

ARTICLE

Tragedy and value of life of older persons in long-term care homes during COVID-19: a critical discourse analysis

Sabrina Lessard^{1,2} , Oluwagbemiga Oyinlola^{1,3} and Tamara Sussman^{1,3} 

¹Centre for Research and Expertise in Social Gerontology (CREGÉS), Integrated Health and Social Services University Network for West-Central Montreal, Côte Saint-Luc, QC, Canada, ²Department of Anthropology, University of Montréal, Montreal, QC, Canada and ³School of Social Work, McGill University, Montreal, QC, Canada

Corresponding author: Sabrina Lessard; Email: Sabrina.lessard.ccomtl@ssss.gouv.qc.ca

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Abstract

During the COVID-19 pandemic, the media provided daily coverage of this unprecedented crisis in the history of the 21st century. Some topics, such as how the virus affected older adults, were widely covered. The way in which COVID-19 was documented evoked a ‘tragedy’ narrative through consistent reporting about the suffering it was causing and the deleterious consequences it had on specific populations, including residents of long-term care homes (LTC). This article explores how reports on COVID-19 in LTC homes in a national newspaper (*The Globe and Mail*) fuelled a tragedy discourse that modulated the value of life of older adults living in those environments. We used critical discourse analysis and analysed 74 articles focusing on older persons residing in LTC homes in two Canadian provinces (Quebec and Ontario) during COVID-19. This article offers a brief overview of the notion of tragedy and how the discourse of tragedy is intertwined with humanitarian crises, life and death, and the value of life. Our findings revealed the construction of three types of tragedies that shape our societal values around life and death in LTC: the tragedy of the threat to life, the tragedy of the unfortunate (old, vulnerable and lacking in agency) and, finally, the tragedy of historical neglect and abandonment. Our findings suggest that the nature of reporting on life and death in LTC homes during the COVID-19 pandemic provoked a sense of fear and pity for a passive other. Re-thinking what gets reported in the media, including whose voice is represented/missing and how tragedy narratives are balanced with contesting stories, could elicit more sentiments of solidarity and action rather than reinforce pity, distancing and immobilisation.

Keywords: tragedy; value of life; older persons; life and death; critical discourse analysis; long-term care homes; COVID-19

Introduction

The media, which is embedded in people's daily lives (Ginsburg *et al.*, 2002), plays an important role in the production of meaning in our societies (Ylänne, 2022). Media texts embody, as it were, a certain social reality. These forms of texts and images 'are ... not simply reflective of societal and cultural ideologies – for example about ageing – but instead are both socially shaped while also simultaneously constructing social meanings' (Ylänne, 2022: 1). The presence or absence of a subject in any media form and the discourses that constitute this subject can be indicative of its socially ascribed importance. Hence, the analysis of media texts (and images) can give access to the discursive and symbolic predominance of a given topic and by so doing illuminate how the content contributes to our ways of thinking, feeling and acting towards certain topics and peoples and how we incorporate them into our 'own social value systems' (Ginsburg *et al.*, 2002: 20).

During the COVID-19 pandemic, the media provided daily coverage of this unprecedented crisis in the history of the 21st century. Some topics, such as how the virus affected older adults, were widely reported. Furthermore, the lives and deaths of people living in long-term care (LTC) homes in Canada (referred to elsewhere as skilled nursing facility, care home, nursing home or residential care home) were made particularly visible. In this country (as elsewhere in the world), more than three-quarters of those who died were over 70 years of age (Institut national de santé publique du Québec, 2021; Public Health Ontario, 2021; McKay *et al.*, 2022). In addition, most deaths in the first wave of the pandemic occurred in LTC facilities where over 50 per cent of the resident population is aged 85+ (Canadian Institute for Health Information, 2021, 2022; Akhtar-Danesh *et al.*, 2022; McKay *et al.*, 2022).

Amidst this sad reality, the dissemination of information to the public has been the subject of various analyses. Findings from this work have noted the worldwide ageist nature of editorial lines, the devaluation of older adults (Søraa *et al.*, 2020; Naughton *et al.*, 2021; Graham, 2022; Jeong *et al.*, 2022; Ylänne, 2022) and the tendency to separate the discourses ascribed to older adults from those used to describe the rest of society (Dionne and Turkmen, 2020; Allen and Ayalon, 2021).

However, the way in which COVID-19 was documented also evoked a 'tragedy' narrative through consistent reporting about the suffering it was causing (Han, 2023) and the deleterious consequences it had on specific populations, including residents of LTC homes. Yet, to our knowledge, no scholars have critically examined the way in which this construction of tragedy may have reinforced or contested our societal attitudes towards the value of life of older persons who reside in LTC homes.

Our article explores how reports on COVID-19 in LTC homes in two Canadian provinces (Quebec and Ontario) in a national newspaper (*The Globe and Mail*) fuelled a tragedy discourse that modulated the value of life of older adults living in those environments. In this article, we first offer a brief overview of the notion of tragedy. We then examine how the discourse of tragedy is intertwined with humanitarian crises, questions of life and death, and, ultimately, the value of life. Finally, through a critical discourse analysis of newspaper articles, we reveal the construction of three types of tragedies that shape our societal values around life

and death in LTC homes: the tragedy of the threat to life; the tragedy of the unfortunate (old, vulnerable and lacking in agency); and, finally, the tragedy of historical neglect and abandonment.

Tragedy

The precise definition of tragedy is quite difficult to pin down (Simko and Olick, 2020). Aristotle defined tragedy as a literary and theatrical genre that dramatises human suffering through a complex plot that follows the struggles of a high-ranking hero who is generally good, but visibly flawed, and ultimately contributes to his own downfall (Simko and Olick, 2020). Aristotle and other authors proposed a clearly defined framework of the components of a tragedy. Sam Han (2023) lists these as: (a) a question of a form, (b) the response of the audience of tragic drama, (c) a question of message, and (d) a matter of social function. The modern definition tends to distance itself from this framework to include a wider repertoire of situations, especially of ordinary people. The modern definition maintains the idea of a message having a meaning inscribed in a particular moral direction and the appeal to the emotions of fear (for oneself) and pity (for others) that primes audiences to reflect on existential issues while ensuring that social order is maintained (Han, 2023). In common parlance, the term tragedy refers to something sad (Eagleton, 2020) and serious that invokes suffering. This form of tragedy is associated with a period of transition wherein traditional moral codes no longer make sufficient sense to understand an individual's or community's misfortune (Eagleton, 2020). According to Han (2023), there is a strong relationship between tragedy and moments of crisis. Therefore, the notion of tragedy provides a relevant framework for understanding specific moments of crisis in modern history (e.g. a global pandemic) and how they are constructed.

The tragic frame or how certain events are understood as tragic

Ronald Jacobs (2001), in his analysis of media discourses concerning the 1992 Los Angeles uprising, proposed that contemporary media used the tragic frame to report certain events. He suggested that this tragic frame functioned as a discursive security blanket for the media by allowing society, normally reluctant to address certain issues, to do so. This frame refers, according to Jacobs, to a style that is in itself a cultural object. That is, it is always connected to a structure of meaning of a story, by the way it is constituted and by the way it is received by the audience.

This frame invites the audience to think of the problems the story addresses as tragic and, in so doing, it builds an 'expectation of failure and resignation' (Jacobs, 2001: 228). According to this sociologist, when crises are reported as tragedies:

They encourage the audience to adopt a mood of resignation and somber isolation, an attitude which acts as a conservative brake against the potentially progressive belief that civic engagement and participation are worthwhile things. Tragedy encourages a mechanistic ordering of events that tends to discredit repetition, encouraging the reader to adopt the resigned acceptance of an evil. (Jacobs, 2001: 228)

The acceptance comes from the fact that this ‘evil’ is already present and already harmful. This tragedy framing of events destabilises or even immobilises the audience’s capacity to act. The tragedy is a form of collective representation since its meaning is embedded in society and culture. The success of the tragedy frame thus lies in its diffusion and understanding through shared codes. In the example Jacobs documents, he demonstrates how the tragedy genre has become the most powerful form of representation for talking about ‘race and civil society during the 1990s’ (Jacobs, 2001: 221).

Many events in the contemporary world are described as tragic (Han, 2023), especially when there are mass deaths. Other authors (Kelly, 2021; Carter *et al.*, 2023; Han, 2023) have focused on how the discourse of tragedy is intertwined with humanitarian crises and the issue of life and death. This leads us to consider humanitarianism and the value of life.

Humanitarianism and the imperative to save life

Humanitarianism is a form of contemporary ideology that relies on a logic of security and protection (Fassin and Pandolfi, 2010) and legitimises actions aimed at saving human lives. The ‘crises’ in which humanitarian actions are rooted are often constructed as ‘tragedies’. This articulation emphasises victims in need of protection but also as ‘sick’ bodies in need of care (Hansen *et al.*, 2021). Individuals are thus seen as having sufficient value to receive care and protection but are also constructed as victims who are pitied and faceless, lack agency and in need of charitable action (Hansen *et al.*, 2021). The ‘tragic’ can be used, in humanitarianism, to ‘disavow responsibility by creating a sense of inevitability’ (Kelly, 2021: 44). From this perspective, the number of sick or dead attests to the real threat against which governments and society as a whole must fight (Fassin, 2005).

Thus, ‘the ethical premises of humanitarianism are based on the sacredness of life and equality of human being’ (Fassin, 2016: 777). These premises, however, bring significant ambiguities and paradoxes as humanitarianism is often caught up in contradictory forces where even the ‘right choices’ can result in suffering and death (Cabot, 2014; Kelly, 2021). Cabot illustrated these ‘right choices’ by quoting a person who described her work with asylum seekers:

It’s like you have been given a life raft. You can save some people, but just a few, and you can make space for them. But even though I can save some people, I also have to recognise that the others are going to drown. (Cabot, 2014: 73)

In humanitarian crises, policies are often based on the sole argument of the imperative to save lives (Fassin, 2021). As an example, Didier Fassin (2020: 4) explains that ‘draconian choices’ made in many countries to impose generalised lockdown during the pandemic, despite the social and economic consequences, had only one major justification: to reduce mortality due to the coronavirus. However, the preservation of life at all costs highlights and even exacerbates pre-existing inequalities in the value of human lives. This leads Fassin (2021: 163) to question the value of life by making an important distinction between examining ‘which life’ and ‘whose life’ is being preserved.

According to Fassin (2021), examining which life is being protected exposes us to a limited physical construction of life, one that is reduced to simply being alive. Governments often justify policies by referring to physical life (*i.e.* the goal of keeping people alive). Questioning whose life is being protected expands the purview of life to one that refers to a social life comprised of relationships, achievements and ‘everything that gives meaning to the fact of being alive, everything that distinguishes humans from other living beings’ (Fassin, 2021: 164). These distinctions expose the establishment of a moral hierarchy between the value of human beings and the value of physical and biographical life.

In the same vein, Stevenson (2014) demonstrated how efforts can be made to save lives without concern of how people experience their living. It is also tied to the meaning of life and to what it takes to become a ‘worthy life’ (Svendsen *et al.*, 2018: 31). The perceived value of life and of human beings can determine both the quality of their life and the quality of care people may receive (Glaser and Strauss, 1964; Králová, 2021). It can also influence the way people react to the loss of these lives.

Informed by these works, this paper explores how the circumstances of older persons in LTC homes in two Canadian provinces during COVID-19 were framed as tragic and examines the ways in which this framing modulated the value of life of older persons residing there. We address these aims by conducting a critical discourse analysis of newspaper articles from a national Canadian newspaper (*The Globe and Mail*) during two waves of the COVID-19 pandemic.

Methodology and methods

Critical discourse analysis

Initially introduced in the late 1980s for the discipline of discourse studies (Van Dijk, 2015), critical discourse analysis has shown itself to be a valuable method when aiming to examine how social problems, inequalities, prejudices and power are shaped and addressed by discourses (Blommaert and Bulcaen, 2000; Hidalgo Tenorio, 2011). More than a practice of representation, discourses are mechanisms for ‘constructing the world in meaning’ (Fairclough, 1992: 64) by shaping what is known, taken for granted and valued in a given society (Rycker and Zuraidah Mohd, 2013).

Critical discourse analysis, which guides the analysis of social discourses, is a valuable method when aiming to uncover what knowledge and practices are produced and maintained in a particular socio-historical context (Fairclough, 2009). This interpretative approach guides researchers to focus on what a text says, how it says it and what it means. The interpretative aspect of the critical discourse analysis accepts that researchers may reach varied understandings of a text.

Although critical discourse analysis is a widely used method in social sciences, supported in part by the pioneering works of Foucault (1971), Fairclough (1992, 2009, 2017), Van Dijk (2015) and Hidalgo Tenorio (2011), analytic guidelines vary. We employed the methods of Fairclough (2009, 2017) and Hidalgo Tenorio (2011), who guide researchers to interrogate texts by examining what and how ideas are repeated, social actors are represented, ideologies are formed, and

practices and actions are legitimised. We used this approach to uncover how discourses during the COVID-19 pandemic constructed, perpetuated and legitimised social inequities for older persons living and dying in LTC.

We elected to conduct our critical discourse analysis by examining newspaper reports on the COVID-19 pandemic that focused on older persons residing in LTC homes. We extracted these articles from Canada's main national newspaper – *The Globe and Mail* – which is an English-language newspaper that has been in existence for over 170 years. The paper, which is accessible via paid subscription, remains at the top of the daily circulation list with over 6 million readers every week (online and print). The paper is recognised for its balanced reporting and reliance on well-sourced information (Media Bias Check Fact, 2023). The paper has been noted to publish right-leaning editorial pieces and hence is considered by some to be slightly right of centre.

Our analysis of newspaper discourses focused on articles published during two three-month periods covering what have been framed as the second (1 December 2020 to 28 February 2021) and fifth (1 December 2021 to 28 February 2022) waves of the pandemic. We selected these two periods of time for a number of reasons. First, by this time LTC homes had already been identified as a site plagued by tragedy and hence articles at this time allowed us to examine in detail how this tragedy was constructed and the way in which it shaped the value of life in LTC. Second, we felt that examining two waves could offer the opportunity to explore how discourses may have shifted as more was learnt about the virus and its impact. Finally, we imagined that focusing on waves of the pandemic would allow us to extract a high volume of articles from which to form our analysis. We limited our analysis to articles written about the pandemic in Quebec and Ontario as these two provinces had the highest death tolls in LTC homes and both provinces had to call in military reinforcements to help manage the crisis. We therefore expected to find a high selection of articles on the topic of life and death in LTC homes within these provinces.

Selected articles meet these criteria

Data identification

Inclusion criteria were based on (a) location (Quebec and Ontario), (b) time period (second and fifth waves), (c) media types (a textual column piece) that was either a report or an opinion paper, and (d) themes (inclusive of information relevant to both COVID-19 and older persons living in LTC homes). We did a systematic search on Factiva for relevant articles by combining terms from three categories: (a) older persons ('older adult' OR 'older adults' OR elderly OR senior OR seniors) AND (b) COVID-19 (Covid-19 OR pandemic OR Covid) AND long-term care home ('long-term care' OR 'nursing home' OR LTC).

In all provinces/territories in Canada LTC homes can be accessed via the public or private system: residents in publicly regulated LTC homes enter those facilities following a formalised assessment affirming the need for three or more hours of daily care. Fees in these facilities are controlled provincially/territorially with a subsidised option for those with limited means. While a growing number of these facilities are run by for-profit providers, generating much debate about service quality,

standardised regulations exist around staff–resident ratios, costs and access. LTC homes in the private system, by contrast, can be accessed directly by residents and have no standardised fees. While most provinces/territories have developed some rules and regulations for these facilities, auxiliary services offered, residents accepted and cost structures vary greatly (Canadian Institute for Health Information, 2024). We did not distinguish between these two types of LTC homes in our analysis because references to LTC homes in newspaper articles rarely situate them within the public or private systems. Further, COVID-19-related directives and regulations were similar in both types of LTC homes, as were the rates of death (possibly speaking to the rising number of for-profit providers in the public system) and the profile of residents (with the exception of income) and staff.

Our initial search identified 427 articles for possible review (385 from the second wave and 42 from the fifth wave). However, upon further review we excluded 353 of these articles (327 from the second wave and 26 from the fifth wave) because they did not meet our inclusion criteria. We conducted our critical discourse analysis on the retained 74 articles (58 from the second wave and 16 from the fifth wave).

Data analysis

We conducted the critical discourse analysis in three steps. First, two authors organised the text of all retained articles around a series of descriptive codes including: wave (second, fifth), type of article (opinion, original), province referenced (Ontario, Quebec), references to death and life in LTC homes. Second, using an inductive analytic approach, we examined particular elements related to life and death in LTC homes including repetition of certain types of discourses, how social actors were referenced/represented and what actions were described/recommended (Hidalgo Tenorio, 2011). Finally, informed by the notion of tragedy, all the authors participated in several interpretative dialogue and writing sessions. We engaged in this iterative process of writing and reflecting (Fairclough, 2017) until we reached a final consensus on what the texts were saying and what this meant (Fairclough, 2009) in terms of the value of life of older persons in LTC. To respect the confidentiality of residents and LTC homes referenced in the media, we replaced all names of people and organisations with letters in our selected excerpts.

Findings

Our analysis revealed few differences in the frequency and focus of reporting by province and hence we present our findings in the aggregate. As depicted in Table 1, the frequency of reporting on COVID-19 in LTC homes diminished between the second (N = 58) and fifth wave (N = 16). However, the content or focus shifted very minimally between these two time-points. For example, during both waves, suffering (in reference to both life and death in LTC) remained a primary focus. Further depictions of what life was like in these environments from the perspective of older persons was essentially absent.

Our analysis of the combined texts further revealed three interrelated tragedy narratives that served to shape the value of life in LTC homes. The tragedy of the threat to life was created through the consistent reporting of mass deaths and the heightened risk of living in LTC homes. The tragedy of the unfortunate was

Table 1. Numbers of articles and excerpts by themes according to the wave

	Total second wave		Total fifth wave		Total both waves	
	Articles	Excerpts	Articles	Excerpts	Articles	Excerpts
Long-term care homes	34	128	12	38	46	166
Death	34	76	10	34	44	110
Life	23	58	8	25	31	83
Voices of older persons in long-term care	2	3	0	0	2	3

reinforced through an emphasis of older persons in LTC homes as old, vulnerable and lacking in agency. Finally, the tragedy of historical neglect and abandonment was elevated through the reporting of former trends of poor care in LTC homes. The following excerpt reflects a common means of reporting on life and death in LTC as a tragedy:

The loss of a human life when it could have been avoided is always a tragedy for loved ones and society. But the indecent and inhuman conditions surrounding those deaths should also be considered, coroner Ms. K said in her opening remarks. (Quebec, *The Globe and Mail*, 15 February 2021)

The sections below elaborate further on the way in which these forms of tragedy were constructed. Our presentation of the data also illuminates how this framing of the circumstances of older persons in LTC may have reinforced a form of social distancing and resignation fuelled by fear rather than compassion and devoid of any form of agency on the part of older persons.

Tragedy of the threat to life

Mass death

The discourse of tragedy is often first built around the number of reported deaths for a given humanitarian crisis. Such was the case with older persons in LTC homes in Quebec and Ontario whose visibility first appeared in the media through the reporting of death counts. In total 72 out of 110 extracted excerpts (or 44 out of 74 of articles) centre on deaths caused by COVID-19. Typical excerpts are as follows: ‘contagious Omicron variant has sickened 2,140 residents of long-term care and 3,830 staff members. Since mid-December, 64 residents have died of COVID-19, bringing the total to 3,893’ (Ontario, *The Globe and Mail*, 15 January 2022). The reported number of deaths adds to the sense of tragedy, especially when it emphasises heightened death records such as the following: ‘73 residents of LTC T have died of the virus, eclipsing the previous record of 70 deaths at LTC O in one city, Ont. this spring’ (Ontario, *The Globe and Mail*, 8 January 2021). The tragedy of mass deaths frames success in terms of reduced death rates. Within this context a reduction in deaths is something to be celebrated:

In the latest wave, figures from Dec. 21 to Jan. 20 show 139 people died in long-term care facilities in Ontario, compared with 726 in the same period a year ago. In Quebec's LTC homes, known in the province as Centres d'hébergement de soins de longue durée (CHSLD), 176 people died, compared with 549 last year. (Both provinces, *The Globe and Mail*, 29 January 2022)

Offering statistics around deaths not only validates the idea of a tragedy but also begins to create a narrative wherein human beings are referred to as cases or deaths, as depicted by the following excerpt: 'Ontario long-term care home hit by nine deaths and more than 100 COVID-19 infections in a little more than a week' (Ontario, *The Globe and Mail*, 18 January 2021). Over time this form of distancing opens a space wherein institutions rather than people become the focus.

Dangerousness of being old

Our analysis further revealed the construction of being an older person in LTC as an individual both in danger and potentially dangerous. This process was supported by the media's representation of COVID-19 as a problem specific to older persons and, by extension, to those living in LTC facilities. A typical excerpt highlighting the danger older persons living in LTC faced is as follows: 'Of the 5,718 deaths reported in Quebec during the first wave from February to July 2020, 4,836 were in elder care and long-term care' (Quebec, *The Globe and Mail*, 20 January 2022).

The fear generated regarding the dangers both faced by and posed by older persons living in LTC homes opened the space for two actions: the imperative to save lives and the associated need to protect non-infected persons from the dangers posed by those infected by the virus. Hence it became socially acceptable (and largely respected) to contain, lock down and isolate older persons in LTC from family, friends and society. Indeed, the body and the life it embodies must be protected, whatever the cost. These protections were viewed as particularly critical for those who tested positive for COVID-19 but also for the other people around them, as depicted in the following excerpts: 'Mr. H has not been able to talk to his 96-year-old grandmother since Saturday, when LTC T moved her to a COVID-19 ward on the home's third floor. He said she tested positive for the virus last Friday' (Ontario, *The Globe and Mail*, 5 February 2021); it was also the case for Ms. C's grandmother:

Ms. C's grandmother, who turns 100 in April, has been a resident of LTC R for a year. Ms. C. said her grandmother has always been given a high level of care and that everything was 'great' until the outbreak was declared. Her father, who serves as her grandmother's essential caregiver, has not been allowed to visit since. 'She has not tested positive, as far as we know', Ms. C. said. 'But it's pretty unnerving as a family member to sit back and watch it all come crumbling down ... You're crossing your fingers and praying that she's one of the ones it passes by. That's all you can do at this point, really.' (Ontario, *The Globe and Mail*, 21 January 2021)

Those considered as representing the greatest threat, those more at risk of both acquiring and circulating the virus, were people living with a major neurocognitive disorder, because they could not be relied on to stay isolated:

Staff in long-term care homes across Canada are struggling to isolate elderly residents with dementia during COVID-19 outbreaks, accelerating the deadly spread of the virus, experts say ... These vulnerable residents have a tendency to wander as well as a need for social connection and physical touch, leading them to enter other patients' rooms or common areas where they could contract or transmit the virus, say doctors and advocates. (Both provinces, *The Globe and Mail*, 18 January 2021)

The focus of care for these individuals became one of ensuring they remained isolated in their rooms. Doing otherwise would be considered to pose an intolerable danger to them and to others living within LTC homes.

Biomedical response to the COVID-19 threat

As individuals living in LTC homes during the pandemic became 'bodies' to be fixed and protected, a biomedical response – the vaccination – was proposed to decrease the death rate. The death rate rather than individual deaths became something to be monitored and regulated, as depicted in the following excerpts:

The total number of deaths owing to the pandemic would be most reduced if older populations are vaccinated first as long as it is still early in the pandemic, such as by March. (Ontario, *The Globe and Mail*, 1 December 2020)

However, the high rate of immunization and the high rate of boosters doses that we're seeing amongst our seniors in long-term care and amongst us means that we are having a much much lower rate of severe illness in long-term care homes and assisted living homes. And thankfully, a much much reduced risk of things like deaths. (Ontario, *The Globe and Mail*, 29 January 2022)

Although vaccines were initially perceived as the ultimate solution to the crisis, their availability did not change the quality of life of older persons living in LTC homes:

Family of residents say that while the vaccinations have brought a little relief, the strict limits on contact and movement mean quality of life hasn't changed much. (Quebec, *The Globe and Mail*, 12 February 2021)

This failure to loosen restrictions despite vaccine availability depicts the importance ascribed to physical life over all other forms of living.

Call for humanisation and compassion

Over time, as the threat of death from COVID-19 dissipated, it became slightly more common to locate discourses questioning the threat of prolonged isolation on the lives of older people in LTC homes. The denunciation of the practices of isolation from different advocates and family members placed an emphasis on

restoring 'humanising' practices so that individuals rather than mere bodies received care. This call for humanisation and compassion despite protective measures is depicted in the following excerpts:

Patients may not be able to understand or retain the information about why they need to be separated from others or be able to follow protocols, such as frequent hand washing, she added. 'I think we're in a really tough spot', she said. 'I don't think anyone's found a perfect solution here.' However, Ms. S. said person-centred care is key: looking at each patient as a unique individual and speaking with their families about how to provide them with safety, comfort and meaning. (Both provinces, *The Globe and Mail*, 18 January 2021)

Mrs. M. added that even when dementia patients are isolated, they should receive physical contact from staff. (Ontario, *The Globe and Mail*, 18 January 2021)

Perhaps unsurprisingly the call for humanisation and compassion became more frequent in media texts during the fifth wave, as the threat of COVID-19 on life was less evident:

This is not just a nice perk to have, it's not just, 'Oh it's so nice to socialize,' no, for many of these folks, the visit by loved ones and family is part of their care', he said. With reports from Mr. H and The Canadian Press. (Both provinces, *The Globe and Mail*, 29 January 2022)

The threat to life, the dangerousness of being an older person, the biomedical response to the crisis and the appeal for compassion for a vulnerable 'other' all added to the creation of a discourse that depicted a tragedy of the unfortunate. As such, people living in LTC homes during the pandemic were portrayed by the media as old, vulnerable and lacking in agency.

The tragedy of the unfortunate: old, vulnerable and lacking in agency

Tragedy, when it constitutes the discourse of a humanitarian crisis, puts the emphasis on people, often faceless, in need of care and protection. In these newspaper articles, people living in LTC homes were represented as old-passive-vulnerable people referred to most frequently as residents, frail, cognitively impaired, and occasionally as senile, old fogies, grannies, neglected and abused. Our critical discourse analysis reveals no mention of the possible diversity of individuals within LTC and their associated personalised needs and experiences.

The depiction of older persons in LTC as a 'vulnerable population' created an erasure of individual stories and experiences. Strikingly, amidst the call for compassion, we found only three excerpts in 74 articles that included the voices of older persons living within the walls of LTC homes and all three simply reported on older persons' experiences of receiving the COVID-19 vaccine.

Instead, their lived experiences were narrated through the testimonies of others who were often outsiders of LTC homes (such as paramedics, doctors from hospital or members of the military) sent into LTC homes to provide help to facilities where needs were the greatest. The power of voice accorded to these outsiders contributed

to the creation of a tragedy that, while engendering compassion, also contributed to the shaping of an immobilising fear:

You see the fear in people's eyes and that loneliness, and I don't think you can remove those images all that quickly [a doctor said]. (Ontario, *The Globe and Mail*, 4 December 2020)

When paramedics responded to a call for help at a nursing home with the largest outbreak of COVID-19 in Ontario, they found their patient naked, alone, ashen-faced and struggling to breathe. (Ontario, *The Globe and Mail*, 8 January 2021)

These examples referencing Ontario are both drawn from media reports during the second wave of the pandemic. Several similar references were found in articles published about the circumstances of one LTC home in Quebec. This LTC home became known to the public for its high death rate in the first wave of the pandemic. It hence retained its presence in the media in second- and fifth-wave reporting:

An April 16, 2020, visit at the S nursing home, for example, recorded that 263 residents hadn't been fully cleaned or dressed in the previous three days. At the R nursing home, an inspector found on April 20 that the short-handed staff were unable to care for 48 residents who had tested positive, so they hadn't been cleaned, dressed or given a snack between meals. The staff was 'trying to save the snacks for the diabetics', the document said. (Quebec, *The Globe and Mail*, 2 December 2021)

These narratives from the outside, that were repeatedly referenced, reinforced the sense of tragedy not only because people living in LTC homes died, but also because they experienced a death that stands in contrast to societal values of dying with dignity or a good death. They also introduced the notion that death in LTC was frequently the result of abandonment and not solely associated with complications arising from a coronavirus infection. In other words, death in LTC homes became a symbol of the terrible inhumane conditions that those subjected to this institutional life could expect to endure:

In fact, we might actually have fewer staff at hand who can meet their basic care needs. And that's why we're really worried. We know that a lot of people who died during the pandemic, in long-term care homes, they didn't necessarily die directly from COVID-19. They died from dehydration, they died from malnutrition, they died because of a lack of care. (Both provinces, *The Globe and Mail*, 29 January 2022)

The scarcity of testimonies from older persons in LTC themselves shaped them as silenced, passive victims, deprived of agency and positioned in the liminal spaces, between compassion and abandonment, indignation and powerlessness, and life and death.

Tragedy of neglect and historical abandonment

Our critical discourse analysis revealed the repeated representation of LTC homes as sites that had been abandoned and neglected by government bodies, as is depicted in the following excerpt: 'This sector has been abandoned by the government of Ontario', Ms. W said (Ontario, *The Globe and Mail*, 3 February 2021). As a consequence, LTC homes were described as understaffed, underfunded, overcrowded, loosely monitored and staffed by 'low wage, poorly trained part-time workers' (both provinces, *The Globe and Mail*, 31 January 2022).

This disengagement, which led, according to the narrative, to this tragedy, was even described as 'chosen'. Connecting disengagement to the notion of choice reinforced that these sites of care and, by association, those living and working within them, are of lower value. The connection of disengagement as a governmental choice is depicted in the following excerpt: 'The lack of preparation was a choice, and Canada's governments and long-term care homes made the wrong choice' (both provinces, *The Globe and Mail*, 14 December 2020). This form of abandonment was depicted as historic in nature and as contributing to the loss of lives in LTC:

The silence has been especially deafening in Ontario, where the government didn't unveil a vaccine task force until Friday – the same day an independent commission published an interim report highlighting the province's failure to protect long-term care during the second wave. (Both provinces, *The Globe and Mail*, 4 December 2020)

Decades of underfunding and neglect under successive provincial governments – including the expansion of private ownership under the M government and broken promises of improved standards of care and the scaling back of annual inspections under the D and W governments – left the sector vulnerable to all-out disaster by the time COVID-19 came to Canada. (Ontario, *The Globe and Mail*, 31 December 2020)

In this sense, the discourse of tragedy became reinforced and sustained through representations of LTC as institutional, hostile sites of abandonment and neglect. Importantly, while many actors were brought into LTC to help to save older persons from the historic abandonment associated with LTC, the tragedy frame negated the development of a more empowering narrative that could have promoted solidarity and connection instead of paternalism and disconnection.

Discussion

The findings presented above provide some insight into the question initially posed, namely how framing the COVID-19 pandemic in LTC as a tragedy served to modulate the value of life of older persons. These discourses of tragedy contributed to the construction of the value of life ascribed to older people who reside in LTC. More specifically, our findings suggest that physical and not biographical life was all that someone in LTC could and should ever hope for. This centring of physical life was reinforced by consistent reporting of numbers of deaths in LTC and the suggestion

that success was achieved when death tolls were reduced. Within this context, protecting lives from the virus no matter the cost became a taken-for-granted idea. As the death rate dissipated, some narratives emerged highlighting psychological and social issues in LTC such as resident isolation and loneliness. However, these sentiments were overshadowed by a narrative of abandonment and neglect, and excluded the voices of the people for whom the audience were supposed to feel compassion. As a result, over the span of two years of reporting, older persons in LTC lost their right to a biographical life.

This focus on physical life at the expense of the biographical life is not a new phenomenon. Other studies on the Ebola epidemic (Gomez-Temesio, 2018) and on the tuberculosis (1940–1960) and suicide (1980 to recent days) epidemics among the Canadian Inuit (Stevenson, 2014) have clearly demonstrated health and political responses that target physical life over biographical life. As demonstrated by Fassin (2022), ‘society privileged longevity over the dignity of existence’. While saving lives is certainly a commendable aim, doing so without also attending to the social and political dimensions of life associated with biographical living is ethically questionable and has the capacity over time to generate a narrative of a faceless sufferer and compassionate saviour.

While the storyline of tragedy gave visibility to older persons living in LTC, constructing LTC homes as sites of abandonment and depicting older persons within them as vulnerable stripped older persons of their rights to a biographical life and a meaningful death. In fact, while the circumstances of older persons in LTC were consistently depicted in the media, this was done using the voices of others and was usually offered to reinforce the imagery of neglect of those relegated to such a place. These findings echo those of Allen and Ayalon (2021) who noted the exclusion of care resident voices in reports on LTC and highlighted the construction of vulnerability and helplessness in their analysis of American newspaper articles during the first wave of COVID-19.

Strikingly, we found only three excerpts that captured the voices of people living in LTC during the pandemic. Hence while reporting purported to centre our gaze at the historically abandoned older persons in LTC, it rather served to reinforce this abandonment by creating an image of a suffering, passive other who was destined to a life and death of less value. As reported over two decades ago by Luc Boltanski (1999), the media brings the misery of the world into the privacy of the wealthy home with great efficiency. This approach transforms the reality of human suffering into a type of fictional representation that can be observed by an outsider but that does not propel engagement and action. In the context of the COVID-19 pandemic, the fact that the observations of life in LTC were made accessible to privileged outsiders, but the voices of those most affected (*i.e.* older people living in LTC, caregivers or even staff) were not used to nuance the reports, resulted in the presentation of shocking observations that were viewed as tragic. Those with no direct ties to LTC were positioned as observers who did not share in the suffering of the unfortunate and whose compassion was transformed into inaction.

It is noteworthy that we observed a significant reduction in media articles reporting on older people in LTC between the second and fifth waves of the pandemic. This trend suggests that the level of suffering considered intolerable at the beginning of the pandemic became more and more acceptable over time (Han,

2023). It also intimates that as the threat to life diminished, the media coverage of the reality of older people residing in LTC began to erode, relegating life in LTC to the invisible position it held before the pandemic began two years earlier.

The representation of LTC homes as an institution, closed to society, where deterioration, devastation and death reign, invites thinking of the problem as tragic. The framing of the situation as a tragic choice sets an expectation of failure and resignation by creating a sense of historical continuity so profound that it cannot be changed, as it is inevitable. This means that the audience may look at LTC homes and the people who live in them with a sense of pity, but because 'they' are there and the readers are not, they do not have to change anything (and they may even feel lucky and privileged not to be like them).

The shaping of a social issue as tragic also allows for a shift in perspectives and concerns. In the case of COVID-19 and LTC, this framing redirected concerns towards protecting life and away from prioritising and funding quality environments that would support the wellbeing of people both in life and in death.

In the light of these findings, editors, reporters and readers should pay close attention to the discourses used to report crises, as these constructions can shape actions and care (Fairclough, 2017). Introducing counterdiscourses and ensuring all voices are represented in reporting could go a long way in shifting ideologies, resisting social categories and shaping social realities.

Strengths and limitations

Our analysis was based on media reports within one major English Canadian journal. While we relied on Canada's largest and most reputable newspaper, we recognise that expanding our analysis to other newspapers in Canada, including those geared towards French-speaking audiences (e.g. *La Presse*), might have yielded different results. We further recognise that expanding our analysis to other provinces and territories within Canada may have illuminated jurisdictional variances that our current analysis failed to identify. We purposefully selected two provinces in Canada which elicited strong governmental actions including the use of the military to provide assistance. We made this decision because we knew this would result in more media coverage to inform our analysis. However, it is possible that these unique circumstances also exacerbated the tragedy narrative we identified. Despite these limitations, this article makes an important contribution to the literature by showing how media discourses that capitalise on the sensationalism of tragedy can mobilise emotions of fear and pity that can negatively shape the value of human life (in this case older adults in LTC).

Conclusion

Our critical discourse analysis of newspaper articles reported during the COVID-19 pandemic illuminates how constructing and reinforcing a looming tragedy in LTC diminished and devalued the worth of older people living and dying there.

LTC has a long history of prioritising physical life over biographical life. Although the centring of the lives of older people in LTC offered the media an opportunity to contest this reductionist understanding, our analysis suggests that

quite the opposite occurred. Over a two-year period of coverage, life and living in LTC became reduced to death avoidance, thereby stripping older persons in LTC of their rights to live, evolve and narrate their own experiences. In this way, media reporting on life and death in LTC provoked a sense of fear and pity for a passive other who simultaneously needed saving and could not be saved. Over time and as our sensitivities to the impacts of COVID-19 diminished, so too did media reporting of life and death in LTC.

Taking heed of some of the fundamental goals of the tragedy genre, as first introduced by Aristotle, could help all of us to critically appraise and address what gets reported in the media during times of crisis. We purport that ensuring a more-balanced representation of voices and reporting stories of resistance alongside loss and hardship could disrupt the narration of a sensationalist form of tragedy that reinforces pity, distancing and immobilisation. It is through these types of counternarratives that solidarity, inclusion and collective action become more achievable and opportunities to remain focused on longstanding social issues are created.

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