

# Has COVID-19 Changed Everything?

## Exploring Turns in Technology Discourses and Practices Related to Ageing

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**Abstract:** This article presents reflections resulting from the conference session “Dis-entangling Later Life: Ageing Processes, Innovative Practices and Critical Reflections”, organized in the context of the VIII STS Italia Conference. The paper expands the discussions from the session and touches on three topics regarding the multiple relationships between COVID-19, ageing and health, namely: (1) the decline of a hyper-responsibilizing rhetoric in the public sphere over the last decades, along with concepts of active ageing and successful ageing; (2) the reinforcement of the representation of ageing as a process with homogenous effects on population, transforming older adults into a social group characterized by shared frailties and needs; and (3) the growing role of public and third sector institutions in supporting older adults in the use of technology during the COVID-19 outbreak, expanding the network of involved actors. Proposals for future research paths are addressed in the conclusions, encouraging the further analysis of the topics discussed in the conference session.

**Keywords:** Ageing; COVID-19; discourses; practices; technology.

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## I. Introduction

This article presents reflections from the organizers of the session “Dis-entangling Later Life: Ageing Processes, Innovative Practices and Critical Reflections” (chaired by the authors and Silvia Fornasini), which took place during the VIII STS Italia. Planned for the summer of 2020, the event was postponed to 2021 as a result of the COVID-19 Health Pandemic. The

disruptive outcomes of the pandemic encouraged organizers and authors to reorient their reflections and to integrate pandemic constraints and challenges into their work. The session generated an enriched and in-depth discussion of age definitions or standard measurements, social-media use – before and during the COVID-19 pandemic – along with the adoption of personal or healthcare technologies in rural environments. This paper expands on the session's outcomes, namely on three emerging topics arising from the multiple relationships between COVID-19, ageing and health, re-framed in the light of current work in the fields of Science and Technology Studies (STS), ageing studies, and media studies.

## **2. Older Adults and Public Discourse During the Pandemic: A Turning Point for Self-responsibility?**

The consequences of the COVID-19 pandemic on public discourse about ageing is one of the emerging topics in the debate within the field of ageing. During the pandemic, the public discourse has vehiculated the perspectives of various stakeholders (e.g., scientists, politicians, political opinion leaders, patients' families, and organizations) and simultaneously, has oriented public opinion and political agendas.

In this context, it is relevant to start by clarifying how the pandemic has (re)shaped representations about the role of older adults in self-managing their health conditions. Since the beginning of the 1990s, public discourse has promoted a vision in which older adults are expected to practice self-care, or, in other words, to take care of themselves by embracing a 'healthy lifestyle' and enhancing their bodies (Joyce et al. 2007; Lassen and Moreira 2014). As stressed by William Jones (University of Washington, USA), concepts such as active ageing and successful ageing have dominated public discourse, leading to the perception of older adults as independent subjects, in this way turning good and poor health into a matter of pure individual responsibility.

In contrast with this trend, the pandemic strengthened rhetorics that objectified older individuals, regarded as fragile and passive, in need of protection from the community (Miele 2021). Beginning with the correlation between chronological age and COVID-19 disease severity, presented by statisticians and epidemiologists, public narratives framed COVID-19 as a "disease of the elderly". Throughout the pandemic, this conceptualization has taken on different shapes: during the initial phase of the pandemic, particularly on social media, the health of older adults was represented as an unproductive social burden, dispensable in the name of economics (Fraser et al. 2020; Jimenez-Sotomayor 2020). With the spreading of the virus, older adults were increasingly represented as passive recipients

of interventions carried out by governments, scientists, and public institutions (Ayalon et al. 2020; Zhang, Liu 2021; Caliandro et al. 2021). Research is required to determine if the COVID-19 outbreak has indeed weakened the previous emphasis on older adults' individual responsibility or if the latter will resurface as pandemic conditions pass.

### **3. The Meaning of Ageing: From Homogenization to De-standardization and Vice Versa**

A second relevant topic concerns the role of the pandemic in ascribing meaning to ageing processes. The last decades have been characterized by attempts from biogerontology and social sciences to produce new knowledge about the biological processes that modulate ageing. In particular, as underlined by Bronzini (2021), the connection between chronological age and ageing has been growingly contested over recent years. New criteria for measurement have been created, providing personalized age measures (Moreira 2016) and reconceptualizing ageing as a process that is not completely aligned with chronological age (Pickard 2016). De-standardization of ageing challenges the assumption that there is a certain homogeneity in the ageing process and that individuals with very different physiological, psychological, clinical, and social characteristics can be considered similar merely because they share the same number of life years (Katz 2006; Moreira 2016).

As a result of the COVID-19 pandemic, national and supranational institutions have powerfully re-affirmed their need to treat older adults as a homogeneous social group characterized by shared necessities and fragilities. Since the beginning of the pandemic, public discourse has played a key role in 'othering' older adults, i.e., treating them as a homogeneous group, distinct from the "normal" (meaning typical or mainstream) population, and characterized by frailty, dependency, and vulnerability (Allen and Aylon 2021). As demonstrated by the qualitative study conducted by Melis and colleagues (2021) focused on daily life during the COVID-19 lockdown in Italy, the containment measures recommended by the institutions through public speeches, guidelines, and government regulations, contributed to isolate older adults, forcing them to re-define their daily life and to dramatically restrict their social contacts. The reinforcement of the 'othering' processes, already normalized before the pandemic in discourses regarding older adults (Fealy et al. 2012), appeared to have a twofold effect which requires further investigation. On the one hand, 'othering' processes have allowed a wide campaign of vaccination to be organized, a typical expression of the so-called 'WE medicine' (Dickenson 2013), a kind of

medicine aimed at protecting entire sectors of the society and characterized by universal access to healthcare services (in opposition with the personalized and privatized ‘ME medicine’, strongly interwoven with the neo-liberalization of western healthcare systems). On the other hand, ‘othering’ has favoured the isolation of a large percentage of older adults, supporting the reduction of their social life (e.g., abandoning informal care and volunteering activities) and exacerbating pre-existing inequalities (e.g., affecting individuals with weak family ties and with very low digital literacy).

#### **4. The COVID-19 Pandemic and the Networks Supporting Older Adults’ Technology Use: The Increasing Role of Formal Ties**

The last topic discussed in this paper concerns the similarities and differences between the practices of technology use, before and during the pandemic by older adults.

One difference that COVID-19 pandemic seems to have introduced is the increase in the diversity and number of actors involved in the technology use by older people. Traditionally, technology use by older adults has been characterized as an individual or a small group activity supported by close family and friends (Nunes et al. 2010; Vines et al. 2015; Riche and Mackay 2010). The study by Simone Carlo (Cattolica University, Milan) and Francesco Bonifacio (Cattolica University, Milan), conducted in a pre-covid context and presented at the conference, aligns with this depiction. The study provides examples of both individual and collaborative use of technology, supported by close family and friends in the rural Italian town of Castel del Monte. Fuelled by the need to use technologies to access essential services, such as healthcare, older adults would engage with these tools by themselves through trial-and-error, or resort to the support of close family or friends to learn to use different technologies, or, also, to help them overcome accessibility barriers (Greengard 2009).

However, the COVID-19 pandemic seems to have motivated other actors to become involved in the usage of technology by older adults. Government restrictions and public representations about the effects of COVID-19 on older adults’ health have limited their agency, bringing new actors into their networks. For example, with the presentation by Monica Murero (Federico II University of Naples) we learned about the role of local volunteers in supporting older adults in “using” electronic prescription. While intended to work as a facilitator during the pandemic, electronic prescription made it harder for older adults to get medication prescriptions because these were only accessible through a mobile app on a smartphone. Volunteers supported older adults in accessing such prescriptions, going to the pharmacy to purchase the medication, whenever older people were requested to stay home. The role of volunteers was, however,

not only applied to enabling electronic prescription. Multiple studies demonstrate volunteers' role in teaching the use of certain technologies over the phone (Haase et al. 2021; Gresh et al. 2021). Municipalities were also a new actor supporting technology use. Evidence is provided by Giulia Melis (Bicocca University, Milan), Emanuela Sala (Bicocca University, Milan) and Daniele Zaccaria (SUPSI, Switzerland) on the important role municipalities played in training older adults to use information and communication technologies, in assisting older citizens in gaining access to essential services, but also social media which became key to maintaining rich contacts with family, friends, or their local community (von Humboldt et al. 2020).

The examples of collective engagement presented in the session motivated us to consider whether such initiatives were isolated instances, or if society has globally gained a new understanding that the use of technology by older adults is a shared responsibility. In a moment of adversity, new actors appeared to support older adults in learning to use or directly access services perceived as critical to their wellbeing. However, issues of accessibility undoubtedly continue to exist when solidarity and the voluntary nature of the community have weakened. As researchers working in this area, it is our hope that the same willingness to support older adults remains after the pandemic and, also, that such initiatives counteract other accessibility issues in the community, such as those faced by people with disabilities.

## 5. Concluding Remarks

Starting from the reflections gathered during the session “Dis-entangling Later Life: Ageing Processes, Innovative Practices and Critical Reflections” and from the literature produced over the past year and a half, we have shown how the pandemic has weakened the pre-existing emphasis on individual responsibility and on the individualization of the life course. These trends, typical of the biomedicalization era (Clarke et al. 2003, 2010), shared a specific focus on individuals, perceived as key actors that can positively and successfully shape the ageing process. From this viewpoint, personalized and customized biomedical interventions can help individuals to maintain a good health status, balancing the progressive weakening of public welfare systems and the increasing involvement of private entities in the provision of health services. In contrast, during the pandemic, medical knowledge has turned into a subsidiary body of knowledge to be mobilized in the public sphere for legitimizing the expansion of a political centralized governance of the emergency (Crabu et al. 2021). In parallel, older adults have been put at the centre of discourses, representations, and policies that treat these adults as recipients of public health interventions that target a homogeneous group of frail individuals, in need of protection from the community. Moreover, the networks of older adults have been changed by

the pandemic, welcoming several new actors from public and third sector institutions, to support the adoption of technology directly associated to these adults' wellbeing.

We believe more research is required. Firstly, it is important to verify if the trends identified are temporary or fated to persist beyond the pandemic phase of COVID-19. Second, it is important to understand if the pandemic has inspired possible alternatives to hyper-responsibilization and objectification of older adults, namely through fostering community solidarity and the strengthening of public welfare policies directed at older adults, without reducing agency and overlooking individual characteristics. The attempt to view older adults as an active part of the planning and development of techno-scientific processes is not new in STS (see: Peine and Neven 2019; Cozza et al. 2020). However, now it is vital to investigate the ways through which the pandemic conditions have favoured or obstructed the active involvement of older adults in the co-construction of interventions aimed at improving their health and wellbeing.

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