulnerability from "universalized" or "existential vulnerability," which is seen as inherent to the individual and "cannot be remedied or prevented", suggesting that older adults "develop an attitude or mode of behavior that helps them accept and integrate these situations" (*ibid.*, p. 2). Moral philosophies that conceptualize "universal vulnerability" as inherent to human life recognize the embeddedness of the individual within social structures. However, within gerontology, conceptualizations veer towards a focus on the individual as needing to overcome their inherent vulnerability through a range of practices, such as self-realization or narrative integration (*Laceulle, 2017* drawing on *MacIntyre, 1984*). By contrast, critical feminist and disability theorists foreground the embedded relationality of the individual and the need for "a citizenship model based on interdependency, empathy and a foregrounding of ethical social obligations to others" (*Brown et al., 2017*, p. 504). Relational approaches to vulnerability take into account "differentially experienced realities and inherent fragilities of life... in ways which illuminate the duties of the state to respond appropriately" (*ibid.*, p. 506).

To understand vulnerability as relational, the individual and their interdependence must be seen in the wider context of place and culture. We look to a relational approach that foregrounds the potential of solidarity, cooperation and mutual aid to provide alternative frames to those in vulnerable situations (*Mould et al., 2022*). The aim is not to shoe-horn these responses into a radical politics of mutual aid (*Kropotkin, 1902*) but to pull strands together that work with the themes found in the data and to offer alternative frames of vulnerability that could be activated without simultaneously activating the negative stereotypes of age that have been amplified by much of the news media and public health discourse.

## Framing vulnerability, mutual aid and solidarity during the crisis

In the context of the pandemic, the need to assist those in vulnerable situations was present across society. While there was an age-related risk component, vulnerability was neither solely age-related or decoupled from factors that persistently create social inequalities and intersectional injustices (*Mould et al., 2022*). The bio-medical model is often foregrounded in depictions of older peoples' vulnerability in terms of physical dependency (*Zhang & Liu, 2021*), yet there are a range of other factors that predispose a person to negative impacts at the level of infrastructure (e.g., uneven provision of health services, digital exclusion or neighborhood deprivation). *Mould et al. (2022)* relate radical conceptions of vulnerability and agency to pandemic responses that foreground the importance of mutual aid and cooperation drawing on *Kropotkin (1902)*, stating that, "crisis relief mutual aid in the post-COVID world requires a deeper understanding of the spatial processes of how people become vulnerable (and subsequently resilient and/or

<sup>2</sup> Journal of Aging Studies policy – see Guidance for Authors – under 'Language' <https://www.elsevier.com/journals/journal-of-aging-studies/0890-4065/guide-for-authors>

resourceful) in the first place” (Mould et al., 2022, p. 873).

As the pandemic struck, many bottom-up organizations stepped in where institutions failed to provide essential services and care to those in need. Mould et al. (2022) conceptualize these responses along a spectrum of ‘charity’, ‘contributory’ and ‘radical’ according to the extent to which their endeavours challenge the structures that created the vulnerability in the first place. Kropotkin’s (1902) concept of mutual aid has featured in an emerging pandemic literature that places co-operation, reciprocity, self-organization and solidarity at the heart of an alternative imaginary to the neoliberal narrative of individualism and government flight from the provision of social support (Carstensen et al., 2021; Lachowicz & Donaghey, 2022; Mould et al., 2022; Spade, 2020; Travlou, 2021). Analyzing examples of mutual aid from across the globe, Carstensen et al. (2021) observe “a strong individual and communal sense of ‘responsibility to act’, together with the opportunity to do so, seems to inform all such mutual aid efforts, be they motivated by or presented as answering a faith calling, political activism, solidarity, or simply a strong feeling of ‘shared humanity’” (p. S154). In this paper, we draw on this literature to illustrate alternative frames for crisis response that place vulnerability in this wider spatial context and within the specific cultural context of Portugal.

**Case selection**

Portugal’s government is organized at two levels, a centralized state with an increasingly decentralized municipal level, which has been widening its scope of action since 2018 (Padeiro, Bueno-Larraz, & Freitas, 2021) to include education (planning, school transport, building, school meals), health (health center management – equipment and staff) and social services (development of care for older people, financial support in situations of economic deprivation). Portugal ended forty-one years of right-wing dictatorship in 1974. Since 2015, the country has been led by Antonio Costa’s Socialist Party. There is insufficient space to go into a full exploration of the political situation in Portugal but, for the purposes of this study, it provides a different context to the narratives shaped by the political economies of the US or UK, having had the EU’s particular form of institutional neoliberalism imposed on its government after the sovereign debt crisis and consequent bailout in 2011 (de Freitas, 2017; Weeks, 2019). Portugal also has a well-established not-for-profit/third sector of which 52% (by employment) is dedicated to the provision of social services (Salamon & Sokolowski, 2018). This is funded both centrally and locally and is often organized at the parish level (the level of administration below the municipality). It includes charitable and religious foundations, co-operatives and various institutions with diverse objectives. In a welfare state that has been described as weak, “the provision of welfare is strongly dependent on mechanisms set in motion by society’s civic institutions and informal networks of solidarity, citizenship is negotiated within a complex web where the market, the state, and informal systems of welfare intersect” (Hespanha, Ferreira, & Portugal, 2018, p.169). This makes the informal connections at the familial and local level even more important in times of crisis.

We will now present the methods and results, highlighting emergent themes that are context- and culture-specific. The discussion will explore how the case study provides insight into the role context and culture play in the representation of vulnerability and (inter)dependence and the possibilities for countering ageist representations through context-specific, relational frames.

**Method**

While the media has a pivotal role in disseminating the attitudes, norms and values of a culture, institutional communication as a practice is seen as productive of power relations and therefore inequality (Fairclough, 1993; Foucault, 1980). The use of social media and particularly Facebook by governmental institutions is an under-researched area

despite its use becoming widespread (Xu, 2022). The use of Facebook by Portuguese local authorities increased during the pandemic; presently, 304 out of 308 municipalities use it. As a method of e-disclosure, it provides a useful platform to monitor institutional communication and information sharing (Padeiro et al., 2021; Mori, Barabaschi, Cantoni, & Virtuani, 2020).

The use of online data for this study was considered within ethical frameworks for research, as the Facebook pages of local government pertain to the public and, given the absence of any personal data, were deemed unlikely to do harm (Stommel & de Rijk, 2021). The data was taken from a larger sample used for a previous study (Padeiro et al., 2021) that collected Facebook posts made by 304 Portuguese municipalities between 5th of March and 5th of July 2020. This sample was reduced to 3869 posts using automated searches in Excel for age-related terms (Table 1), which were then checked for relevance. This was reduced further through a manual coding exercise using deductive qualitative content analysis, which takes categories from existing theory (Elo & Kyngäs, 2007), followed by a round of inductive coding to find child codes within the categories (Table 2) and then thematic analysis using Braun & Clarke, 2012, Braun & Clarke, 2014) six stage approach (Table 3). Categories were taken from previous studies with respect to vulnerability, othering of older people and the treatment of older adults as a homogenous group, (Allen & Ayalon, 2021; Naughton et al., 2021; Jen et al., 2021; Lagacé et al., 2021; Zhang & Liu, 2021) where posts that were neutral were excluded (i.e., posts that did not contain evidence of, 1) othering through glorification or abjection, 2) the vulnerability narrative or, 3) did not homogenize/generalize older adults as a group).

**Table 1**  
First and second-round counts of age-related search terms.

Search Terms		Occurrence (1st Round Ranked)	
Portuguese	English (reverso.com)	1st Round	2nd Round
Idoso(as)/idosa(as)/ população idosa/mais Idoso(as)	Old/old man/old woman/old men/old women/elder/ ‘elderly’/old people/oldest/eldest	1525	335
Lar(es)	Home(s)/Care Home(s)	1329	-*
Sénior(es)/senior(es)/ População sénior	Senior/seniors/ ‘elderly’	1051	75
Pessoa(s) idosa(s)	Older person(s)	188	24
65/65 anos	65/65 years (old)	178	89
Avó(s)/avô(s)	Grandfather(s)/mother(s)/ parent(s)	170	7
Velho(as)/mais velho(as)/ pessoas mais velhas	Old/old man/woman/ older/ eldest/oldest/oldest persons	129	18
70/70 anos	70/70 years (old)	116	27
55/55 anos	55/55 years (old)	84	3
60/60 anos	60/60 years (old)	78	24
Terceira idade	Third age	53	6
Reformado(as)	Retired/retiree	51	1
Pensionista(s)	Pensioner/retiree	45	1
Envelhecimento/a Envelhecido/a	Age/aging/aged/aging population	37	7
75/75 anos	75/75 years (old)	30	-
80/80 anos	80/80 years (old)	13	-
Residência(s) sénior	Senior residence	12	-
Aposentado(as)	Retired/retiree	10	-
Velhino/a	Old man/old lady/old woman (informal)	2	-
Utentes	(Service) users/patients/clients		41**
Idade	Age		15**
Vulnerável/frágil/ dependente	Vulnerable/fragile/dependent		202
Total		5102	884

\* Lar(es) - home(s)/Care Home(s) - was used as a search term to find posts related to older people in the first round of data selection but not counted in the second round as this term was deemed neutral.

\*\* Utentes (service users) and Idade (age) were added as relevant terms in the second round.



**Table 2**  
Child codes and counts for posts about vulnerability and risk/risk groups.

Vulnerability – child codes	Example	Count	%
1. Vulnerability related to the individual or situation	“...those old people who find themselves in an especially vulnerable situation, who are isolated or live alone without support or family network or social assistance, will have access to essential goods and food” Vizela	114	56
2. Vulnerability related to older people as a group	“We will do your shopping” Because seniors deserve the maximum attention in the prevention of infection, given your increased vulnerability if infected” São Brás de Alportel	88	44
Risk Groups and Risk – child codes – <i>in ascending order of homogenization</i>			
1. Communicates: addresses risk groups as per the government/ Health Directorate DGS) guidelines	Relates to the government guidelines, “Risk groups: + 70 years or the chronically ill – only leave the house for pension collections” Castelo de Paiva	48	22
2. Separates: older people and those at risk were communicated as different populations but both at risk	“A support line from the Psychological Health Clinic aims to give a first response in terms of assistance and psychotherapy to old people and persons at risk.” Covilhã	43	20
3. Conflates: where all older people were addressed as a risk group	“...being that old people are a more vulnerable age group, it is necessary to take care of themselves and family members. Given the need to avoid social contacts particularly in this risk group” Carregal do Sal	47	22
4. Generalizes: older people were presented as generally vulnerable to risk	“The municipality created a social emergency phoneline which responds to the most vulnerable population – namely old people” Chaves	76	36

Neutral posts were excluded as being merely informative and not displaying any potentially ageist language or content. Repetition within posts was also excluded. All coding was done in NVivo (March 2020, release 1.6.1). Only the text of posts was analyzed, not comments, supplementary links, videos or images.

The deductive data selection exercise produced a final list of 613 posts for further analysis. Posts relating to the ‘vulnerability narrative’ (Allen & Ayalon, 2021; Jen et al., 2021; Lagacé et al., 2021; Zhang & Liu, 2021) and the communication of risk (all posts that referred to risk and risk groups) went through an inductive analysis where child codes emerged from the data (Table 2).

For the themes, a coding dictionary was produced and agreed between the first and second author (abridged version Table 3) according to a thematic analysis which uncovers “patterns of foregrounding of certain elements” (Mayr, 2008, p. 17). The coding was conducted by the first author and, using a random selection process, checked by the second author for consistency with the code descriptions. In this process, some cultural differences were examined, such as the meaning of solidarity within the Portuguese context and the English expression ‘Duty of Care’, which helped to clarify the code descriptions with respect to the importance of relationships of care/duty/civicsness.

A narrative is understood as, “a culturally recognized, and therefore legible and predictable, storyline that defines how one can and should think, feel, and behave” (Jen et al., 2021, p. 3 following Tompkins, 1987). Narrative as a communication device can activate a neural frame,

which is typically an unconscious structure that our brains use to make sense of the world; “all of our knowledge makes use of frames, and every word is defined through the frames it neurally activates” (Lakoff, 2010, p. 71). As mentioned above, re-framing interventions can change the way someone thinks about a subject so that if we activate more positive frames with respect to aging, we can reduce the negative effects of ageism (Busso et al., 2019; Hausknecht et al., 2022). Frame and narrative are often used as interchangeable terms, although narrative analysis draws from linguistics, literary theory, critical and cultural studies as well as psychology, whereas framing theory has foundations in sociology and psychology (Borah, 2011). For the purposes of this study, we will refer to the vulnerability narrative as reported in the gerontological literature and develop the discussion with respect to positioning the themes found within the data in the wider contextual frame of mutual aid, solidarity and context-specific vulnerability.

## Results

The results are presented sequentially in the order of the methods described above: first, the findings from the content analysis of language counts (Table 1), second, the inductive content analysis of posts referring to vulnerability and the communication of risk (Table 2. Child codes for Vulnerability and Risk/Risk Groups) and finally, the thematic analysis, which includes the vulnerability narrative found in the extant literature (Table 3. Themes – ‘Stay-at-home’, ‘Safeguarding Public Health’ ‘Support for those living in isolation/without support’, ‘Duty of Care’, ‘Solidarity’, ‘Inter-relatedness’, ‘Vulnerability’, ‘Impact/effect of the pandemic on older people’).

### Language counts

Table 1 shows ‘older persons’, the recommended nomenclature (Associação Portuguesa de Apoio à Vítima (APAV), 2020), is used in only a fraction of the posts (2.7%). More than a third (37.9%) of posts use ‘idoso(s/as)’ or a variation (mais idoso[s/as]), which has a number of translations: old(er) man/woman; old people; elder(ly); oldest. With the issues around translation, more information is needed on context to ascertain if ageist stereotypes are being employed in these particular instances.

### Vulnerability in/out of context

A language count was made of mentions of vulnerability, frailty, incompetence, incapacity or dependence, which was then divided into two child codes: vulnerability that was related to the individual or situation and vulnerability related to older people as a group (Table 2). This sheds light beyond word counts as to how often context is used to understand vulnerability as an outcome of particular traits (physical, mental, social, etc.) or specific situations (the pandemic, having no familial support, living in isolated areas, being digitally excluded, etc.). From these counts, we see that vulnerability is almost equally as likely to be ascribed to all older people as to the specific situation causing the vulnerability. This is homogenizing and disregards the vast heterogeneity of people addressed as either ‘old/older/elderly’ or according to their chronological age and reinforces ageist stereotypes by associating this age group with inevitable vulnerability, regardless of their personal situation or specific risk profile. Where the situation is foregrounded, the context is seen as the driver for vulnerability as opposed to a specific characteristic or life choice of the individual.

### Communicating risk

All posts that mentioned risk or risk groups (except those relating to care homes which were deemed a special case of risk in the context of the pandemic, and therefore excluded) were coded into four child codes: ‘1. ‘Communicates’ [48], 2. ‘Separates’ [43], 3. ‘Conflates’ [47] and 4.

**Table 3**  
Theme descriptions and counts for thematic analysis.

Theme	Description	Count in rank order
1 Stay-at-home	<b>Measures and supports to enable people to stay at home</b> – such as medication and food delivery, surveillance on the streets by the local police, helplines, lists of businesses offering home delivery, etc. Messages about the <b>importance of supporting older people</b> , dependent older people and those living in isolation or in risk groups <b>to stay at home</b> . Messages around the <b>importance of staying at home</b> to a) stop the spread of the disease, b) reduce the risk to older people, c) not put older people in danger d) not put older family members in danger and e) not visiting family members or second homes.	150
2 Support for those living in isolation/without support	Focus on <b>identifying and supporting those who live alone</b> , those who <b>are isolated because of the measures</b> , those who <b>do not have family support</b> or other safeguards/networks, those who are <b>geographically isolated</b> , those who are <b>digitally isolated</b> , those who feel lonely. Importance of maintaining contact with those identified as isolated/without support and reducing the impacts of isolation (also in impacts).Used t	134
3 Duty of Care	Messages that <b>foreground duty</b> (we should, we have to, we must), <b>responsibility</b> (we are responsible for, it is our responsibility), importance (fundamental, central, vital, essential, core, critical, crucial, key), <b>being in service/close</b> to, having a role <b>in the care of others and particularly older people and particularly formal relationships where a ‘Duty of Care’ exists</b> i.e. <b>institutions that offer protection</b> or are mandated to offer protection i.e. IPSSs Messages of <b>protection and care</b> (protect, protection, defend, shield, provide necessary equipment/conditions) <b>Reasons to protect/care</b> – e.g., because of the individual’s/group’s vulnerability, or because they have no other forms of support (i.e. family), or those that need it most, or because of a person’s right to protection etc.	129
4 Solidarity	Messages focussing on <b>solidarity (and citizenship/civiness) as a principal</b> for attitude/behavior, <b>addressed to society/community in general</b> , in terms of <b>people working/taking action for the benefit of everyone</b> , standing together, ensuring <b>everyone is looked after/protected/accounted for</b> and/or no-one is left behind. Messages referring to <b>non-specific relationships within the community - those who need help receiving it from those who can give it/those who can give back</b> to those who already gave. Messages that focus on the importance of <b>everyone’s contribution/responsibility of everyone</b> , that refer to the <b>collective/common well-being</b> and the sum of all individual actions and <b>shared goals</b> .	102
Theme	Description	Count
5 Safeguarding Public Health	Messages relating to <b>Public Health</b> and/or <b>instructions from the Directorate for Health (DGS)</b> , the <b>epidemiological situation</b> and the <b>non-pharmaceutical measures</b> in relation to the <b>early detection/avoidance/prevention/reduction of exposure to contagion/control of the virus</b> (prevention/containment) through <b>testing and screening and fabrication/distribution of PPE</b> , reinforcing the <b>capacity to respond</b> (medical and social), the <b>safeguarding of environments and people</b> , particularly care homes, care home professionals and service users as well as public spaces (closure and sanitation) Messages around <b>security/safeguarding/confidence</b> , around <b>working and living conditions</b> for those in <b>institutional settings</b> , those in the front line,	76
6 Impact/effect of the pandemic on older people	Mentions <b>direct or indirect impacts of the pandemic</b> (or situations being aggravated/compounded) – of the disease, of existing health care issues e.g., <b>reduction in access to health care</b> and the <b>higher impact when co-morbidities exist</b> , impact of social isolation/sheltering-at-home/quarantine, <b>reduced social and physical contact</b> with friends and family, reduced activity, reduced participation in society, difficulties in acquiring essential goods and medication, <b>socioeconomic and emotional impacts</b> e.g., increased anxiety/uncertainty/loneliness/isolation, disruption to day-to-day activities, closure/cancellation of events and services, reduced mental stimulation, cancellation of visits to care homes, <b>impacts on human/material/financial resources available</b> , reduced nutritional intake, prolonged restrictions on older people after deconfinement begins e.g., physical activity.	73
7 Vulnerability	Messages that refer to the <b>vulnerability, weakness, dependency, inevitable decline, lack of agency, incompetence, incapacity, neediness</b> of older people without reference to context. Messages that explicitly or implicitly <b>attribute older people with homogenous traits, behavior or attitudes</b> . Messages that imply older people need <b>constant surveillance or guidance</b> in their <b>decision making or everyday routines</b> .	37
8 Inter-relatedness	Relating to <b>specific existing relationships - familial relations</b> and practices – connecting to/gathering with family, grandparents, parents, aunts, uncles. Complying with measures (stay-at-home/not visiting) <b>for the sake of your family</b> . Relating to <b>neighborliness and community practices</b> . Messages that focus directly on <b>how we relate to each other</b> with respect to measures and changes to <b>day-to-day life and mutual help</b> (entreprajuda). Sharing information with friends, family, neighbors. The pandemic as evidence of the <b>inter-connectedness of the community</b> . The <b>concern of families who are not physically close</b> to their loved ones. Raising awareness of <b>intergenerational impacts</b> (e.g., young people at lower risk need to wear masks to protect older relatives).	26

‘Generalizes’ [76] (see Table 2 for code descriptions). The counts show that clear communication of risk groups based on the instructions from the Government (for those aged over 70) and the Directorate for Health (over age 65) were in the minority. The majority of messages presented ageist stereotypes that addressed all old people as vulnerable or at risk or as part of a risk group. People as young as 55 were included in measures relating to older people and excluded from participating in volunteer programmes in their communities. This is both ageist and discriminatory and further reinforces the vulnerability narrative.

#### The “Vulnerability Narrative”

The “Vulnerability Narrative” reported during the pandemic consistently and repeatedly conflates “vulnerability” with older people and employs negative stereotypes that associate inevitable decline, loss of autonomy and incompetence with advancing age (Naughton et al., 2021; Ayalon et al., 2020; Jen et al., 2021; Swift & Chasteen, 2021; Zhang & Liu, 2021). There is evidence of this in the language counts of vulnerability/fragility/dependence [202] (Table 1), the reporting of risk (Table 2, ‘Generalizes’ and ‘Conflates’) and again in the theme, ‘Vulnerability’, where 37 posts (Table 3) referred to vulnerability, weakness, dependency, inevitable decline, lack of agency,

incompetence, incapacity and neediness of older people. This ranged from generalizing older people as “already so fragile in normal situations” (Faro, 21/03) to extreme forms of stereotyping, describing both people in care institutions and those receiving domiciliary care as those who:

*...least understand the need for social distancing. Perhaps this is due to their lower life expectancy, because they are close to the end of life, or because of their inherent pathologies ... or because they pay less attention to what is exposed in the media, many times putting themselves at unnecessary risk.* (Fornos de Algodres, 29/3).

A post about the importance of physical activity states, “aging is seen by many older people (translation of idosos) as the end of life, when an older person is no longer able to perform the tasks in the same way they used to do” (Mirando do Douro, 4/5). This bleak outlook of the process of aging is homogenized and projected onto “many older people.” It goes on to say “there are those who still have an enormous will to live,” offering this as the exception to the negative stereotype.

This theme was not the most frequently employed and did not have a notably cultural context (i.e., a presentation of attitudes, values, beliefs or behavior being specifically Portuguese or attributable to some other cultural context). We will now focus on the themes that tell us more about vulnerability in a culturally-specific context. These are Duty of care, Solidarity, Inter-relatedness, and Support for those living in isolation/without support (Table 3).

#### Duty of care

The ‘Duty of Care’ theme, found in 129 posts, foregrounds the obligation and responsibility of the municipality, municipal institutions, and the community to care, protect, serve, provide for and stay close to those in need. The reasons given for this need were most often the person or group’s vulnerability or situation, and this overlaps with the ‘Supporting those living in isolation/without support’ theme (see below). The duty, obligation or responsibility to protect and care were in response to the right to protection, the principal of reciprocity, the notion of worthiness, societal and familial duty, as well as the mandate of municipalities and their institutions to provide social care (see Table 3). There was also some similarity with both the ‘Solidarity’ narrative and ‘Inter-relatedness’, when the obligation came from a sense of civic duty or neighborliness/family relations. However, the themes were differentiated by the relationship between those offering and receiving the help; where there is a formal relationship, for example, between the municipality and service user or care home and resident. This relationship aligns with the concept of charity (Mould et al., 2022), where the care receiver is not empowered and the structures which cause the vulnerability are neither questioned nor transformed. It relates to a power dynamic which places agency solely in the hands of the care-givers. For example, this message, posted by the President of Cascais in relation to undertaking tests in care homes, highlights the municipalities’ social action remit:

*Since the beginning of this crisis, we have made it a priority to defend our old people. Our parents’ and grandparents’ generations have given much to society. Now, when they need us, it is not morally acceptable to leave them behind. Protecting older people is not just doing what is right. It is doing what is fair.* (Cascais, 22/4).

Local authorities posted with respect to the services they were offering and who they were targeted at:

*The Municipal Council of Amadora is working to assist senior citizens who have dependency needs. We know there are older people who live alone and we don’t want them to leave the house. Others, regardless of age, find themselves in need of help. In this regard, the Municipal Council of Amadora, with the support of local parishes, is offering the following support – help with buying essential goods for: people without social or familial support/ individuals or couples over 65 /Dependent people/*

*People with chronic illness / people sheltering-at-home or those infected who are in isolation.* (Amadora, 7/4).

There is homogenizing of older adults by chronological age (over 65) and by addressing all older people as part of a risk group which conforms to the Directorate of Health’s guidelines (Directorate General de Saúde (DGS), 2020). However, the focus of the post is how the local authority is identifying and meeting specific needs as part of its mandate. The important difference between this category and the concept of “care-mongering” (Vervaecke & Meisner, 2021) is the identification of a valid need to be met. In examples of “caremongering”, the identification of need is decided by the person offering the service, which entails the risk of negative stereotyping and help being offered to those who neither need it nor want it.

#### Solidarity

The ‘Solidarity’ theme, found in 102 posts, addresses society or the community in general and focusses on solidarity (and citizenship/civ-icness) as a principal for attitudes and behavior in terms of people taking action for the benefit of everyone. There is a pre-existing relationship between the concept of solidarity and social action, as state-funded charitable institutions are known as Private Institutions of Social Solidarity (IPSS). In these posts, calls are made for everyone to stand together, to ensure all are looked after, protected, accounted for and that no-one is left behind. Other aspects of this theme relate to togetherness and being united around a common cause and shared goals. Messages such as, “together we are stronger”, “together we are one” and “together we make a difference” were repeated in the posts. This frame of togetherness is often employed in more informal messages, for example, in this emotive message:

*Never has distance kept people so united around a common struggle that can only have the desired effects when based on solidarity and proactivity. We are together in a fight from which we will emerge winners. Don’t lose hope.* (Peso da Régua, 26/3).

Solidarity is employed in the call for neighbors to help each other and to support the efforts of the municipality in terms of being a “good neighbor” or signing up to volunteer banks. Unlike ‘Duty of Care’ there is equality and a shared agency in the use of this frame as everyone is required to act together. In the more general addresses to all residents within a municipality, it aligns with the concept of contribution (Mould et al., 2022), where those assisting “actively champion the agency of the marginalised so as they can contribute to social life” (p. 870). However, there were also posts that mixed this message with frames that treat older people as passive recipients:

*At this time, we must put into practice the word solidarity, to help and accompany the elderly (idosos), to help the needy and, very important, to collaborate with those who keep alive our economy and with those who work to safeguard our safety and our health.* (Calheta, 2/4).

Not surprisingly, perhaps, the call for solidarity, coming as it does from local government, does not question the response from the central government or the infrastructures that create vulnerability. Residents are asked to work alongside the institutions that are seen as part of the wider solution to the pandemic. Solidarity, in this context, is not tied to protest from below, seen in the literature that frames the COVID-19 response as mutual aid (Carstensen et al., 2021; Spade, 2020; Travlou, 2021), where solidarity is put in opposition to charity (Mould et al., 2022; Spade, 2020). In the Portuguese case, the care infrastructures and institutions are very much framed as part of the solution.

#### Inter-relatedness

Inter-relatedness, found in 26 posts, pays attention to how people relate to each other with respect to the consideration of others when

complying with measures (e.g., calls to young people to wear their masks to stop the spread of the disease to older people) and changes to day-to-day life (finding alternative ways to connect with family and neighbors). Rather than the broader, more societal narrative of ‘Solidarity’ where everyone is included or the formal relationships implied in ‘Duty of Care’, ‘Inter-relatedness’ is in the spirit of mutual help (‘*entrajuda*’) and existing relationships, thus it does not correspond to the more political self-organizing of mutual aid in response to the pandemic (Mould et al., 2022). Posts referred to familial relations and practices, such as calling and connecting to older relatives and complying with measures for their sake. It recognizes the tightness of family ties and the toll of the measures on everyday lives, particularly at special times, such as Easter, when families were prohibited from organizing their traditional gatherings.

Inter-relatedness is demonstrated in a program called ‘Window Invitations’, organized by polytechnic students. Neighbors were encouraged to check in on each other, particularly older people, via an open window or across their veranda (balcony or porch):

*Keeping social distance and staying at home, does not mean not mixing with your neighbors. That’s right, it is possible, and without relying on social networks: a group of students from the Polytechnic Institute of Viana do Castelo (Gerontology undergrads) proposes the recovery of a community practice of communication with neighbors and friends at their window or veranda. The goal is to counter the “isolation” of older people (translation of idosos), through an action of proximity and support, however, this proposal is for everyone. Have you been to the window today?* (Viana do Castelo, 25/3).

The recovery of this practice refers to older people sitting at their windows looking onto the street and conversing with neighbors who pass by. This form of inter-relatedness is not dependent on interventions from the local government, but instead, it encourages the relations that are already in place in a cultural context familiar to the Portuguese. While the post targets the isolation of older people, it is seen as having a benefit for everyone.

#### *Support for those living in isolation/without support*

The 134 posts relating to “living in isolation or without support” describe a target group that qualifies for social support and highlights situations that are a concern for those with responsibility for taking action and developing mitigation measures. The focus is on identifying and supporting those who live alone, are isolated because of the measures, who do not have family support or other safeguards/networks, who are geographically isolated, who are digitally isolated and those who feel lonely. This theme is directly linked to the demographic situation in Portugal, where the percentage of older people living on their own or living with other older people rose 28% in a decade (Instituto Nacional Estatística, (INE), 2012). It also relates to the migration of young people to, and those looking for work in, the major urban centers on the coast, leaving many small villages and the older people living there increasingly isolated (Instituto Nacional Estatística, (INE), 2012).

Social programmes, delivered through the councils, parishes and not-for-profit sector, are already in place to support this population, but with many families unable to visit their relatives during lockdown, the problem of social and physical isolation and its effects were compounded. The theme highlights the context and systemic pressures which make some older people vulnerable. It relates to measures that reduce the impacts of isolation either through programmes of contact or provision of phone-lines for both material and psychological support, for example:

*With respect to measures to contain the pandemic and provide social support to our citizens, since March 16, in addition to the good work done by the GNR (Guarda Nacional de Republic – local police) of Alenquer and the partners of the Social Network, the municipality of Alenquer befriends*

*more than 800 homes with older people (idosos) in a situation of possible isolation by bi-weekly, weekly or fortnightly phone calls, depending on severity and need!* (Alenquer, 19/4).

Included in these posts is the inherent cultural understanding that the care of older adults is the responsibility of family members, so it is those without familial support that have the greater need. Although the demography of Portugal is changing in terms of movement of work and people towards the Western coastline cities, the ties of family are still strong, and it is common for families to meet regularly at family homes in rural areas (Hespanha et al., 2018). This theme is positioned within the cultural context of Portuguese practices of familial support and proximity, where older people are seen as marginalized by the geographical/demographic context and not by, what could be seen as, infrastructural weakness or failure.

#### *Limitations*

The current study has been limited to communications made in written Facebook posts and does not include the other forms of media posted: videos, factsheets, or links to other websites (which would have required transcription and translation resources that were beyond the scope of the project and its timescale). It also has limited its scope to the communication of risk of the pandemic in terms of age, although other intersectional perspectives such as gender, race, sexuality have also been shown to effect risk profiles and are pertinent to the emergence of mutual aid as a form of protest (Mould et al., 2022). This information was not found in the open coding phase, and further research would be needed to understand if these risks had been identified or communicated. While it has been established that Facebook is a tool increasingly used for e-disclosure (Padeiro et al., 2021; Mori et al., 2020), the current sample is not representative of all municipalities. However, the themes that emerged show sufficient coverage to be understood at the national level and were not skewed by a small number of predominant posters.

#### **Discussion**

The gerontological literature has consistently reported the amplification of ageism during the pandemic, and this study supports those findings. However, when analyzing ageism in a non-English-speaking context, language counts are problematic due to issues of translation and interpretation. Ageism, when not explicitly discriminatory, is a matter of interpretation, as found in research on ‘elder speak’, where the effect of certain terms is, at least in part, determined by the relationship between the speaker and the older person (Associação Portuguesa de Apoio à Vítima (APAV), 2020; O’Connor, & St. Pierre, E.S., 2004). Interpretation has to be recognized as not only subjective but framed within both context and culture.

Much of what has been written about ageism in the context of late capitalism is framed by increasing welfare cuts and neoliberal narratives of choice, entrepreneurialism and individual responsibility (Biggs & Powell, 2001; Estes et al., 2003; Foster & Walker, 2015; Shimoni, 2018), inter-generational conflicts based on a high income, boomer generation (Binstock, 2010), and a power binary that pitches old age against an idealized midlife (van Dyk, 2016). The themes found in this study are not centered on the individual and offer alternative frames with which to think about age and ageism that do not focus on attributing values, beliefs, attitudes and behavior (positive or negative) to chronological age and present alternative interpretations of vulnerability. The institutional setting is also different than many of the reported Western cases where community responses were often necessary due to widespread failure in service provision, especially to already marginalized groups (Carstensen et al., 2021; Spade, 2020). This study, in the context of an international public health crisis, highlights the pitfalls of current communication strategies when risk and vulnerability is understood as solely age-related. We look first at the more simplistic characteristics of



risk identification and communication - numbers and words - then move to the COVID-19 response in the wider context of culture and the need for alternative narratives of vulnerability and interdependence.

#### *Hard numbers and chronological epistemologies*

When talking about the communication of risk, we might expect hard numbers that relate to specific risk profiles, worked out by epidemiological probabilities, to play a central role in communication strategies, but this is not evident in this study nor the wider literature base. The communication of risk according to an appraisal of contributing factors (age, health, ethnicity, gender, profession, household circumstances) has been sparse across the literature and particularly at the beginning of the crisis when data based on age had a disproportionate influence on both measures and communications (British Society of Gerontology, 2020; Rahman & Jahan, 2020; Reynolds, 2020). The essential data was missing, and this lacuna highlights the issue of the availability of age-disaggregated data across the academy (Naughton et al., 2021).

In the absence of hard data, chronological age has been used as the sole indicator, which, on its own, is already known to be a weak determinant of health (Ehni & Wahl, 2020) and less important than the presence of co-morbidities in the context of this crisis (Romero Starke et al., 2020). In this study, hard numbers provide little clarity on what determines risk, but they were employed to determine a risk group and associated measures, be that sheltering-at-home (over age 70), risk of infection (over age 65), eligibility for services (age limits determined by locality) or exclusion from social participation, which started as young as age 55. The age-related risk of COVID-19 has highlighted one of the unresolved issues for advocates, gerontologists and public health communicators alike: how to deal with chronological age without being ageist or reductive.

As a first response in an unknown situation, “chronological quarantine” can be argued as pragmatic discrimination (Oliver, 2020), but this “tyranny of averages” (Fletcher, 2021, p. 482) resulted in older people being treated as a homogenous population and was experienced as ageist by older people (Derrer-Merk et al., 2022). Gerontology’s success in countering ageism with the discourse of aged heterogeneity comes into tension with its own chronological epistemology, which is founded on the “demarcation of older people and later life as distinct categories” (Fletcher, 2021, p. 483). While it is perhaps hard to imagine how this paradox can be avoided, it provokes a questioning of categories and a need to “reflect on how age and ageism are used intellectually, empirically and politically” (Fletcher, 2021, p. 490).

#### *Tricky words and the problem of language*

The analysis of ageist language outside of an English-speaking context is tricky because of translation issues. The Portuguese case highlights this, where ‘idoso’, the term most frequently used in posts, can be translated as both a neutral term for an older person or the more pejorative term ‘elderly’. In Portuguese, ‘(the) elderly’ does not have a direct equivalent, yet the online tool (Reverso.com) used in this study most often translated ‘idoso’ and its variants as ‘elderly’. While protocols, such as those set out by the American Medical Association and the AGS, help to highlight problematic language and raise awareness of the impact of negative stereotypes implied in such terms, these measures cannot fully address the deeper contextual and cultural frames in which ageism emerges.

For non-English-speaking contexts, direct translation of the protocols may have limited benefit as language evolves in usage. Following these guidelines, in Portuguese, ‘older person’ (‘pessoa idosa’) is the current recommendation, however, other terms with less problematic translations are already coming into use, such as ‘pessoa com idade’ (person with age). It is certainly true that language matters when talking about age (Lundebjerg, Trucil, Hammond, & Applegate, 2017), and it is a helpful starting point to uncover the hidden assumptions and

judgements that underpin implicit bias towards older people (Gendron, Welleford, Inker, & White, 2016). However, the gerontological understanding of a/the “vulnerability narrative” has been too tightly set within frames of the biophysical and psychosocial (Vasara et al., 2023). In this paper, we argue that the wider context is also an important factor in understanding how age and aging is framed within communications about risk, care, duty, solidarity and interdependence.

#### *Vulnerability in dynamic context and gerontology’s grey areas*

Ageism as a “modern biopsychosocial phenomenon that cultivates negative subconscious attitudes (implicit bias) about aging and older people within individuals, groups, and society” (Reynolds, 2020, p. 500) is not well understood in the public domain or within healthcare professions. We argue that the socio-spatial as a set of dynamic relational processes that change over time is equally important to how ageism is conceptualized, perceived and experienced. These processes are context-dependent such that the language of ageism in the workplace will be different than in a less formal setting, and frames will be setting-specific (i.e., bio-medical frames in hospitals, social justice frames in policy work, economic frames when discussing cost of service provision and frames of care within institutional settings). Rather than try to encapsulate ageism in discrete terms, context-specific narratives and frames can be more informative about a society’s understanding of age and aging. The context of the pandemic and the ensuing public health crisis has inspired a mix of discursive elements: vulnerability and protection (Lagacé et al., 2021), vulnerability and survivor narratives (Jen et al., 2021), non-stereotypical images of aging and use of EICT (Köttl et al., 2022) and positive images of socialized third agers that mask the erasure of the corporeal realities and care needs of the oldest old (Xu, 2022).

This study aligns with the extant literature and finds the “vulnerability narrative” and negative stereotyping present in the communication of age-related risk. When vulnerability is presented as an outcome of a situation rather than a characteristic of a group, it implies a dynamic process which can change over time. This was often missed in the communications about vulnerability, where chronological age was represented as the only risk factor, and all older people were addressed as a homogenized group. However, this was not the dominant theme, and the Portuguese case shows that cultural differences change the way age and aging are understood within the context of a public health crisis and existing cultural norms.

The common denominator in the themes (Duty of Care, Solidarity, Inter-relatedness, Support for those living in isolation/without support) is a focus on the relationships between people within a larger group, be that a neighborhood, a community, a region or a nation. This contrasts with the more hegemonic, neoliberal portrayal of an individual with choice, freedom and the ultimate responsibility for their care and health outcomes that simultaneously erases the systemic and structural constraints placed on older people. The separation of an active third age and an abject fourth age (Higgs & Gilleard, 2020, 2021) was not reproduced in these relationships, although they were present in the vulnerability narrative, where age was frequently related to the bio-physical decline and frailty associated with the fourth age and the oldest populations (i.e., those in long-term care).

‘Duty of Care’ describes a cyclical relationship over the long-term such that those who have already given to society should receive from those who are able to give and who have a responsibility to contribute to the well-being of those in need. If neediness is attributed to older people generally, this plays into the vulnerability narrative and could be seen as paternalism or compassionate ageism. While this was true in some cases, the majority of posts focused on the relationship rather than any implied or inherent need. A frame such as ‘Solidarity’ when embedded in a culture can activate positive behavior towards others (regardless of age), as it is inclusive in its referents. ‘Inter-relatedness’ re-frames interdependence along the life course, which again, has the potential to be age-neutral, activating relationships of mutuality rather than the

unequal power relation implied in “caremongering”. ‘Support for those living in isolation/without support’ pays attention to the context in which vulnerability emerges as an outcome and not in identifying a static group of vulnerable people. All of these themes are relational and dynamic, rather than the more individual and monolithic narrative of vulnerability or being a survivor (Jen et al., 2021) or a universal/existential vulnerability essentialized as inherent (Laceulle, 2017).

These themes, embedded as they are in context, do not sit neatly within the gerontological literature and especially that which activates ageism as an all-encompassing oppression (Higgs & Gilleard, 2020, 2021, 2022). There is negative stereotyping, the misuse of chronological age as an indicator, paternalism, discrimination and erasure of the older voice – all of which are undoubtedly ageist. However, in addition, there is a responsabilization of care not placed solely on the individual but on everyone: young, old, family, friends, neighbors, community and institutions with a social care mandate from the hyper-local to the national. There is a call to action and togetherness that reaches beyond the political rhetoric of everyone being “in it together” (Kinsella et al., 2022, p.241) that counters the othering of older populations and draws from a sense of equality and inter-dependence along the life-course. There is a foregrounding of social, demographic and geographic contexts, which create vulnerable situations for some older people such that they may, at times, require assistance, and this is central to the organization and provision of social care in and out of crises as put forward in relational accounts of vulnerability (Brown et al., 2017; Mould et al., 2022). In short, the situation is multi-dimensional and nuanced, and if seen uniquely within a frame of oppressive ageism, other conceptualizations of aging beyond a glorified third or abject fourth age are foreclosed (Higgs & Gilleard, 2022).

In the context of the pandemic, these themes can be understood within the wider frames found in the literature that activate responses of solidarity, mutual aid and cooperation. This is not to over-state the alignment, as much of this literature centers around a radical politics of resistance and protest in the face of infrastructure failure, increasing inequalities, precarity and intersectional injustices (Mould et al., 2022). The Portuguese case offers an alternative reading, as the institutional framework of care-giving is at the heart of the response and presents a mandate of care that reaches into a diverse network of relations across families, neighborhoods, parishes and municipalities. This serves as a rare example of a relational framework of vulnerability in a Western context, which places the individual and their experiences in dynamic relationship to the response from institutions that have an acknowledged duty of care (Brown et al., 2017).

What is strikingly similar between the results of this study and the solidarity literature is a shared responsibility to take action, regardless of the motivation (Carstensen et al., 2021). What this literature adds is a sense that universal or relational vulnerability operates at the collective level (Mould et al., 2022) and drawing on trans, queer and disability readings of othering, rather than something to be avoided, can be the catalyst for connection (Beckett, 2006; Brice, 2020; Butler, Gambetti, & Sabsay, 2016). Vulnerability, conceptualized in this way, is presented within the care-giving/care-receiving dynamic (Wiles, 2011) and promises to give voice, to empower and to transform the structures that created the vulnerability in the first place. With respect to older adults and especially those reliant on institutional care during the pandemic, this seems a particularly important contribution to the gerontological imaginary. This relational approach forces us “to examine mechanisms which frame and re-frame corporality, adversity, agency, capability and entitlement” (Brown et al., 2017, p.506), some of the key categories in the study of older people and therefore a rich seam for future gerontological research.

## Conclusion

What this study reveals is that culture and context are integral to the framing of age and should be foregrounded in our assumptions and

theories about ageism. Although ageism is seen as a global phenomenon (Ng, 2002), more research is needed to understand how cultural variations emerge and what effect they have on those impacted by ageism in different contexts and settings. The Portuguese case demonstrates that there are alternatives to hegemonic narratives of health (active aging) or wealth (productive/successful aging) that could activate a less polarizing view of age along the life-course where (inter)dependence, vulnerability, autonomy, capacity and competence are seen in dynamic relationship with context, culture and environment. More inclusive, relational and contextual frames challenge the assumptions and judgments that cause older people to be treated as “other”. When treatment arises from and adapts to specific contexts and relationships as opposed to being determined by a static health indicator such as age, the outcomes are more likely to be personalized and congruent with need. The context of the pandemic presents an opportunity for gerontologists to rethink what is being activated and by whom when certain narratives and or frames of vulnerability are employed. We need to consider how our work, and specifically the language we use, may foreclose opportunities for vulnerability to be acknowledged by both individuals and the structures that support them. The individualism of the neoliberal discourse on third age is one such foreclosure but so too is gerontology’s refusal to see vulnerability as more than a biophysical or psychosocial risk to older people. This study shows that vulnerability can be interpreted within the cultural context as a relational and dynamic process along the life-course.

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## Declaration of Competing Interest

No potential conflict of interest was reported by the authors.

## Data availability

Data will be made available on request.

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