

THE ELDERLY DURING THE COVID-19 PANDEMIC: BETWEEN SOLIDARITY AND DISCRIMINATION

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Abstract. *The focus of the paper are the possible effects of public discourse in our country during the COVID-19 pandemic, especially during the state of emergency, when care for the elderly was constantly being emphasized, along with responsibility for their lives. The paper is based on the results of several existing studies on the experiences the elderly had during the state of emergency in our country, when many of their rights were denied, and when the COVID-19 pandemic was presented as solely a “problem of the elderly”, which is why the elderly were presented as a homogenous group in the public discourse, that is, as vulnerable and powerless members of society. The aim of the paper is to view the risks of such a representation, and to indicate the need for and importance of discourse which emphasizes the heterogeneity of the elderly, and the need for synchronized activities from various institutions and organization, as well as collective and individual actors, with the aim of developing inter-generational solidarity. The conclusion is that it is important to refrain from generalizations based on age, so that any incorrect perceptions of the elderly could be altered, and thus a contribution made to the fight against ageism.*

Key words: *the elderly, young people, inter-generational solidarity, discrimination, the COVID-19 pandemic.*

1. INTRODUCTION

The contemporary, post-modern, post-industrial society and its implications is the focus of study of leading theoreticians. While one group views the growing individualization as a positive process which leads to the increase in the freedom of choice and the possibility that an individual could enrich their personality and independently create their own life and establish a new moral order (Giddens 1998), others recognize and label contemporary society as a high-risk society (Beck 2001). For Giddens the post-modern world or the “runaway

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world” is a “shopping mall of lifestyles”, while for Beck it is “white-water rafting”. Globalization exerts considerable influence on all the aspects of everyday life and on the reshaping of institutions. There is still talk of family, work, tradition, but all these categories just carry the same “shell” while their essence has been altered, since they are no longer a match for the tasks they are performing (Giddens 1998).

The processes of globalization and individualization have impacted the transformation of the institutions of socialization and the weakening of socializing agents. A cyberspace has been created, and social communication takes place online. We live in a complex system of a plethora of information, where children and young adults are abandoning their traditional ways of growing up and building new inter-generational relationships. “Maturation strategies are structured by dichotomies of risk/possibility and choice/pressure. The process of growing up becomes destandardized, reversible, fragmented, while the linear model is replaced by the transition model in which the subjective concept of the self plays the main role” (Čičkarić 2006, 40, author's translation).

For decades the social context in Serbia has been made up of numerous socio-economic difficulties, while the events on the macro-plane are reflected on the micro-environments. The social and economic state has drastically been reflected on all the segments of life and led to changes in the dominant system of values. Young people are not in a position to plan for the future in the long run since a deep differentiation in the society opens up the space for ever-increasing uncertainty and risk. They are defined as biologically and socially mature, and on the other hand, are still materially dependent on their parents as a generation. They are often known as the “consumer generation” or the “lost generation” and we also refer to them as the “war generation” in our country. The demographic changes in our country are also unfavorable, since the ageing process of the population is taking place much faster and more intensely than in other European countries. If the demographic trends, such as the negative birthrate, the increase in the ageing index, an unfavorable relationship between the active and dependent population continue at this tempo, this will represent a considerable problem for the development of our society in the future.

In such socio-economic conditions the standard relationships among people are rapidly changing. The consequences of the absence of sensitization needed for other forms of solidarity can be felt, with the exception of institutionalized forms of solidarity, so an individual is rarely ready to show a solidarity which transcends the framework solely of the circle of family and friends (Balaban et al. 2005, 191). “The burning issue of today is that we no longer have the time to listen, not even to those closest to us. Let us remember the ill and the elderly who today cannot be happy unless they experience solidarity from those closest to them, or social solidarity. The best example we have are homes for the elderly and hospices. And what about solidarity through silence, smiling, encouragement, approval, and true friendship?” (Tomašević 2004, 75, author's translation).

The issue of solidarity among generations is particularly gaining in importance during social crises, when the spectrum of mutual relationships is rendered more complex and takes on new dimensions. Accordingly, it is important to analyze inter-generational solidarity in the context of the COVID-19 pandemic, especially since the public discourse is particularly contradictory and problematic. The question is whether the paternalistic attitude towards the elderly during the COVID-19 pandemic is an expression of solidarity or whether it is a case of open ageism, that is, discrimination against the elderly, since all the elderly were viewed in the same way – as ill, helpless, and the most at-risk group.

2. INTER-GENERATIONAL SOLIDARITY

Due to the polysemous nature of the concept itself, in science solidarity is interpreted in various ways. Durkheim in his work *The Division of Labor in Society* provided a classical determination of the concept of social solidarity as an 'expressly moral occurrence' which is used to express a general increase in humanity (1972). The basic thesis, which at the same time is the starting point, is that solidarity depends on the organization of society. The first phase in the development of society is an underdeveloped, primitive or Durkheimian "segmentary" society – in which there is no division of labor but where there is mechanical solidarity (Lukić 1974, 260). Societies of mechanical solidarity are societies in which every individuality and difference is lost. "All the members of a society are equal, personalities are poorly developed, society requires that everyone behave strictly and in the same way" (Lukić 1974, 261, author's translation). Durkheim points out that in this type of society the individual does not belong to himself, and is literally a thing that the society has at its disposal (1972, 160). As society becomes more complex and changes, thus the type of solidarity changes as well. "This solidarity resembles that which we observe among the higher animals. Each organ, in effect, has its special physiognomy, its autonomy. And, moreover, the unity of the organism is as great as the individuation of the parts is more marked. Because of his analogy, we propose to call the solidarity which is due to the division of labour, organic" (Durkheim 1972, 161, original text). Lukić cites that the division of labor creates a situation in which people do not do the same type of work and do not have the same position in society, and accordingly do not behave in the same way. People need one another, that is, are mutually dependent, and based on that show solidarity (Giddens 1996, 24). Durkheim's work received a lot of criticism. Osovskaja states that "Durkheim does not take into consideration that the division of labor brings with it a conflict between the bearers of various types of labor, and that various professions lead to the creation of a different moral system, which need not necessarily be in mutual harmony" (cited according to Lukić 1974, 406, author's translation).

Solidarity mostly includes a mutual dependence and association between people which imposes collective attitudes, values, and the appropriate forms of cooperation. It is also defined as a non-conditional mutual relationship which respects diversity during shared activities, and as the readiness for someone to stand up for someone else without legally being obliged to. Solidarity also includes the mutual responsibility between individuals and a social group, that is, among members of that group (Milošević 2007, 232–235). In the search for a determination which would in the best way possible indicate the specific nature of this concept in relation to similar concepts Zulehner distinguishes it from simple group cohesion (*Gruppenzusammenhalt*), which would to an extent be similar to Durkheim's "mechanical solidarity", then from *group conformity* (*Gruppenkonformität*), and from simple sympathy (*Mitleid*), considering that the essence of solidarity, even though it has to do with empathy, still does not lie in the feeling, but in the voluntary decision (according to Marasović 2004, 364).

Solidarity is usually manifested in three different ways in society: 1) verbally, 2) practically, and 3) in an organized fashion, that is, institutionally. Verbal solidarity includes a loud expression and support of the disenfranchised and endangered. Verbal solidarity can be purely declarative, and thus is not sufficient for the social field where concrete action is needed, which is actually included in practical solidarity. Organized, that is, institutionalized solidarity enables social policy to be put into practice (health insurance, pension funds, etc.) (Marasović 2004, 371).

In this paper, the concept of solidarity includes responsibility and social support. Solidarity is determined as a complex social phenomenon which includes the social character of man as a being that engages in interaction with other people and freely establishes both emotional and responsible relationships with them. It is also defined as the mutual responsibility and the relationship of trust and mutual exchange of support for various forms of providing social security. The principle of solidarity represents a general social value and a means of achieving certain shared goals in society, that is, a connection between people and the establishment of suitable forms of cooperation and mutual assistance (Milošević 2007, 232–235).

Inter-generational solidarity is characterized by shared interest, a sense of closeness, mutual concern, and the desire to provide protection to members belonging to different generations within a single family, even when they are geographically removed. This type of solidarity is not limited solely to the family context but also refers to all of society, and as such represents a very important precondition for establishing a harmonious society for all generations (for more details see Todorović et al. 2019, 13). “Inter-generational solidarity in the broadest sense represents a consciously established association and relationships within and among individuals in multi-generational family networks in the family, and between various age cohorts in the broader community” (Maria Amparo Cruz-Saco, cited according to Perišić et al. 2019, 52, author’s translation).

The Second World Assembly on Ageing (Madrid, 2002) dedicated special attention to solidarity among generations. Solidarity is emphasized as the main precondition for social cohesion. The suggestions of the Global Action Plan refer to:

- the educating of all people to understand ageing, which is clearly in the interest of all of society;
- providing political support for solidarity among generations;
- viewing the elderly as a social resource;
- strengthening inter-generational solidarity as a factor of social cohesion and social development;
- facilitating the position of the middle generation which is “torn” between their parents and their child;
- initiating a study on the advantages and disadvantages of the elderly living in family households and in facilities for the care for the elderly.

In 2005 the European Commission issued the *Green Paper*, a document titled *Confronting demographic change: a new solidarity between the generations*. Encouraging solidarity and cooperation among generations is very significant since it contributes to social cohesion. When it comes to the elderly, inter-generational solidarity encompasses the broader social context and refers to the readiness of citizens to accept the elderly without discrimination, that is, without underestimating and without overestimating.

The question of the absence of solidarity is a culturological issue to be fought against, thus defending the dignity and equality of people. Younger generations need to participate in that as well, but they need to be more sensitized for that. The efforts made for their sensitization, for humane values and human rights to be developed lead to the establishment of a standard for the development of solidarity among generations.

One of the theories which explains inter-generational solidarity in the family context is the *social exchange and life cycles theory* according to which family inter-generational solidarity develops in relation to the type of family, that is, depending on how many life cycles there are in it. Jakič-Kozarčanin cites that in a large family there are no separate family cycles, that is, the family remains a permanent framework in which only the members change, so within it

there is a strong solidarity and numerous emotional and economic interactions. In the extended family there is no structural unity of the family since new generational nuclei are formed within it, but it too has most of the characteristics of the previous one. Unlike it, in the modified extended family the disintegration and atomization increase more and more so that personal contacts are more rare; however, emotional and economic support are still present. Contrary to that, the isolated nuclear family represents a form in which ties are broken and in which solidarity does not exist (Jakič-Kozarčanin 2003, 61).

The social exchange and life cycles theory is also important because it includes six dimensions of inter-generational solidarity, as well as indicators which can be used to empirically study: 1) *solidarity through bonding* (which includes the frequency and patterns of interaction in various types of activities the family members can take part in), 2) *emotional solidarity* (which also includes the type and level of positive feelings towards members of the family, as well as the level of reciprocity), 3) *consensual solidarity* (which refers to the extent of agreement in terms of values, attitudes, and beliefs among the family members), 4) *functional solidarity* (which refers to the extent of assistance and exchange of resources between family members), 5) *normative solidarity* (which represents an evaluation of the importance of family assistance), and 6) *structural solidarity* (which refers to the number of family members, their state of health, and the geographical distance between them) (Todorović & Vračević 2019, 19–20). The cited dimensions of inter-generational solidarity are based in several theoretical approaches. Roberts and Bengston first cite the classical theories of social organization, then the developmental perspectives in family theory and knowledge from the psychology of group dynamics. The greatest impact on the shaping of this theory these authors see as originating from Durkheim, who pointed out the importance of social organization for the type of solidarity, but also from the works of Heider and Homans, who pointed out the importance of feelings, interaction, consensus, and norms for the development of solidarity (Bengston & Roberts 1991, 858). This model was criticized because as is, it excludes the possibility of the simultaneous existence of warm and negative feelings, after which it was expanded by the seventh dimension of conflict. Over time the structure of the family changes, as do the social norms, and the expectations of the family members in inter-generational relationships, which can be an additional cause of ambivalence and conflict among various generations within the family. However, research shows that the existence of ambivalence does not necessarily lead to a reduced level of inter-generational solidarity in the family (Todorović et al. 2019, 94).

Today various attitudes exist when it comes to inter-generational family solidarity and inter-generational solidarity outside of the family. On the one hand, inter-generational solidarity is believed to have increased, since inter-generational offer of assistance in the family and in society is considered to be cyclical, and thus taking care of children and elderly members of the family is a natural part of the life cycle, but the perception of the elderly has changed as it has of their roles, and that they are more often viewed as active members of society who can make a contribution to numerous spheres of life. On the other hand, it is believed that inter-generational solidarity is declining since there is a reduction in the number of work able individuals who are capable of providing the elderly with care, and an increase the number of elderly individuals who need that kind of help. The decrease in solidarity is also influenced by numerous prejudices about the elderly (for more details see Todorović et al. 2019, 20).

3. THE ATTITUDE TOWARDS THE ELDERLY DURING THE PANDEMIC – BETWEEN USEFUL AND RISKY

In March of 2020, the World Health Organization declared a pandemic caused by the COVID-19 virus which led to long-term changes to the overall social life. Individuals and society as a whole were faced with challenges in terms of preserving mental and physical health, but also with numerous other problems (limited movement, prohibited gatherings, changes in the way businesses operate, the education of children and the young by means of television and internet platforms, etc.). Numerous countries declared a state of emergency, and borders were closed with the aim of containing the pandemic, a quarantine was introduced, along with a curfew¹. Preventive measures such as the obligatory use of masks, physical distancing, and prohibited gatherings changed everywhere in accordance with the epidemiological situation and state strategy. The response of the Republic of Serbia to the COVID-19 pandemic also included the introduction of a state of emergency on March 15, 2020, which considerably changed the daily life of citizens since it imposed a limitation on social and economic activities. Limiting social contact by introducing isolation and self-isolation led to an increase in the risk of depression due to helplessness, unpredictability, and lack of security.

In addition, the authorities warned citizens that the elderly were at risk the most (65 and over), who were also prohibited from going outside². From the very beginning, the pandemic caused by the COVID-19 virus was presented as a “problem affecting the elderly” and a clear age division was promoted, a separation between the young and the elderly (Zhou et al. 2020). The prohibition of movement certainly gives off the impression of increased solidarity and care for the elderly; however, in ageism could be noted in the public discourse, that is, a more frequent portrayal of the elderly as helpless, ill, frail, and incompetent. These messages or points of view were spread, primarily, by the media, but also by state administrators the world over through their public announcements (Ayalon et al. 2020, 1). On the other hand, the results of some studies indicate that during the pandemic an increase in the number of reported cases of elderly abuse was noted, ranging from financial fraud to family violence. Specifically, numerous countries used the prohibition of movement of the elderly as a preventive measure, which rendered them more dependent on their relatives, neighbors, friends, acquaintances, volunteers. This dependence means that the elderly need help procuring food, medicine and the like, which could lead to abuse under the excuse of fake solidarity (Han & Mosqueda 2020, 1386).

The “stay-at-home” order and social distancing changed the everyday life of all the citizens. As Mojić points out “there is virtually no individual on the planet who has not (in some respect) been impacted by this pandemic” (2021, 11, author’s translation). The use of information-communication technologies enabled maintaining contact at a distance; however, they are often unavailable or not available enough to the elderly. When it comes to the categories of citizens who belong to the so-called at-risk groups of digital exclusion, are elderly (65+) are one of the most at-risk categories of being denied

¹ *Order on Restriction and Prohibition of Movement of Persons on the Territory of the Republic of Serbia*, “Official Gazette of the RS”, no. 34/2020, 39/2020, 40/2020, 46/2020 and 50/2020), *Order on organizing and implementing quarantine measures*, “Official Gazette of the RS”, no. 33/2020) and others.

² The order on the restriction and prohibition of movement of individuals over the age of 65 living in settlements with more than 5000 inhabitants, as well as individuals over the age of 70 living in settlements of less than 5000 inhabitants, completely prohibited their movement, with the exception of Saturdays from 4am to 7am. Later these measures were relaxed in part, and the guidelines were often changed.

numerous rights which belong to them. Research results (Todorović et al. 2019) indicate that a considerable number of the elderly in Serbia do not use new technologies to communicate and that the information and communication literacy of the elderly in Serbia is at a low level.

The socio-economic challenges that all the citizens faced referred to the availability of groceries, health services, a limited source of income in many households due to the closing down of small businesses. Depression caused by the fear of contagion, frustration due to limited movement, social anxiety in the guise of fear and helplessness, uncertainty, dissatisfaction, mistrust, and feeling overwhelmed were also present. People were faced with additional demands and problems due to the closing down of daycare facilities and online education, and organizing work from home. It was not infrequent that family quarrels would occur, along with abuse.

The challenges placed before households in rural areas in our country during the pandemic crisis were also complex. The results of some studies carried out abroad (Andrulis et al. 2012; Groom et al. 2009; Massey et al. 2009; Parker et al. 2009) indicate that the rural population (especially the low-income one) faces consequences more often than the population in urban areas during a decline in economic growth. The reason for that on the one hand is that most people in rural communities depend on urban areas for the procurement of their basic necessities, while on the other their existence also depends on daily agricultural activities. At times when both the economic and social activities have been suspended partly or in full, problems in the supply chain occur (Massey et al. 2009). Furthermore, studies indicate that the population of rural areas during crises similar to that of the COVID-19 pandemic have faced problems such as access to health facilities, issues with food supply, and access to the necessary information regarding the current situation (Massey et al. 2009; Andrulis et al. 2012). One of the reasons for this is the neglect of rural areas during the crisis as a result of numerous problems in the urban environments which needed to be dealt with. In our country, the elderly living in rural areas have also faced the aforementioned problems. Neglect of the elderly in rural areas was manifested in two ways: delaying providing assistance while the problems in urban areas were being dealt with, or providing perfunctory assistance due to a lack of personal responsibility or a lack of social control.

When it comes to the socio-urban aspect of the pandemic crisis, Petrović and Božilović cite that irrespective of the fact that physical isolation and restrictions pertaining to leaving one's apartment and house were the basic drawbacks of life in urban settlements during the state of emergency, and unjustifiably the most hurt by this were citizens over the age of 65. Neighborly solidarity (especially of younger people towards the elderly), assistance from the armed forces and organized assistance from the municipalities and local authorities have proved to be important mechanisms of social cohesion, especially in cities at that time (2020, 844).

In such circumstances it is necessary to raise the awareness of citizens regarding everything that has happened and that is going to happen, but while more serious newspapers tried to inform their readers about important issues in a high quality manner, in the tabloid media one could see a sensationalist approach and a spreading of moral panic. Images emerged from Italy, Spain and the US, with convoys carrying the dead, and the news daily broadcasted reports on the difficult position of health workers who had to work overtime due to the number of new cases. Such headlines, content and images were accompanied by guidelines from the authorities indicating how the elderly were the most at-risk group and that they needed special protection, that young people were not at risk and

that they should show solidarity and be responsible, respect measures so as to preserve the lives of the elderly. The reactions of young people varied. On the one hand, a great number of volunteers and professionals were active, providing psycho-social support to the elderly and helping them in their daily functioning if they needed it, while on the other hand, there was a revolt among young people due to the limit imposed on their activities by social distancing, while their health, as they thought at the time, based on the information they were getting, was really not at risk, “but they had to make sacrifices for the elderly and be in isolation”.

The virus at that time was a great unknown, and it could not with any certainty be determined whether the elderly were most at risk. However, people during the pandemic, based on the chronological definition of ageing, were denied certain rights because chronological age is the only criterion taken into consideration, and advanced age automatically equates the elderly with vulnerability, dependency, and limited contribution. Ignoring diversity, which is present especially during old age, renders all people above a certain age limit a homogenous group (Lowsky et al. 2014).

The elderly are not a homogenous group, among them there are age, economic, cultural, health, and social differences. Those whose health has been preserved and who live within the circle of their family or in a home for the elderly, with a satisfactory financial income, would like to age actively while providing the necessary conditions for it. Over the past few decades a new quality of old age has emerged, since people's attitude towards ageing is changing; it is no longer just about the end of life, but the elderly are still mostly being referred to as ill, infirm, or passive individuals, which leads to discrimination against them.

A study carried out on a representative sample of 670 elderly women in six cities in Serbia (Belgrade, Novi Sad, Niš, Kragujevac, Bor, and Čačak) has shown that almost every other elderly woman during the stay-at-home order missed walking (48%), 23% were lonely, and 44% felt afraid. Elderly individuals who live alone found themselves in a particularly difficult situation, especially those who need care and help from other people, since most of the offered social services had either been terminated or were limited, while providing medical attention was limited only to urgent cases. The research results also showed that access to information on the available forms of assistance and support was limited, and that help and support were mostly not available during the general stay-at-home order. During the state of emergency, gender and other inequalities came to light. When it comes to getting provisions, medicine, and other necessary items at a time when individuals over the age of 65/70 were under a stay-at-home order, elderly women were usually provided with support and help by younger family members living with them (41%), that is, family members who do not live in the same household (47%). Help and support were also provided by their neighbors (25%), then friends (15%), and volunteers (6%). Elderly women cited the following as some of their most pressing problems: *I did not go outside for two months, I felt like I was in prison; It was terrible during the epidemic, when we were allowed to go out for a walk. The city looked haunted, it was terrible to look at, I thought I would just die from looking at it; It was utterly inhumane having us go shopping at 4am. I found it very difficult to get up at 3am in order to get ready and go shopping.* Only a very small number of elderly women cited that they had completely reconciled themselves to the situation, that they understood that they were part of an at-risk group and that they stayed at home in order not to catch the disease (for more details see Amity 2020).

Other significant results include those obtained by M. Ljubičić in Belgrade which referred to how the elderly spent their time during the state of emergency and how they felt at the time. The research results showed that the confidence of the elderly that the measures were correct was low, and that the measures were not considered justifiable since they discriminated against the elderly. Some of the responses included: *The restrictions might have been okay if they had referred to everyone, but not like this; Someone is forcing you to stay at home against your will, since you don't have a say in the matter; It is as if we were some lower category of people, the least valuable members of society.* Ljubičić cites that from the point of view of the respondents (all but one), the protective measures were actually highly discriminatory against the elderly since they classify them into a special social category and take away their right to decide for themselves. However, the author points out that on the other hand the respondents had mostly been able to successfully organize their day-to-day lives, which could speak in favor of their resilience (2021, 78–80). The study of S. Labaš also confirms that the isolation was very stressful on the elderly. Some of the responses include: *We felt (my husband and I) as if we were in prison, that feeling that you cannot go outside is difficult; It was a bit weird shutting people in completely, the elderly know how to take care of themselves, it was enough for them to wear masks; I remember it was terrible for retirees to go shopping at 4 am* (2021, 124, 129).

Thus, despite the developed solidarity with the elderly, the elderly were discriminated against because a lot of their rights were being denied. They were frequently viewed as a problem since they were “dangerous to others as it was easy for them to catch the virus and pass it on to someone younger”, and it could often be heard that “it was not the virus people should be worried about since *only* the elderly were at risk”. Ageism was first and foremost visible in the statements made by public figures who thought that at such times in situations which call for triage young people had to be given some sort of advantage to the extent that it was more important for a society to save its economy than the elderly (Ayalon et al. 2020, 2). Reporting in the media was inhumane since there was constant talk about illness and death among the elderly.

Zvijer points out several features related to mentioning the elderly in the media in our country. The first is the expressed considerable concern for the elderly in the form of repeating of how the elderly will be taken care of and cared for. The second is the use of the possessive adjective “ours” (the reference is to the care for “our elderly”), which was meant to increase this care further. The third features is the emphasis on the expression of concern for the elderly which indicates an strong protective attitude towards them, and which to a great extent contributes to the elderly being represented as inferior. The author concludes that it is possible to “reliably assume that the meanings ascribed to the elderly in the process of being labelled by state and professional authorities could impact how other categories of the population would perceive them” (2021, 57, 65, author's translation).

Ljubičić states that those from the political leadership and from the medical and other professional fields, as well as laymen, refer to the elderly and their care-givers using so-called patronizing language which includes: 1. indicating the existence of a mortal threat to the elderly, 2. familism, which indicates the concern of the speaker, 3. the decision to at all costs protect the elderly, which justifies all actions, 4. the rhetorical mitigation of the legal restrictions and limitations, making them sound like pleas. An example is a message from the political leadership stating that “our grandmothers and grandfathers are the target of this attack” and that they are being asked to stay in their homes (2021, 73). What was also inhumane was the delay in all regular doctor's appointments, which were

all necessary for the elderly. Phone consultations could not replace regular examinations, especially specialist ones which could not be scheduled as any scheduling had been postponed. Specialists did not perform any examinations in the state hospitals, but they worked regularly in their private practices. The only condition was that the elderly had enough money to pay for them. Family solidarity was often lacking under the excuse that they did not want to pass the virus on to the elderly. For many the pandemic was actually an excuse not to spend time with their older family members, since they failed to do so regularly even before the pandemic.

Spending time watching television where there was everyday talk of illness and death among the elderly led them to experience fear and anxiety, depression, insomnia, and hypertension. The research results of S. Labaš indicate that all the respondents consider the COVID-19 pandemic to be a stressful life situation which caused fear of the unknown, of illness and death, a sense of uncertainty and helplessness, a decrease in mood, anxiety and sorrow, as well as a decrease in concentration and memory issues. Also, numerous activities they had been involved in also ceased, and some of the respondents who were employed part-time stopped working, which is why they started to worry about the financial consequences (2021, 123). The elderly were also confused by the preventive measures since this information often changed without any particular explanation. For example, wearing gloves was mandatory at the beginning of the epidemic, and later was not, without any specific explanation as to why that was so.

Various forms of discrimination against the elderly could be noted during the pandemic, ranging from open hostility towards them, as they were seen as a burden on society, to lack of care on the part of the younger population which was manifested in ignoring health recommendations, to an overprotective attitude towards the elderly, where they were all viewed as a homogenous category, that they all needed protection, which is why others needed to make decisions for them (“as if they were children”). This overprotective attitude ignores the diversity present in old age and renders all old people a homogenous group (Lowsky et al. 2014), which is why many elderly individuals felt as if their right to personal dignity had been taken from them. The rights of the elderly should not be threatened and they should not be assigned based on chronological age (United Nations Human rights – Office of the High Commissioner, 2020; Age Platform Europe, 2020).

The National Assembly of the Republic of Serbia ended the state of emergency on May 6, 2020, which meant relaxing measures – the curfew ended, weddings and larger gatherings were now allowed³. However, the epidemiological situation soon became worse so that the pandemic crisis continued, and is still ongoing, while the social issues are only becoming deeper.

4. CONCLUSION

The paper analyses the challenges and problems faced by the elderly in our country during the COVID-19 pandemic, beginning with the possible effects of the discourse on the elderly, with the aim of mitigating new challenges and problems brought about by this or any other pandemic. In order to provide an adequate response to the needs of the elderly, it is key to recognize the heterogeneity of the population of 65 and over. The

³ <https://covid19.rs> (Accessed May 25, 2020)

narrative that it is important “to protect our grandparents” and the terrifying messages that our cemeteries will not be big enough for all the dead if we do not protect them creates an image of the elderly as a homogenous group (infirm, weak, passive), and the overly protective attitude towards them, that is treating them as children, only furthers the numerous stereotypes and prejudices, and leads to discrimination.

The COVID-19 pandemic only further pointed out the stereotypes and prejudices regarding the elderly which were already found in society. In order to mitigate or overcome them, it is necessary for us to be open to learning, that is, to clearly view what has given good results and what has not during the pandemic, and what might be done better based on our experience, but also based on the experience of other countries, taking care at the same time to ensure the rights and needs of the elderly are protected. It is also necessary to include the media in the process of changing the image of the elderly to prevent the spreading of prejudice and stereotypes through news reports, as well of analyzing the capacities of existing services for the elderly and introducing new ones in accordance with their differing needs, especially during a pandemic when they are faced with various risks.

What is of particular importance is the digital inclusion of the elderly so as to ensure support for them, even remotely, since during the pandemic a great many of the elderly were isolated from their families, and the consequences of such isolation can have an impact on the psycho-social state of the elderly. By using information-communication technologies and the internet, the elderly can enhance communication with others, obtain information from various sources, use various services, and make better quality use of their time. However, information and communication literacy among the elderly in Serbia is at a low level, and the obstacles for their digital inclusion are financial and technical in nature, but also subjective, which is why systematic support for the elderly in achieving digital skills is needed.

Permanent encouragement of inter-generation solidarity is also needed, where society would have to value solidarity much more as a desirable virtue, along with strengthening of the capacity of centers for social work to more fully map out the needs of the elderly in rural and urban environments. In addition, a more efficient level of information is needed along with education of the elderly on all their rights and services, strengthening the patronage health care system for the elderly, as well as providing more frequent preventive free healthcare check-ups, and in the case of isolation during a pandemic, providing adequate social intervention which would mitigate the consequences of the isolation. It is necessary to increase the level of social awareness of the need to overcome ageist attitudes and overcome inter-generational tensions which grew during the COVID-19 pandemic, which is primarily possible through the use of discourse where the heterogeneity of the elderly population is emphasized.

In addition, a strategic approach to ageing and the elderly is needed, primarily a new, *National Strategy on Ageing*, since the previous one expired back in 2015, so as to improve the quality of life of the elderly and to promote a society for all generations

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STARIJI LJUDI U DOBA PANDEMIJE COVID-19: IZMEĐU SOLIDARNOSTI I DISKRIMINACIJE

U fokusu rada su mogući efekti javnog diskursa u našoj zemlji tokom pandemije COVID-19, posebno za vreme vanrednog stanja, kada je stalno potencirana briga o starijim ljudima i odgovornost za njihove živote. Rad se zasniva na rezultatima nekih dosadašnjih istraživanja o iskustvima starijih ljudi za vreme vanrednog stanja u našoj zemlji, kada su im bila uskraćena mnoga prava i kada je pandemija COVID-19 predstavljena isključivo kao „problem starijih ljudi“, zbog čega su stariji u javnom diskursu prikazani kao homogena grupa, odnosno kao ranjivi i nemoćni članovi društva. Cilj rada je sagledavanje rizika zbog takvog predstavljanja i ukazivanje na potrebu i značaj diskursa koji naglašava heterogenost starijih ljudi i potrebu sinhronizovanog delovanja različitih institucija i organizacija, kao i kolektivnih i individualnih aktera, u cilju razvijanja međugeneracijske solidarnosti. Zaključuje se da je važno uzdržavanje od generalizacija zasnovanih na godinama starosti, kako bi se ispravile pogrešne percepcije o starijima i time doprinelo borbi protiv ejdžizma.

Ključne reči: *stariji ljudi, mladi ljudi, međugeneracijska solidarnost, diskriminacija, pandemija COVID-19.*