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Marjorie Skoss
Edith Cowan University

Rachel Batten
Edith Cowan University, r.batten@ecu.edu.au

Patricia Cain
Edith Cowan University, p.cain@ecu.edu.au

Mandy Stanley
Edith Cowan University, m.stanley@ecu.edu.au

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ARTICLE

Vulnerable, recalcitrant and resilient: a Foucauldian discourse analysis of risk and older people within the context of COVID-19 news media

Marjorie Skoss¹, Rachel Batten¹, Patricia Cain²  and Mandy Stanley^{2*} 

¹School of Nursing and Midwifery, Edith Cowan University, Joondalup, Western Australia, Australia and

²Centre for Research in Aged Care, Edith Cowan University, Joondalup, Western Australia, Australia

*Corresponding author. Email: m.stanley@ecu.edu.au

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Abstract

Risk is an innate and integral part of everyday life and is present in simple, everyday occupations and complex actions. Age-related stereotypes can mean older people have little opportunity to engage in activities that present some degree of risk. The present study explores the discourse around risk and older people in the context of the COVID-19 pandemic. We investigated news media as a reflection of the dominant public discourse around older people's behaviour to identify how risk is represented in relation to occupational engagement. Texts relating to older people and COVID-19 were sourced from the *West Australian* newspaper for a period of two months. Seventy texts were subject to Foucauldian discourse analysis to identify subject positions, location of risk and discursive features. Findings indicate that older people were segregated from the rest of society, with their behaviours framed in mostly negative ways. We identified three areas of discourse: vulnerable, and in need of protection; recalcitrant, and in need of management; and resilient, deserving of respect. While we recognise competing representations, implicit within the dominant discourse was the premise that older people were not capable of mediating risks and required 'management'. These findings highlight the role of surveillance in restricting occupational engagement for older people and carry implications for older people, the public and therapists.

Keywords: older people; occupation; risk; COVID-19; news media; Foucauldian discourse analysis

Introduction

The media reflects societal perceptions and plays a significant role in constructing popular beliefs and stereotypes (Uotila *et al.*, 2010; Koskinen *et al.*, 2014). Media representations of groups of people, including older people, reflect the importance of topics and, as such, shape public perceptions and responses (Rozanova *et al.*,

2016; Kroon *et al.*, 2019). Within the media, there are both positive and negative representations of older people (Kornadt and Rothermund, 2011; Kroon *et al.*, 2019) ranging from portrayals of older people as frail, rigid in their ideas, dependent and a burden to society, through to highly positive representations of ageing, such as age bringing wisdom, experience and integrity (Dougherty *et al.*, 2016; Weber *et al.*, 2019). Whether positive or negative, media representations of older people contribute to social discourse, influencing the way older people are perceived and treated, as well as the way older people see themselves. Both, in turn, influence the choices older people are able to make and the risks they do or do not take (Koskinen *et al.*, 2014).

Ulrich Beck (1992) introduced the idea of modern society being a ‘risk society’, proposing that the systematic process of modernisations has generated hazards and risks at increasing rates. Beck (1992) also identified individualisation as a product of modernisation, a process which affords both increased control and autonomy and increased personal risk. Modern society now experiences exposure to both natural hazards (such as flood) and hazards manufactured by industrial modernity (such as workplace accidents), and it is the impact of manufactured risks that are increasingly outstripping society’s attempts at hazard minimisation (Beck, 2009). Manufactured risks are considered to be socially produced and, as such, within the remit and responsibility of social control (Lupton, 1999). A subsequent growth in the availability of information about risks and potential hazards has occurred via modern media communication. This has created a society of individuals with heightened risk awareness and an increased propensity to scrutinise others (Fox, 1999). With regard to public and individual health, advice on individual protective health behaviours has proliferated and empowered individuals (Lupton, 1999), with acquiescence to risk regulation becoming a feature of public discourse (Mythen, 2004).

What is considered ‘risky’ is often debated by politicians, experts, the media and the general public (Mythen, 2004). Despite differences in defining risk, current attitudes support the notion that risk is to be avoided wherever possible (Zinn, 2015). However, engaging in activities that carry some potential for risk has been found to provide personal growth opportunities and enhance quality of life and wellbeing (Clarke *et al.*, 2017). Despite the benefits, the potential for positive outcomes can be overlooked in favour of avoidance of risk due to perceived resultant harm (Dennhardt and Laliberte Rudman, 2012; Clarke and Mantle, 2016). This is particularly the case in older people’s care where risk avoidance is a notable priority (Perske, 1972; Ibrahim and Davis, 2013). Within a public health context, risk management is positioned at the forefront of expectations of the general public and policy making (Roig *et al.*, 2019). In the context of a large-scale health crisis such as a global pandemic, risk reduction is paramount.

Originating in Wuhan, China, in late 2019 (World Health Organization, 2020), the first COVID-19 case in Australia was identified in January 2020, and by March 2020 the state of Western Australia had declared a state of emergency (Australian Government Department of Health, 2020a). While Australia did not initially instigate a full lockdown, extra precautions, including restricting visitation, were initiated to protect people living in residential aged care facilities and those receiving aged care support. The Australian government instructed people over 70 living in the community to stay at home and have medications and essential items

delivered (Australian Government Department of Health, 2020b). At the time of writing, the vast majority of deaths globally and in Australia from COVID-19 are people aged between 60 and 90+ (Australian Government Department of Health, 2020c; World Health Organization, 2020). Mortality rates confirm that older people are indeed at greater risk of fatality, a circumstance that results in greater visibility of older people in the media. However, how the media portrays older people in the context of the COVID-19 threat contributes to how older people are positioned in relation to risk and their autonomy, dignity and wellbeing.

Media and stereotypes

Social expectations and norms underlie discourse and drive stereotypes, such that implicit understandings manifest as truth, guiding behaviours for the stereotyped subject and the community (Radl, 2012). For older people, positive stereotypes are identified around family relationships, while negative stereotypes are associated with health and finances (Kornadt and Rothermund, 2011). The media's portrayal of older people often represents older people as incompetent and requiring care and protection (Koskinen *et al.*, 2014; Lepianka, 2015). However, there are differences in the way stages of ageing are portrayed. Representations of people in the third age (immediately post-retirement) reflect people experiencing good health, financial security and a fulfilling social life (Clarke *et al.*, 2014). In contrast, people in the fourth age (the truly old) are represented as frail, dependent and needing management (Clarke *et al.*, 2014; Rozanova *et al.*, 2016). This highlights the notion that although 'old' is considered to be 65 and above, in many instances there is indeed a distinction between the 'young' old and the 'old' old. In the media, older people are often portrayed as lonely, helpless, needy and lacking the capacity to resolve their circumstances (Uotila *et al.*, 2010). Such portrayals can suggest that older people need to be monitored and managed and that 'others' should step in to solve the problems associated with ageing (Uotila *et al.*, 2010). Depictions in the media on population ageing can also reflect impressions of passivity and dependency, portraying older people as a burden to health-care systems and to the economy (Lundgren and Ljuslinder, 2011). Negative stereotypes and ageist attitudes can negatively impact older peoples' experience in areas of employment, living arrangements, health care and social participation (Raynor, 2015; Ayalon and Tesch-Romer, 2017; Duffy, 2017; O'Loughlin *et al.*, 2017; Stypinska and Turek, 2017; Burnes *et al.*, 2019). Older people may also internalise ageist stereotypes, leading to negative self-perceptions (Westerhof *et al.*, 2010; Sargeant-Cox, 2017) as well as reduced competency and self-worth (Emile *et al.*, 2015; Palmore, 2015).

Risk and ageing

Risk is a fundamental aspect of the human experience that supports an individual to learn, grow and create a personal and social identity (Zinn, 2019). However, opportunities to take risks are significantly diminished or restricted for some groups within society. These groups include older people and those with a disability or chronic illness (Perske, 1972). When conceptualising risk and autonomy for older people, a contributing factor is the construction and perpetuation of

age-related stereotypes as discussed above, particularly those reflecting older people as incompetent, frail and a burden to society (Dougherty *et al.*, 2016). With regard to health behaviours, older people report being less likely to take risks, seeing less benefit in relation to hazard (Bonem *et al.*, 2015). However, in the social domain, older people reported a much greater likelihood of engaging in activities that presented risk, such as openly disagreeing with a figure of authority (Bonem *et al.*, 2015).

Risk taking supports an individual's autonomy, sense of agency and personal power (Zinn, 2015). Removing opportunities for risk taking limits an individual's capacity to make their own reasonable decisions, subsequently reducing the human right of autonomy (Ibrahim and Davis, 2013; Woolford *et al.*, 2020). Reducing autonomy can negatively impact ageing, as maintaining sovereignty in older age can prevent depression and cognitive decline (Tomioka *et al.*, 2017) and increase longevity (Minagawa and Saito, 2015). An older person's sense of dignity may also be threatened through reduced opportunities to take 'reasonable' risks (Ibrahim and Davis, 2013; Marsh and Kelly, 2018). It is clear that risk is critical for health and wellbeing, however, the balance between supporting an individual's autonomy and protecting wellbeing is influenced by stereotypes and context, and as such may be difficult to navigate (Evans *et al.*, 2018).

Foucault and social gerontology

Underlying autonomy and risk are notions of regulation and discipline; that is, some people being afforded the right and ability to take risks and others denied the same. Such power relations are central to the work of philosopher and historian Michel Foucault (Katz, 1996). Considering how older people are represented socially also draws on Foucault's concept of subjectivity and the subject as central to the regulatory actions of power and knowledge (Katz, 1996). Foucault understood power relations to be actions that indirectly impact another by shaping the expectations of others (Foucault, 1982). Foucault also recognised the intrinsic link between knowledge and power and how this is evident in the act of surveillance, as with increased visibility comes increased knowledge of the subject (Foucault, 1991). Increased knowledge in turn creates unique subject positions, allowing subjects to be categorised and objectified, therefore subject to discipline, moulding, and governing or 'managing' (Allan, 2013).

Foucault's work did not extend to gerontology directly (Powell and Wahidin, 2006). However, Foucault's work has been used in different ways to provide a framework for social gerontology and the critical analysis of ageing (Katz, 1996; Powell and Biggs, 2000, 2003, 2004; Powell and Wahidin, 2006). Notably, Powell and Biggs (2003) developed a 'tool-kit' for the critical analysis of ageing based on the premise that identities are managed through unified systems of power, knowledge, surveillance and assessment. Foucault's conceptions of archaeology, genealogy and technologies of the self have been used to examine social processes in relation to ageing with respect to social welfare (Biggs and Powell, 2001), professional power (Powell and Biggs, 2000) and medical power (Powell and Biggs, 2004). Moving on from Powell and Biggs's critique of medical power, Pickard (2009) has drawn on Foucault's insights to review old-age policy, identifying the role of

biopower in the construction of older people as inherently 'at risk'; a subject position seen as likely to strengthen with the development of statistical and predictive medical modelling. Biomedical discourse can problematise ageing bodies for reduced physical self-control and construct passive subject positions that support the surveillance, regulation and governance of older people (Tulle, 2015). In this study, we use Foucault's work to focus on the disciplining power of discourse and the ways in which media discourse shapes the subject positions available to older people.

The present study

Compared to other age groups, older people are typically underrepresented in the media (Fealy *et al.*, 2012; Clarke *et al.*, 2014; Edstrom, 2018). The emergence of COVID-19 has meant that older people are generally featured more in the news media. Like other media, news media is a vehicle for constructing and perpetuating negative discourse and age-related stereotypes (Kroon *et al.*, 2019). While the literature gives significant attention to ageist stereotypes and negative media portrayal of older people, there is a notable lack of exploration on how media represents older people in relation to risk. Although a connection between negative age stereotypes and risk taking is evident, media discourses' contribution is lacking and warrants investigation, particularly during a global pandemic.

This study aims to build on the body of knowledge on older people and their relationship with risk. The current global COVID-19 pandemic provides a unique space and time for exploring the representation of older people in the context of risk. We bring the Foucauldian 'tools' (Powell and Biggs, 2003) of archaeology (Foucault, 1972) to this topic to comment on the ways in which power and discipline are enacted at this specific time in history. We also draw from the perspective of genealogy (Foucault and Gordon, 1980) to comment on enduring characteristics of this discourse. In this study, we focus on print news media at a time when older people were a focus of attention through increased surveillance and governance. Rather than a broad Foucauldian review, we are particularly interested in what was said, how it was said and by whom. Through Foucauldian discourse analysis, we create a platform to reflect on how featured discourses enact and reflect power, and discipline older people at a point in history. Such exploration aims to attain a more thorough understanding of how discourse influences subject positions and in turn participation in daily activities. A comprehensive understanding of the influence of media discourse may support further enquiry into how negative stereotypes influence activity choice and performance. This insight is of interest as media-constructed identities of older people in the context of COVID-19 can also influence how the community and policy makers navigate this period.

Research design

A critical realist epistemology underpins this study. In this instance, critical realism is a means to acknowledge the socially constructed nature of identity for older people and the real lived consequences of such constructions (Sayer, 1997; Williams, 2003). We use Foucauldian discourse analysis to focus on the management of

subjects (Foucault, 1991) within news media discourse. The capacity for discourse to represent existing power relationships and construct new relationships lies in the ability of discourse to objectify a subject. Discourse shapes societal understandings and norms and becomes a method of governing others by influencing expected occupations and behaviours (Foucault, 1982), thereby encouraging exclusion and marginalisation of certain subjects (Laliberte Rudman and Dennhardt, 2014). With a focus on links between discourse and power (Arribas-Ayllon and Walkerdine, 2008), Foucauldian discourse analysis can bring to light taken-for-granted knowledge and provides opportunities to observe where change might be able to take place (Cheek, 2004). In recognising the ability of discourse to construct subject positions that can marginalise and control others, the opportunity to alter discourse to restore the balance of power becomes available (Hall, 2001). Discourse can both facilitate and inhibit the production of knowledge, allowing particular ways of understanding reality and excluding others (Arribas-Ayllon and Walkerdine, 2008). Thus, Foucauldian discourse analysis becomes a powerful tool in the quest to identify, understand and potentially encourage change in the way society views older people. Given the focus on power and the mechanisms that drive governmentality, Foucauldian discourse analysis aligns with our critical realist epistemology and is an appropriate methodology for this study.

Data collection

The geographical and population characteristics of Western Australia render the state unique. Although Western Australia is the largest state in Australia by land-mass, it hosts the fourth largest population by state within Australia (Australian Bureau of Statistics, 2019) and it is separated from neighbouring states and territories by a significant expanse of sparsely populated land, to a degree isolating Western Australia. Data for analysis were in the form of newspaper text sourced from the local state newspaper, the *West Australian* (including the *Weekend West* and *Sunday Times*). The *West Australian* is widely read within the state, being the only state-wide newspaper (Roy Morgan 2019), reaching 84 per cent of the Western Australian population (Campaign Brief, 2020). The first author (MSk) obtained a paid subscription to the newspaper for the duration of data collection.

Data were collected from hard copies of newspapers printed in the period from 19 March 2020, being the date of the first reported cases of COVID-19 in Western Australia (Laschon, 2020), and forward for a period of two months. In the spirit of pragmatism, we limited data collection to a two-month timespan rather than for the duration of the COVID-19 pandemic, as an end date cannot be foreseen. Journalistic articles, opinion pieces, letters to the editor and advertising material were all considered for the data corpus to capture the broadest range of perspectives and styles of discourse. Inclusion criteria were that text had to contain a reference to older people *and* COVID-19. Reference to older people meant a linguistic description (e.g. senior or old), or the inclusion of a person's chronological age; in this case, 65 or over as this is considered the socially constructed perception of when an individual becomes old (Powell *et al.*, 2007). In total, 70 texts were selected for analysis. The data corpus comprised 39 journalistic articles, eight opinion

pieces, three pieces of sponsored content and 20 letters to the editor. Data were collected from a previously published and readily available source, therefore, there was no requirement to seek consent or ethics approval. Where authorship details were available, they have not been reproduced in the extracts provided; instead, extracts are identified by the source type only.

Analysis

In conducting Foucauldian discourse analysis, the aim is to deconstruct text and identify discursive constructions and subject positions to explore the relationship between discourse and practice (Willig, 2013). In our analysis, texts were examined across several domains; how the subject (in this case, the social construction of older person) was constructed, how risk was represented and how older people were positioned in relation to risk or threat. Informed by the concept of subjectification as outlined by Foucault (Arribas-Ayllon and Walkerdine, 2008), analysis aimed to examine how older people (the subject) were portrayed both explicitly and implicitly. Positioning of environment, what people were doing and living situation were considered here. Subject positions in relation to risk, including nature, location, expected outcomes of risk, who defines risk and degree of risk, were also deliberated. Enquiry focused on whom the threat was directed at and who held responsibility for creating and managing risk, in order to explore the relationship between discourse and subjectivity. Through analysis, the aim was to discover recurring themes present within the representations of older people in relation to risk and COVID-19. Consultation between three of the authors occurred throughout the analysis to support reflexivity. Potential themes were considered and collated with three key constructions, and subject positions were identified.

Findings

In analysing the news media discourse, both journalistic, community perspectives and opinions from older people are included in the data, resulting in somewhat complex and, at times, conflicting subject positions and representations of risk. It should be noted that our focus here is not on discourse debating the actual threat posed by COVID-19, but rather construction of risk in relation to older people. The dominant discourse portrays older people as a homogenous group, segregated by circumstance from the rest of the community and, for the most part, possessing negative traits. However, there was a smaller narrative depicting older people as competent and self-reliant. Within the discourse we identify three broad constructions of older people in relation to risk: vulnerable and requiring protection, recalcitrant and requiring management, and, lastly, resistant and requiring respect. Each construction highlights the nature of the subject, the responsibility for risk and recommendations for governance.

Vulnerable and requiring protection

Throughout the discourse, the broad construction of older people was one of vulnerability. Given that the majority of deaths caused by COVID-19 in Australia have

been in people over the age of 70 (Australian Government Department of Health, 2020c), this was unsurprising. Vulnerability was used to refer to contracting and potentially losing life to COVID-19. Vulnerability was also expressed in relation to the social events following the COVID-19 outbreak, such as consumer panic buying, as depicted in the following extracts:

The coronavirus has the potential to kill. Everyone at the nursing home needs to be protected against this deadly virus, with the aged most vulnerable. (Journalistic article)

One of the elderly ladies ... she is in her 90's, she could not even get her one little tin of baked beans. (Letter to the editor)

...strangers brawling in the aisles and the elderly struggling to buy a packet of pasta. (Journalistic article)

As a result of imposed social restrictions, older people were characterised as being at risk of physical and cognitive decline, and in need of protection and special assistance:

take care of our elderly – keep your distance but find other ways to stay connected. (Sponsored content)

...the lives of the older generation are being protected – as they should be. (Journalistic article)

In positioning older people as vulnerable, discourse depicts both the creation and management of risk as the responsibility of 'others'. From younger people thoughtlessly and irresponsibly defying directives to social distance, to supermarket hoarders, hospitals, care staff, cruise ship operators and staff, governments and authorities; all were perceived as responsible for placing 'vulnerable' older people at risk. Similarly, the responsibility for risk management was attributed to the families of older people and the wider community. This included the general responsibility for ensuring safety, and specific responsibilities in areas such as providing companionship and acquiring grocery items. With respect to consumer behaviour, the general community, supermarkets and authorities, including the police department, were deemed responsible for the management of risk by way of attempting to modify the behaviour of shoppers and placing restrictions on quantities purchased.

Visiting restrictions imposed on nursing home residents reinforced the portrayal of older people as at risk and vulnerable. As residents were considered frail, with many already in poor health, the risk of a COVID-19 fatality appeared very real and the high incidence of deaths of nursing home residents within Australia (Australian Government Department of Health, 2020b) validated this perception. Residents of aged care facilities were portrayed as hapless victims, imprisoned, powerless and without hope. The mental health of isolated residents of aged care facilities, and older people living in the community, featured in the discourse. Family members and older people expressing concern were noted, as demonstrated in the excerpts below:

...they didn't know whether their natural life would see them through COVID-19 and ... their great fear was never hugging their grandchildren again. (Letter to the editor)

...but I have no idea what the mental cost of the last six weeks will have on them. (Letter to the editor)

...the enforced isolation, including minimal physical contact, had a detrimental impact on her health. (Journalistic article)

Protecting older people came with its own risk. Restrictions were depicted as adding a second layer of vulnerability, this time in relation to isolation. The fear of dying isolated and alone recurred, highlighting a desire to balance quality of life with the risk of a 'COVID-19 death' for older people already nearing the end of life. Residential aged care facility management and staff, along with the government, were seen as responsible for risk management and paradoxically accountable for creating additional risk due to the negative impact of isolation.

Aged care staff were considered responsible for their residents in excess of their workplace duties, with one text describing an aged care worker as a 'liar' for being 'dishonest about their contacts amid a coronavirus outbreak in the region... and that means a lot of people have been put at risk' (journalistic article). Residents were depicted as lacking insight into the reason for the restrictions. One journalist related a telephone conversation with his father (residing in a nursing home): 'all he wanted to know in his confused state, was when mum could come see him' (journalistic article). The tension between providing protection and causing additional harm was recognised as having no easy solution, as summed up in the following extract: 'devising rules for nursing homes pitted health against the humane' (opinion piece).

Recalcitrant and in need of management

In contrast to the discourse framing older people as vulnerable victims, some older people were identified as misbehaving, that is, not following the government directive for people over 70 to stay at home. Older people engaging in 'usual' activities were characterised as irresponsible, selfish, irrational and disobedient; they were described as 'recalcitrant retirees' who were 'not taking coronavirus seriously' (opinion piece). Older people were likened to unruly teenagers, trying the patience of others, most notably their adult children. For example, one 'Worried Son' had concerns that his mother (in her seventies) was 'still going out to meet her friends for bridge' and requested advice to 'get her to stay inside' (journalistic article). Opinion pieces captured similar sentiments:

They seem to think they're invincible and that we're just trying to limit their freedom. (Opinion piece)

...it is the children yelling at their parents for going out, and not the other way around. (Opinion piece)

Listen to your kids and stick to the rules. Or you'll be sent to bed without dessert. (Opinion piece)

The last comment, whilst perhaps an attempt at irony, captures the notion that older people who were not taking the risk of COVID-19 seriously were needlessly creating additional risk for themselves, and as such needed controlling and punishment.

In a reversal of roles and power relationships, the responsibility for controlling behaviours to minimise risk fell upon the adult children of elders. Throughout these extracts the older person is depicted as ‘misbehaving’, a subject position allowing others to justify surveillance, governance and discipline, with responsibility for risk management again the responsibility of ‘others’. Through this discourse older people are now depicted as vulnerable to punishment. For older people who were considered to be ‘misbehaving’, the responsibility for management was placed with adult children; one suggestion was for the children to stop visiting their mother in an attempt to ‘scare a little sense into her’ (opinion piece).

Resilient and deserving of respect

A small number of texts bestowed older people with resilience, wisdom, curiosity, personal strength and a demeanour of calm. However, these characteristics for the most part were attributed to a special few: the British monarch, a 103-year-old Italian woman who has ‘beaten’ COVID-19 and a gentleman celebrating his 94th birthday whose advice to the masses was to ‘take life one step at a time and one day at a time, and don’t lose our sense of humour’ (journalistic article). While such portrayals were not afforded to the older population in general, there were incidents where older people took it upon themselves to declare their invulnerability:

I turned 86 last January ... I am intellectually and physically stable enough not to need, nor want cocooning for my own protection. (Letter to the editor)

Some older readers expressed a willingness to make sacrifices for others, to forego hospital treatment in favour of younger people in order that ‘some young person may have the chance to raise a family’ (letter to the editor). Others reflected their resilience in relation to a ‘greater good’:

I’m in the most vulnerable age group regarding deaths, but I’m willing to take my chances in order to cease the destruction of our economy which will have huge consequences for us all. (Letter to the editor)

Older readers’ letters portrayed characteristics of the older population that were in contrast to the depictions of vulnerability and incompetence noted earlier. In letters to the editor, older people were depicted as independent, strong and competent. These subject positions depict older people as capable of rational thought, therefore not requiring surveillance or governance. Instead, older people are positioned as capable of managing their own risk and as such warranting respect:

A more palatable outcome would be that we respect our elders and serve them as they served our nation. (Letter to the editor)

How undignified then that the disabled and elderly are now made to huddle together in queues outside supermarkets in order to scramble for a few necessities. (Letter to the editor)

A small number of texts portrayed older people in the role of essential workers, most notably working as schoolteachers. One text was a plea for the closure of schools, commenting on the conflicting message for children to stay out of public areas to avoid the risk of infecting the ‘vulnerable and elderly population’ and for schools to carry on as usual, stating ‘many teachers are those vulnerable and elderly people who are at risk’ (opinion piece). A cartoon, depicting an older schoolteacher in class with grandchildren holding a sign declaring their love from outside the window and asking ‘Can we visit you yet Gran?’, supported this contradiction. In these examples, older people were portrayed as professionals and valued members of society who were simultaneously at risk. Such representations highlight a tension; many ‘older’ people sit within the categories of both ‘older person’ and ‘essential worker’, an example of how a dominant discourse can render invisible those who do not fit within it. The portrayal of older people as resilient and, therefore, not at risk, was contradictory to the dominant discourse. The alternate discourse describes positive behaviours, recognises capacity and challenges the subject position of vulnerability.

Discussion

This study aimed to analyse representations of risk and older people within newsprint media during the beginning of the COVID-19 pandemic in one part of Australia. This period represented a time of increased risk to health for older people and subsequently a time of high media visibility. Our objective was to draw attention to the discursive constructions of older people and the subject positions made available to them. Subject positions are important as they influence the types of behaviours deemed available and acceptable. When a topic gains public attention, the dominant discourse can influence public attitudes even when previous attitudes may not exist (Reeves and de Vries, 2016; Siiner, 2019). This phenomenon supports Foucault’s position on the power of surveillance to culminate in objectification and subject management (Arribas-Ayllon and Walkerdine, 2008). Throughout the discourse, older people were typically identified as vulnerable, and we identified several ways where governance was recommended to avoid risk. However, within the dominant discourse a paradox emerged. While older people were considered legitimately more vulnerable during this time and restrictions necessary, such restrictions came with their own risk. The negative and feared consequences of isolation were a common concern through the discourse; it seemed that protecting people ‘for their own good’ created a secondary high-risk situation.

Protection, but at what cost?

Depictions of older people through the news media discourse were similar to previous studies characterising older people as vulnerable, dependent and incompetent (Uotila *et al.*, 2010; Lundgren and Ljuslinder, 2011; Fealy *et al.*, 2012; Koskinen *et al.*, 2014; Rozanova *et al.*, 2016). The heightened visibility of negative media discourses during

the time of COVID-19 appears to have ‘widened the divide’ between sectors of society by positioning older people as ‘other’. From the subject position of ‘vulnerable other’, actions of surveillance and governance are reinforced. This was evident in government directives for older people to stay at home. Such directives reflect the power of the medical gaze (Foucault, 1973) in constructing the older person as a vulnerable subject. Biopower privileges a biological and medicalised understanding of the body (Powell and Biggs, 2004) and legitimises the increased surveillance and regulation of older people (Katz, 1996). Whomever defines a risk holds the ultimate power in devising a solution to said risk (Slovic, 1999), a situation that has the potential to remove power and autonomy from older people as they are denied the right to assume responsibility for their own bodies. While restrictions were framed as a way to protect older persons, they effectively reinforced segregation and surveillance as depicted through the subject positions of older people requiring governance.

Engagement in activities, or in the term used by occupational science and occupational therapy, occupations that are meaningful and valued, is integral for wellbeing (Dickie, 2014), and each individual is required to weigh up the potential outcomes of an occupation or behaviour that carries risk (Dennhardt and Laliberte Rudman, 2012). For older people faced with the risk of COVID-19 and subsequent consequences of isolation, balancing risk and quality of life on their own terms was not an option. Older people were portrayed in the dominant discourse as not having the ability nor given the autonomy to balance risk and quality of life. Evident from the discourse was the idea that older people should ‘put up’ with the inconvenience and allow themselves to be ‘protected’ from COVID-19. Older people were directed to remain isolated rather than spend time in the company of friends and family and performing meaningful roles (such as that of a grandparent) that are integral to their wellbeing (Vidovicova, 2018). Thus, the power to decide for oneself whether the risk of illness or potential death was greater than the risk of meaningful social and occupational engagement was denied. Where older people had defied government restrictions, the discourse suggested that punishment and increased surveillance was the solution, legitimising the importance of the medical gaze and the need for others to take on governance of older people. The power of this discourse meant that younger people, particularly adult children of older people, adopted this ‘truth’ and took on the role of surveying and (threatening) punishment of their parents.

The stay-at-home directive was legitimised through epidemiological research and government public health advice and positioned as necessary to keep older people safe. However, as we identified in the discourse, there were concerns over the impact of such restrictions. Social isolation was depicted as creating an additional risk for older people, this time to mental health and quality of life. Such concerns were minimised and positioned as for the greater good. However, these concerns appear valid, with several recent reports indicating worsened loneliness (Stolz *et al.*, 2020), increased depression and anxiety (Kotwal *et al.*, 2021), decreased quality of life (Cigiloglu *et al.*, 2021; Siette *et al.*, 2021) and decreased wellbeing (De Pue *et al.*, 2021) for older people during the time of COVID-19 and COVID-19 restrictions. In balancing risk and protecting older people from one threat, another is inadvertently imposed (Tyrrell and Williams, 2020). Following the prolonged COVID-19 outbreak, the negative consequences of the restrictions, over and above the

consequences of the virus, have been recognised with creative solutions for protecting and serving victims of elder abuse (Elman *et al.*, 2020), and expanding roles for practitioners to tackle fear and anxiety with older adults (Mortazavi, 2021).

The alternate discourse

Risk can be an important aspect in shaping quality of life in old age (Powell *et al.*, 2007) and is essential for developing resilience (Clarke *et al.*, 2017). When others take on the role of risk management based purely on chronological age, there is a failure to acknowledge an individual's resilience acquired over a lifetime and a lack of appreciation for older peoples' varied experiences with adversity (Clarke *et al.*, 2017). Indeed, in the time of COVID-19, classifying older people as high risk based on chronological age alone has been critiqued as being ageist and overly simplistic (Rahman and Jahan, 2020). As can be seen from the alternate perspectives presented through the news media, there was debate over the precise nature of risk. The socially produced risk of isolation was considered against the natural risk of harm from the virus. Many supported the idea that older people had the wisdom and experience to manage themselves. In permitting self-governance during this time, there is the potential to maintain autonomy and mitigate many of the negative consequences of isolation and reduced autonomy.

Recent research has shown that during the initial weeks of the COVID-19 pandemic, older people rated their ability to cope positively and displayed helpful emotion-focused coping strategies (Fuller and Huseh-Zosel, 2021). In addition, while stressors were associated with the COVID-19 pandemic, older people also acknowledged sources of joy and comfort (Whitehead and Torossain, 2021). This again reflects sentiment depicted through our alternate discourse, where older people acted in ways that attempted to undiscipline stereotypes and subject positions associated with old age (Katz, 1996). Older people were forthcoming in reporting that they can effectively look after themselves during a time of crisis if given the opportunity. The alternate discourse was generated mainly from letters to the editor from older people and was not present throughout the broader media commentary, an indication that many older people perceived themselves differently to the ways in which they were represented. The lack of representation of this discourse through the general reportage demonstrates the lack of diversity in the media. The lack of the older person's voice in the mainstream reporting serves to legitimise the ideas of protection and surveillance while relegating the alternate discourse to the less-powerful voice of the older person. For older people to have their voices heard on this topic, they needed to create the content.

The analysis we provide here is based on a point in time and space and is not only an illustration of discourse in action, but also an indication of literacy around public health risk management. To use Beck's (1992) distinctions, while the COVID-19 virus may be considered a natural hazard, through heightened risk awareness people can be judged as manufacturing risk as a product of individualisation and an unwillingness to comply with directions to isolate. Simultaneously, the alternate discourse drew attention to the manufactured risk associated with isolation compliance, highlighting the complexity of the discourse. We have taken data from one, albeit widely read, print source. While multiple voices are included, we

must acknowledge the potential for bias. Opinions present in news media can be linked to the opinions and motives of powerful social agents and audiences (Richardson, 2006). Here we have compared voices within one media source while comparing discourse across different media types has previously brought to light different constructions of the same 'reality' (Phelan, 2016).

Foucauldian discourse analysis is not used to reveal the 'true' meaning of what is said, rather the focus is on the social action of discourse (Arribas-Ayllon and Walkerdine, 2008). Our focus here is in on power, surveillance and subjectivity, and this bounds our analysis. Indeed, Foucauldian approaches have been critiqued for being more focused on theory than method (Khan and MacEachen, 2021). As mentioned, despite not encompassing gerontology directly, the work and insights of Foucault have been applied in a range of ways to the topic. On this occasion, we began with Beck's notion of risk society and through a Foucauldian lens examined the role of the media in constructing risk and disciplining action. Our analysis is unique in bringing attention to the ongoing debate on the nature of risk, how natural and manufactured risks can intersect, and the power of the media in proliferating risk awareness and scrutiny of individual behaviour.

Conclusion

Discourses are a reflection of societal beliefs; they are omnipresent and inescapable, and they influence attitudes and behaviours. The analysis of news media discourses pertaining to older people in relation to risk and COVID-19 exposed a depiction of older people that was predominantly negative, a subject position that in turn influenced activities made legitimate for older people. The impact of the heightened visibility of older people within the media during this time, combined with a lack of opportunity to manage risk and denial of self-determination, exposed a clear message that older people are generally not to be trusted in managing themselves in relation to risk. At a point in history where the news media defines older people predominantly by their perceived vulnerability, frailty and incompetence, the alternative perspective, while evident, was constrained to the voice of older people themselves.

The implications for social behaviour, including the practices of people working with and caring for older adults, should be acknowledged. Those employed in the caring professions are not immune to impact from news media. Consideration needs to be given by media to the bias in discourses presented and the implications of negative representations. Bias and stereotypes already have the potential to limit older peoples' occupational engagement and performance; layering messages of vulnerability and incompetency in a time of health crisis strengthens the notion of older people requiring surveillance and management. Challenging ageist beliefs regarding older people and risk coupled with alternative representations are vital to ensure that older people are not doubly disadvantaged.

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