

Discriminating. Discourses of health discrimination based on age

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This special issue of *Journal of Language and Discrimination* brings together research on how people can be and are discriminated in the health and medical fields based on their age, and how such bias emerges linguistically from the discourse(s) expressing or surrounding it. Ages which see frequent and common singling out, for both objective and subjective reasons, are the old and the younger (children, adolescents) periods in life. The term 'ageism' is often associated with discrimination against older people (Phelan 2018), due to the prevailing contemporary exaltation of youth, productivity, individuality, typical of Western cultures (Bellini forthcoming 2022). However, there may be cases in which other life stages are singled out, whether in a negative or a positive light. For instance, the so-called middle age and the adult age in general are not normally considered socially weak moments in a person's life and, as such, are ignored and therefore automatically suffer from exclusion from consideration. One may want to think of entrance tickets to facilities and attractions, where children, seniors and other categories are entitled to discounts, but all the rest fall within the 'adults' group, who may only get reduced tickets based on, e.g., disability or low income, in both cases in relation to their economic (im)productivity. Positive discrimination may be incurred, on the other hand, by pregnant women, while the move from the fertile to the infertile

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stage in a woman's life tends, again, to correspond to a decrease in social status (Catenaccio forthcoming 2022).

The articles collected here are inspired by the (2018-2022) '*Age.Vol.A. – Ageing, Volunteers, Assistants. Multilingual tools for assisting the ageing*' research project (Vicentini and Grego 2019) funded by Fondazione Cariplo, to which we would like to express our sincere gratitude. They address ethical aspects of ageism in health/healthcare settings from a linguistic, discursive or multidisciplinary perspective.

Beginning from the social setting of the doctor-patient relationship seen in a historical perspective, Elisabetta Lonati brings readers back in time, to the late 18th century, when medical ethics was being shaped in accordance with specific moral duties, values and principles. This process gave rise to the lexicalization of a certain terminology to describe the role of the physician and how he should relate to patients. Interestingly, what emerges is that age was not socially a bias as regards patients, but it mattered within the profession, equating an old doctor with an experienced doctor.

Laura Tommaso also takes a diachronic approach, but to explore mental health issues employing Corpus Linguistics tools and CDA analysis. She examines the representation of mentally-ill older patients in medical research articles excerpted from the *PubMed* database in 1950–2019. Despite evidence of expanding research on older people in psychology/psychiatry in recent years, findings show representations of ageing as a process leading to deprivation, resignation and physical decay, increasing the chances of the onset of mental illnesses, in the whole corpus. These views persist, although active, healthy older adults are now challenging many beliefs about ageing. Awareness-raising through multidisciplinary research may produce a change in the discursive constructions and, over time, in the quality of mental and physical care provided for the older population.

Rosita Maglie and Ignazio Grattagliano, then, move on to examine attitudes of ageism toward older people on the part of mental health clinicians in Italy. These were asked to complete a validated psychological scale of ageism adapted for discourse analytical purposes. The instances of ageist discourse emerging from the data thus collected and expressed either in affective/emotional (prejudicial), cognitive (stereotypical) and/or behavioural (discriminatory) terms are analysed through Corpus Linguistics tools and CDA methods. Respondents show a discontinuous trend of ageism, which emerges mainly at the level of prejudices towards seniors. These reflect a generalised aversion due to mistaken ideas and disinformation producing stereotypes. How can all this be prevented? By increasing the psychologists'/psychiatrists' self-awareness of ageist attitudes and

fostering a change of discourse on ageing, as a first step to modify reality and its perception of people aged 65+.

Moving to a much younger age and a 'younger' social medium, Marianna Lya Zummo investigates how health is disseminated to this specific audience via *TikTok*. Healthcare professionals try to engage adolescents online by employing a conversation-like style. The attempt is a top-down one, so a number of linguistic and discursive strategies need to be deployed in order to do so. The success of these initiatives may be limited, so far, by issues of accessibility.

The second group of articles focuses on contemporary times and, specifically, on ageism during the Covid-19 pandemic. In particular, Anna Franca Plastina addresses 'classic' ageism directed at older adults, but she does so within the topical discursive frame of Covid-19: while the so-called 'Baby Boomer' generation was comprehensibly hit hard by the virus, the online rejoicing by millennials at this fact that populated *Twitter*, hashtagged #BoomerDoomer and #BoomerRemover, provides grounds for social worry and a much-needed discursive analysis.

Intergenerational themes and relevance of the elderly can also be looked at from the perspective of a non-Western health culture. That is what Mugiho Kojima does, in investigating ageism with a focus on a sample of conversational interactions between three 20-year-old Japanese women in the context of Covid-19. The paper raises the issue of whether ageism has been reinforced during the global pandemic. Drawing on the alleged ageist narrative of an informal *Zoom* conversation between three young women, the author claims that the pandemic has corroborated the representation of older people as more vulnerable, more ignorant of their own risks and less sanitary, thus leading to their self-isolation. This depiction is created as the participants establish rapport-oriented interactions with their friends, with whom they align as young and healthy citizens having an accountability for preventing the spread of the virus. Responsibility on the part of governmental and public health institutions as to their influence on the youth's views about the elderly is also tackled.

Finally, Paola Catenaccio deals with mental health in relation to children and looked at through the media. She investigates how the issue was addressed and framed in the British press during different phases of the Covid-19 pandemic from March to April 2021 and compares it with its treatment immediately before the onset of the pandemic. Taking an inductive approach to news framing, and combining Corpus Linguistics and Discourse Analysis methods, the study unveils a discursive shift involving three different frames (i.e., those of crisis, risk and impact). At the height of the pandemic, the predicament of children suffering from mental health

issues was subsumed under a larger crisis, with the focus shifting to the likelihood of future problems rather than addressing pre-existing ones. The mental health crisis affecting children will have to be addressed, hoping that it will not be subsumed under novel emergencies.

We think this issue makes a partial, though not negligible, contribution to understanding aspects of social inequality and prejudice based on age in the health and medical fields from a linguistic perspective. Crossing frontiers of space and time and tackling diverse genres and text types, the studies have hopefully answered at least some of the questions raised by a topic, that of discrimination, which has changed and still is changing face triggered by a plethora of new social, cultural and economic challenges, not least the Covid-19 global pandemic.

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About the editors

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