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SPECIAL ISSUE: LEISURE IN THE TIME OF COVID-19. A RAPID RESPONSE
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CRITICAL COMMENTARIES



Are You OK, Boomer? Intensification of Ageism and Intergenerational Tensions on Social Media Amid COVID-19

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ABSTRACT

Social media is a useful tool for connecting with family, friends and others while physically distancing and self-isolating due to COVID-19. Simultaneously, it is being used for purposes of expressing antagonistic stereotypes, prejudice, and discrimination against older adults. This commentary draws on social media trending topics (e.g., “OK, Boomer,” “Boomer Remover”) to demonstrate how generalizations regarding chronological age and COVID-19 age-related biomedical risks have: (a) exacerbated ageism on social media, and (b) further exposed ongoing tensions between so-called “Millennial” and “Baby Boomer” generations in ways that are targeted against the older generation and serve in favor of younger ones. The implications of this ageist discourse in and on society are discussed. Anti-ageism efforts by social media users and organizations are highlighted. In this state of emergency, we must bring awareness to and resist ageism that depersonalizes and dehumanizes older adults and undervalues later life during and following the COVID-19 pandemic.

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The rapid and radical changes that COVID-19 brought to our daily lives have shifted how we engage with one another in society. Due to physical distancing and self-isolation recommendations, we are in pursuit of alternative ways to connect personally and socially during this pandemic. Some people are turning to social media to communicate with each other virtually, but apart from each other physically. Despite the contributions that social media can make to our lives in this time of crisis, it also comes with some significant limitations. For instance, it can be used as a platform for hurtful messages, such as online bullying, which can result in psychological and social harms. These messages can be targeted at specific social media users or be about members of a social group on social media and/or in society, including older adults and the “older generation.” Unfortunately, the wake of COVID-19 has brought a resurgence of hostile messages on social media, even classifying as hate speech, that exhibit ageism against older adults (Ayalon, *in press*).

Ageism was first exposed by Butler in 1969 (Butler, 1969) and described as, “the subjective experience implied in the popular notion of the generation gap... a deep

seated uneasiness on the part of the young and middle-aged—a personal revulsion to and distaste for growing old, disease, and disability” (p. 243). Since then, the definition of ageism evolved to encompass cognitive (i.e., age stereotypes, beliefs), emotional (i.e., age prejudice, attitudes) and behavioral (i.e., age discrimination, actions) components (Ayalon & Tesch-Römer, 2017). These components manifest at individual, interpersonal, as well as institutional and cultural levels that result in older people being perceived and treated differently due to chronological age (Iversen et al., 2009).

The expression of ageism on social media is not new. For example, in 2019, before the COVID-19 pandemic, the catchphrase “OK, Boomer” went viral around the world on TikTok and other social media platforms. It became a slogan for “Millennials” who felt “Baby Boomers” were out-of-touch with modern realities because of outdated and conservative beliefs, and were delaying progress on important societal issues, such as domestic economic inequities and global climate change. The expression even managed to find its way into government affairs. In November 2019, 25-year-old New Zealand politician Chlöe Swarbrick was presenting the Zero Carbon Bill that was challenged by an older Parliament member (Elliott, 2019). Her reply was “OK, Boomer” which dismissed the challenge and aimed to discredit her colleague. This Millennial motto sparked debate of what constitutes free speech versus hate speech between generations (Iannone, 2020).

But now COVID-19 is going viral around the world—in terms of actual transmission and in discussions on social media. A similarity between “OK, Boomer” and COVID-19 is that both disproportionately implicate older people. Symptoms of COVID-19 are typically mild for children, youth and adults. However, older adults and individuals with preexisting medical conditions (e.g., cardiovascular and pulmonary diseases, cancers, diabetes) are typically more likely to develop serious illness, require hospitalization and intensive care, as well as die from the virus or acquire chronic conditions with survival (World Health Organization, 2020a). To counteract these negative outcomes, chronological age and compromised health status are included as major risk factors within local and global public health COVID-19 campaigns. For example, the New Zealand Government (2020) COVID-19 strategy includes being kind and supportive to friends, neighbors and extended family, especially the “elderly and vulnerable.” The Government of Canada (2020) identifies those most likely to experience severe COVID-19 illness and encourages all Canadians to limit contact with people at higher risk such as “older adults and those in poor health.” The World Health Organization (2020b) states people who are “60+ and those with underlying health conditions” should avoid areas where they may interact with people who are sick to protect themselves against COVID-19. These campaigns aim to prevent or reduce virus transmission—across and within countries, communities, families and generations of people—based on early biomedical evidence of the risk factors associated with how the virus *generally* expresses in hosts of different ages and states of health. However, these campaign messages depict an oversimplification of both “age” and the risks of COVID-19 associated with “age”, which represents and reinforces ageism.

More specifically, the “elderly” or “older adult” group is categorized arbitrarily using chronological age cutoff points, which falsely homogenizes the many individual differences and personal diversities observed in later life (Ayalon et al., [in press](#); Gullette, 2017). Then this heterogeneous group is uniformly labeled as “vulnerable” and “at risk”—inextricably intertwined with assumptions of poor health and underlying health

conditions—indicating a conflation of age and disease. These representations go against more recent evidence that shows other more robust risk factors of COVID-19 exist, such as certain underlying health conditions, irrespective of age (Garg et al., 2020; Montero-Odasso et al., 2020). Unfortunately, this oversimplified age and age-related risk messaging characterizes generalized negative beliefs and attitudes about aging and older adulthood (i.e., age stereotypes and prejudice, respectively), which can, and do, result in the differential treatment of older adults based on age (i.e., age discrimination) as well as a multitude of negative biopsychosocial health outcomes in later life (Levy, 2009; Meisner, 2012a; Meisner & Levy, 2016). Even more unfortunately, the wide-spread correlation of aging and poor health status with COVID-19 risk has caused the repopularization and intensification of ageism and intergenerational tensions in public discourse far worse than “OK, Boomer.”

On social media, COVID-19 has many names, several of which pertain to older adults. The virus is referred to as the “Boomer Doomer,” “Senior Deleter” and “Elder Repeller.” However, one name that is arguably the most viral is “Boomer Remover” which was a trending topic and hashtag on Twitter in March 2020. According to some opinions shared online, the “purpose” of COVID-19 as the “Boomer Remover” is to: efficiently address global and domestic overpopulation by targeting older adults and sparing the lives of children, youth, and younger adults; decrease the demand and burden that older adults put on health care and tax systems; remove older adults from society so that more jobs, opportunities, and resources can be provided to younger and healthier people; and reduce the number of right-wing conservative voters.

Within these tweets there exist clear themes of population cleansing across generations. Population cleansing signifies, “a planned, deliberate removal from a certain territory of an undesirable population distinguished by one or more characteristics such as ethnicity, religion, race, class, or sexual preference” (Bell-Fialkoff, 1996, p. 3). Regarding “Boomer Remover,” it is implied online that the COVID-19 virus was “designed” to remove older adults from society. Further, the political nature of population cleansing is observed in these views as well—that is to endorse or permit the elimination of one social group for the benefit of another group (Bell-Fialkoff, 1996). COVID-19 acts *against* older adults and serves in *favor* of younger adults. Younger age groups are “the desirables” while the older age group portrays “the undesirables”—not only are older adults undesirable, they are viewed as an expendable nuisance to younger generations.

There is considerable gerontological literature that has, for years, documented these issues. For example, Gee (2000) described the “apocalyptic demography” ideology to represent popular concerns that the growing proportion of older adults in the population would have catastrophic consequences on society (e.g., the “grey tsunami”). The notion that social resources, “get funnelled to the sick, the old, and the retired at the expense of the healthy, the young and the working” (Gee, 2000, p. 5). These similarly oversimplified beliefs and attitudes problematize aging and homogenize, objectify, and blame older people (Gee, 2000; Longino, 2005). Such views are also used to justify or rationalize actions that prevent or counteract perceived intergenerational injustices through social policy (Gee, 2000; Gee & Gutman, 2000).

Therefore, we should be concerned that apocalyptic demography and COVID-19 “Boomer Remover” ideologies are finding their way into government matters, just as

“OK, Boomer” did. For example, United States Texas Lieutenant Governor Dan Patrick stated on Fox News in March and April 2020 that grandparents should be willing to take their chances and accept the risk of death to prevent lockdowns and protect the economy for their children and grandchildren (Knodel, 2020), and that saving his country for his children and grandchildren is, and should be, more important to him than living (Madani, 2020). We need to be hypervigilant and responsive when ageist ideas and actions are endorsed by officials who have the authority to inform or make decisions that affect the lives of others—particularly in the context of COVID-19 health care policies. The detrimental influence of ageism was present in health care before COVID-19 (Levy et al., 2020; Meisner, 2012b), so the increased attention to these issues is even more vital now that medical decision-making directives are being created in terms of who does and does not receive the limited resources and life-saving equipment in hospital and long-term care settings. It should be clear that not only are these ageist ideas and actions blatantly discriminatory, but that taking away the rights, privileges, and lives of one social group to benefit another is a human rights violation and characterizes genocide based on age (Bell-Fialkoff, 1996; Government of Canada, 1982).

This is not to say that age is not a factor related to COVID-19. However, it should not be *the* factor that determines how older adults are treated—socially or medically (Ayalon, 2020; Levy, 2009; Meisner & Levy, 2016; Montero-Odasso et al., 2020). Unfortunately, some clinical ethics recommendations for the provision of COVID-19 medical intervention in exceptionally resource-limited situations indicate that, “it might be needed to set an age limit for the admission to intensive care” (Cesari & Proietti, 2020, p. 576). Again, we must recognize that chronological age is not an inherently robust predictor of health and functioning, which is particularly true in later life (Montero-Odasso et al., 2020). There are reports of 100-year-olds recovering (and 20-year-olds dying) from COVID-19. So, rather than relying on chronological age as *the* indicator of COVID-19 discussions, debates, and decisions, we should identify and use valid, reliable, and objective measures, which are quick and easy to obtain for rapid medical decision making, that operate independently of age (Cesari & Proietti, 2020; Montero-Odasso et al., 2020).

The use of “Boomer Remover” and other similar terms to refer to COVID-19 should be criticized for being ageist against older people. Optimistically, the problematic nature of COVID-19 ageism is recognized by dissenting voices on social media and beyond. In opposition of the term “Boomer Remover,” anti-ageism advocates on Twitter note that: unlike people, COVID-19 does not discriminate based on age; if younger people think COVID-19 will not negatively affect them, then they may not take precautionary measures, unintentionally become infected, and transmit the virus to their family members; how serious it would be if a younger person’s grandparent or someone else they love was sick; and that it is just a matter of time until younger people will become older and then ageism (and possibly COVID-19) will affect them too. Additionally, in statements pertaining to COVID-19, national and international associations are resolutely condemning ageism and reminding us that: “people of all ages are privileged with the same rights” (British Society of Gerontology, 2020); that we, “need to tackle ageism and stigma against older persons head-on” (United Nations, 2020, p. 4); and that:

It is essential that policies, programmes and communications provide a differentiated, undistorted picture of the impact of the pandemic on older persons and their contribution to the response to ensure they are not being stigmatized. Broader community engagement can help to promote intergenerational solidarity, combat ageism and monitor and address violence, abuse and neglect against older persons (United Nations, 2020, p. 9).

These messages emphasize that *we are all people*—within families and communities and across age groups, generations, and time. People who are valued *individuals* with meaningful lives, no matter what our age. These messages also emphasize that the “us vs. them” and “Millennial vs. Baby Boomer” framing works against us, despite being socially constructed and maintained by us (Ayalon, 2020; Gullette, 2004). Until there is an effective vaccine, we must consider how COVID-19 will impact the aging experiences of our current, and future, older generations. In the meantime, although we cannot control the year we were born, we can control how we think about, treat, respect, and empathize with each other—across generations, in solidarity—especially in a time of crisis.

Declaration of interest statement

No potential conflict of interest was reported by the author.

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