No more ‘elderly’,
no more old age

Buckingham, England, Open
Univ. Press.

I indicated in Chapter 2 that the idea that old age or being elderly has some kind of universal reality needs to be challenged. Is it a condition, a period of life, a state of mind, or what? Is there any scientific evidence that something exists that can be called old age? If it exists, how do people enter it and become elderly?

It seems to me indisputable that a rethinking of ageism cannot be based upon the presumption that old age exists. And it follows directly from this, that we must critically examine the logic for creating a category of people and calling it the elderly, the old or the aged.

Unpacking Butler’s definition

A rethinking of ageism also has to begin with Butler’s definition (see page 30). The critical sentence is:

Ageism can be seen as a process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this for skin colour and gender.

(Butler and Lewis 1973)

This was the kind of working definition that was needed in order to get ageism on the agenda in the 1960s. In the 1990s, however, it is inadequate and arguably ageist itself. Consider the key words.

Process

Process is used by Butler to represent an ongoing history of behaviours, practices, routines and regulations. While this undoubtedly is how ageism is
made manifest, ageism itself is an ideology, not a process. Giddens defines ideology as:

shared ideas or beliefs which serve to justify the interests of dominant groups. Ideologies are found in all societies in which there are systematic and engrained inequalities between groups.

(Giddens 1989: 727)

It follows from this that an ideology is a coherent set of shared ideas and beliefs that constitute a particular justification of the interests of dominant groups. It is in this sense that ageism is an ideology upon which dominant groups—state, employers, hospitals, media, etc.—justify and sustain not just the inequalities between age groups but also the belief that these age groups exist and are different.

Systematic

The word ‘systematic’ in these definitions of ageism and ideology implies that stereotyping, discrimination and the generation of inequalities is undertaken according to some overall pattern, that the outcome of these processes is that the whole population is categorized according to rules and with some consistency. This confirms that the stereotyping and discrimination identified by Butler do constitute an ideology. Paradoxically, the word also suggests that this ideology is implemented indiscriminately to all those in the targeted groups. This aspect of ageist discrimination is often used to justify the use of age as a means of exclusion (see page 49 regarding the appointment of magistrates).

Stereotyping

Stereotyping is the attribution of a range of distinctive characteristics to all members of a group. Butler suggests that old people are ‘categorized as senile, rigid in thought and manner, and old fashioned in morality and skills’. There are two important aspects to stereotyping which need to be distinguished. One is the ascription of negative characteristics. Terms such as imbecility, senile, rigid and old fashioned, are viewed negatively in popular opinion; most of us would feel offended if they were applied to ourselves. The second aspect is that stereotyping draws upon generalization, and possibly upon valid scientific research. For example, ‘old people are typically poor’ is the kind of conclusion that might be drawn from Townsend’s data (see page 113), and indeed might form the basis of anti-ageist action. Nevertheless, this concluding statement, and the word ‘typically’ in particular, can foster the belief that ‘all old people are poor’: a classic stereotype which fosters a wide range of ageist responses such as concessionary travel fares and Christmas bonuses.

Discrimination

Discrimination is action taken in relation to all members of a certain group. The Invalid Care Allowance is an obvious example of ageist discrimination (page 5): the carers of recipients must be under 65 to receive the Allowance. Typically, discrimination is viewed negatively, but there is always a positive interpretation. For example, it might be claimed that the ICA is being targeted upon those whose carers might otherwise be unavailable due to paid employment. Concessionary fares for older people are a form of positive discrimination that, from time to time, many younger people resent. The important point about discrimination is that it occurs through the power to systematically exclude individuals belonging to designated categories.

They

Who are ‘we’ and who are ‘they’? Kuhn, in a discussion of being old in an agelst culture, asserts ‘we are a new breed of old people’ (1977: 14). In contrast, ‘we’, for other writers, are service providers:

Our society has a very negative attitude towards old age. This affects the way we treat elderly people, the expectations we have of them and the services we provide.

(Dixon and Gregory 1987: 20)

The use of these pronouns creates a conceptual map on which groups of people are variously included and excluded. In particular, the old who are discriminated against occupy a different territory on these us/them maps from ‘us’. This issue is amplified below.

Old

The main reference to age in Butler’s definition is through the word ‘old’. His conceptualization of ageism is related to a discernible group of people who can be referred to as old. He, like many others, uses a number of other words to refer to this group – older, elders, elderly, aged – but not in a way which challenges the presumption of its existence. Again this is discussed in more detail below.

Sexism and racism

Butler’s reference to sexism and racism is near universal practice in writing about ageism. The two words ‘just as’ directly imply equivalence, thereby ignoring what is distinctive and peculiar about age. As Cole has commented about ageism, ‘We do not yet have the careful, critical scholarship that might justify or illuminate its analogies to racism or sexism’ (Cole 1986: 119).

Others, fearing that age discrimination might be perceived to be no more than the latest fashion, are cautious about adding ageism to the anti-discriminatory agenda (Stevenson 1989: 8). Despite the obvious advantage that can be gained through exploiting the equivalence with sexism and racism, well demonstrated by Laslett (1989) in commenting on Medawar and Gould (page 26), the equivalence itself is no basis for a definition. As soon as that is agreed, then we have to address the question of what it is about age in society, rather than the position of older people, that is unacceptable.
What this brief analysis implies is that Butler’s definition is inadequate on three grounds: 1) a definition of ageism should not be based on parallels with sexism and racism; ii) it should not presume that old people exist as a group; iii) it fails to resolve the us/them question.

Us and them

The distinction between us and them, of course, reflects the contrast between the subjective and the objective, in talking about people born in Yorkshire, for example. I have a choice of talking about ‘we’ and our attachment to certain cultural eccentricities or I can talk about ‘them’ and their attachment, etc. Even though the latter does not necessarily exclude me as being one of them, the objective grammar allows a certain distancing. The word ‘them’ establishes a distinction between the implied ‘we’ and them. So, when Butler refers to ‘discrimination against people because they are old’, he is creating the same distinction: between a kind of ageless ‘we’ (ageless in the sense that our age is considered irrelevant) and ‘them’ who are old. The alternative was:

Ageism can be seen as a process of systematic stereotyping of and discrimination against us when we are considered old . . .

The problem with this, of course, is that it implies a concern with ourselves and our future selves, rather than with older people currently suffering the consequences of ageism.

Service providers, in particular, are aware that there are categories of people who are in urgent need and, in the documentation of policy and practice, it is perhaps inevitable that there is constant reference to ‘them and their needs’ and to ‘us and our services’. The copywriter of the advertisement at the beginning of Chapter 7 (page 88) attempted to overcome this with the popular ‘one day you’ll be old too’ theme. However, this simply emphasized the size of the typical age difference between provider and recipient.

Categorization

Is there any clinical evidence of a biological change that marks the onset of an old age characterized by an indisputable degree of need? Grimley Evans (1991) would appear to suggest not.

Ageing of an organism is characterised by loss of adaptability; as time passes its homeostatic mechanisms become less sensitive, slower, less accurate, and less well sustained. The onset and rate of these changes vary among bodily systems and, because aging is the result of interaction between extrinsic (environmental) and intrinsic (genetic) factors, there is also great variation between individuals. Death is the ultimate failure of adaptability, and senescence first becomes detectable in population data as a rise in age specific mortality at the age of 12 to 13. After perturbations due to violent deaths in early adult life mortality increases roughly exponentially for the rest of life.

There is no discontinuity to offer a biological basis for separating ‘the elderly’ from the rest of the adult human race. The prevalence of disability and the use of health and social services also increase broadly exponentially through adult life, with no discontinuity in later life.

(Grimley Evans 1991: 869)

In effect he subscribes to the view that there is a wide range of conditions for which the attention of a medically qualified doctor is appropriate and which are strongly associated in the statistical sense with age, but that in no circumstance should a person’s age compromise the medical response.

People often express confidence in the existence of old age, not on physiological but on cultural grounds. Every society has had a concept of old age. We can’t simply decide that it doesn’t exist any more. Who are we to dispute the Greeks, the Romans and the Bible?

The problem is that what we know about the understanding of age in ancient societies is what has survived hundreds of acts of editorial selection, control and translation. Often, to give sense to what has been written, the term ‘old age’ has had to be used. And even supposing that we share the same understanding of what old age is, how often did these ancient writers themselves use the concept of old age uncritically, following rather than leading the usage of the general populace?

Stages

Arguably old age has only existed as a result of the urge to divide the life course up into stages. Minois refers to the stage theories of the Middle Ages as ‘abstract dissertations, intellectuals’ games, which did not correspond with any practical distinctions’ (1989: 5) and Cole argues that in the past old age was not a stage of life that was set apart by ritual or customs (1992: 11). Likewise Achenbaum has noted that historians have begun to investigate:

the possibility that each stage of life has a history that is unique, or at least one that develops somewhat independently of continuities and permutations in the evolution of other stages.

(Achenbaum 1978: 1)

In other words, old age is a cultural concept, a construction that has a certain popular utility in sustaining ageism within societies that need scapegoats. Likewise Bromley could have challenged the idea of old age in much the same way as he undermined the validity of the concept of middle age:

The term ‘middle age’ does not refer to any well-defined stage in the human life-cycle and it means different things to different people . . .

Nevertheless, middle age is a convenient fiction in so far as it points to an important aspect of adult psychology . . .

(Bromley 1988: 158)

Replace middle age with old age and the argument is clear: to be well-defined, old age would need to have a clearly identifiable beginning and ending – like life itself, for example. Clearly it doesn’t have and so we are all
Free to make what we will of it. But why are these ideas 'a convenient fiction'? Is it because they serve to reinforce ageism?

Old people as a group

To argue against the elderly being identified as a social group could be seen as undermining their political strength. What hope is there if elderly people are not encouraged to take collective political action themselves? How can those committed to a well-resourced and fair welfare state ensure that wealth is redistributed to the poorest groups in society if it is to be claimed that the largest such group does not actually exist?

There are two answers to this. The first is that people should be free to associate and take collective action in whatever name they choose. If the pensioner’s movement in the UK chooses to call itself The National Association of the Elderly, so be it. It is significant of course that it does not. What about ‘senior citizens’? Some like to be called that when they join a local club. Again, no one could object if that is how the members of the club want to be known. But there is a question over how they came to acquire that name: it could be chosen by a town council wanting to be seen to be looking after its senior citizens.

What about pensioners? Is it not right that the pensioner’s movement should take collective action as pensioners? This is different from the elderly and senior citizens: pensioners receive a pension and for most this is their main source of income. In the UK, the state pension is outrageously low in comparison with the average wage nationally and with state pensions in other countries. All state pensioners should unite and take collective action. This, supported by sympathizers of course, is potentially the most effective strategy for ensuring that the pension becomes the basis of an adequate income. There is here a clear and unambiguous grievance that directly affects some individuals and not others.

This prompts the second answer. Evidence of ageism is clearly apparent in statistics such as those compiled by Townsend (page 113). Information about poverty among older people is essential in the fight against ageism. But, rather than ‘elderly’ and ‘non-elderly’, the columns in Townsend’s tables should have labels that relate directly to the categories being tabulated: people over pensionable age and people under. Only then do we know precisely what sectors of the population are being analysed.

To summarize, in rethinking ageism we have to recognize that we are all ageing, are all of an age, and are all vulnerable to ageism. In addition, however, we must understand that ageism affects different groups differently. First, there are those in particular circumstances - residents in old people’s homes or pensioners, for example - and they have particular battles with ageism to fight. It is right that those who are not in such homes and not in receipt of a pension should provide them with support but not to presume to share the same experience: ‘I understand’ can be an oppressive and presumptuous expression of solidarity. Second, evidence of mass ageism is available in the statistics that contrast different age groups. We should not be ignorant of the fact that 64 percent of people of pensionable age in the UK (over six million people) receive a net disposable income that is less than the widely accepted poverty level, and of the implications of this for the quality of their lives. It is in these two ways that the us/them divide is not ageist.

The institutional context

It is important to recognize that the ageism of individuals does not necessarily arise out of an innate prejudice or dislike of the old. It is not some characteristic
that we are born with - a fear of ageing - which makes us shy away from any involvement with older people. Individual ageism arises from two sources: the culture into which we are socialized and the contexts in which we are sometimes obliged to engage with older people. Much of this book has focused upon the first of these. In this section I want to discuss the second.

I think of context here as a socio-spatial phenomenon: how people interact within a limited space. Consider a tangible example. Much of our lives is spent in rooms. A room is a physically enclosed space: four walls, a floor and a ceiling. Contact with the outside world is achieved through window, door, telephone and sometimes through the wall. Most rooms are used for particular purposes and they are furnished accordingly. Sometimes they are used for other purposes and then conflict may arise. Sometimes there is someone in charge who ensures that behaviour is in accordance with the intended use, someone who also regulates entries and exits. Within the one room, there is a continuing history of movements in and out and of social contacts between people.

The first point I would make is that the room - and probably the whole building in which it is located - is normally owned by one individual or organization, and the owner plays a large part in determining who has access, and what use is made of the room. Part of the reason for the construction of the room is to provide a barrier between those inside and those outside. People normally enter the room through the door, and the owner may make the room secure with a lock on the door, at the same time as deciding who should possess a key. In determining the use that is made of the room, the owner will decorate it and furnish it appropriately with furniture and equipment.

Now let us suppose that the owner decides on a particular use which gives controlled access to two classes of individuals: clients and agents. The owner appoints the agents, sometimes employs and pays them, and requires them to perform various functions serving the interests of either owner and/or clients. This specification would cover an enormous range of different kinds of rooms: lodging rooms, prison cells, hospital wards, church halls, ballrooms, corner shops, executive offices, lifts, school classrooms, telephone boxes - the list is endless. Sometimes the agent engages in social interaction with clients. Sometimes, the agent is simply required to hold the key and control access. Sometimes visitors are admitted to the room - people who are neither clients nor agents.

Age restrictions

What are the consequences if agents are instructed to exclude all prospective clients outside a specified age range? I would suggest that whatever the situation, whatever the reason, this characteristic represents institutional ageism, imposed upon both the agents and the clients. The agent, for example, is required to exclude one person who is just 12 months too young and to admit another who is only two years older - regardless of their respective needs of, or contribution to, the activities being undertaken in the room.

It is important to appreciate that the consequence of such ageism is far more serious than just that of determining the criteria for admission. The control procedure itself has a profound impact upon the perceptions of all concerned of
the character and the reasons for the activities that go on in the room. Indeed, the procedure may be undertaken at the door itself and, as a result, the act of exclusion may be witnessed by all those inside. The activities and the room become identified with the age bar as well as with the clients themselves and, of course, do the agents. As soon as we label the clients 'the elderly', then the vocabulary of the world of the room becomes decided: we have activities for the elderly in the room for the elderly, being undertaken by the elderly, using aids for the elderly with the support of workers or carers of the elderly. For clients, agents, visitors, those refused entry, and for all those others with whom these people share their other social worlds, what goes on in the room comes to symbolize the meaning of 'elderly'; a stereotyping image develops of the life and character of the elderly. The ageism that draws upon this stereotype, reinforced by personal observation and testimony of what goes on in the room, engulfs the subsequent lives of not just the clients, the elderly themselves, but of all those acquainted with the world of the room. The room makes the label tangible: 'Dad? Oh, he's down with the elderly!'

'Is there an alternative?'

'Yes: a room intended for older people.'

'Isn't that just a euphemism for elderly people?'

'No, it's for older people not elderly people.'

'I don't understand — what do you mean older people?'

'Just that — older people.'

'But how do you define older?'

'Older is older.'

'Now you're being stupid: would you admit a 20-year-old?'

'Yes.'

'A five-year-old?'

'Yes.'

'Right, so what's to stop it being taken over by a whole gang of aggressive teenagers?'

'Nothing except the fact that the owner says the room is for older people.'

'So what do you do if that happens?'

'Well, if there's an alternative room that is designated for younger people, I might suggest that they go there instead. If there is still an excessive demand for entry, an assessment procedure can be devised that takes account of age without designating people as elderly and without barring those who are not old enough. We may find that the youngest client, having gained entry primarily through other criteria, is 40 years of age, say. Nevertheless the average age of the clients may still be 70-something. They are indisputably older people, even though no one, not even a 5-year-old is automatically barred.'

'So that's how you would organize any kind of service for older people?'

'Yes.'

**Taking on ageism**

In our article on defining ageism (Bytheway and Johnson 1990), we put forward four suggestions for anti-ageist action. First, we should abandon ageist language. In particular, we should abandon the word 'elderly' and begin to use a relative rather than an absolute age vocabulary. In March 1993, I spent an hour expounding the argument against 'elderly' and 'old age' to a group of 21 students from eleven different countries who were attending a short course in social gerontology at the International Institute of Ageing in Malta. They quickly agreed that there was no point at which someone became elderly and that this invalidated categorizations of people as elderly. They were reluctant, however, to let go of the word itself. They recognized that the alternative of age was relative, was not exclusionary, did not set people apart, but they wanted to retain 'elderly'. 'People get grey hair, they are more frail, they need services, we need a name for it,' one said.

'What is this it?,' I countered. 'I don't deny we all grow older. I don't deny that people in their nineties are of a great age and that most have real needs. I don't deny we need a technical vocabulary, but what is it this that has to be called "elderly"?'

Second, we should recognize age for what it is. Upon reading this, a colleague astutely asked us what age is. In truth our suggestion was a liply worded acknowledgement that certain things are undeniable. No matter how committed one is to the social constructionist approach, there comes a point when one has to face the reality in front of one's eyes and, indeed, the reality of the condition of one's much-used body. The following section addresses this issue.

Third, we should stop using age as an institutional regulator. As I have suggested at various points in this book, age bars are ageist. Fourth, we should abandon the us-them mentality. We should begin to think in inclusionary ways, seeing ourselves in a broader temporal context, in terms of our lives as a whole rather than our lives at present.

**Realism**

What then is the reality of age? What about the physical condition of older people and, in particular, very old people? You cannot deny that many are frail and that they have declined both physically and mentally. As Grimley Evans observed (pages 118–19), there are all sorts of changes that come. Regardless of individual and group variation, there are many measurable characteristics that change according to a set, almost universal, pattern. The critical point is that the body of an 80-year-old is unmistakably that of a 20-year-old and vice versa: the visible evidence, even when a person is fully clothed, is indisputable. Certainly I would not dispute it. But it's a lifetime of change, not a momentary change, that generates the difference: this is the fact. Where ageism comes in is, in our pathetic attempts to be certain about the changes that come with age, in the assumption that they are all universal, in our efforts to distance ourselves from those who appear different, in our negative interpretations and in the consequential regulation of the social order.

If we are to be effective in challenging ageism, we have to recognize the significance of difference. Perhaps the following account (Macdonald and Rich 1983: 7–12) of the personal discovery of ageism will demonstrate the importance of this. It also reveals the potential we all have for being thoroughly ageist
in our relations with older people and, in particular, in our ability to conceptualize them as being apart from us.

Through their involvement in the women’s movement in the USA, Cynthia Rich had got to know Barbara Macdonald – 21 years her senior – in 1974. Regarding her knowledge of ageism at that time, Rich writes:

‘Ageism’ is hardly a word in my vocabulary. It has something to do with job discrimination in middle age. And aging itself I see as simply ‘failing’, a painful series of losses, an inevitable confrontion with the human condition.

(Macdonald and Rich 1983: 10)

Feeling part of the women’s movement – we are all women together’ – and having noticed that other older friends had never talked about ageing, she had assumed that they had ‘transcended’ it. ‘I could have the illusion of the richness of difference without having to confront the reality of difference’ (Macdonald and Rich 1983: 9). After living with Rich for three years, Macdonald began to write about ageism in 1977, and it was only then that Rich became aware of her own ageism:

Slowly, I begin to see that the fear of the stigma of age, and total ignorance of its reality in the lives of old women, flows deep in myself, in other women I know, in the women’s movement. That our society breeds ignorance and fear of both aging and death. That the old woman carries the burden of that stigma, and with remarkable, unrecognized, unrecorded courage. I begin to see that I myself am aging, was always aging, and that only powerful forces could have kept me – from self-interest alone – from working to change the social and economic realities of older women. That ageism is part of the air both Barbara and I have breathed, since we were born, and that it is unthinkably that women should continue to be indifferent to the meaning of the whole of our lives, until we are old ourselves.

(Macdonald and Rich 1983: 11–12)

This powerful statement sustains the distinctiveness of old women as remarkable, unrecognized, unrecorded, courageous people. It could be argued that the use of ‘old’ not ‘elderly’ emphasizes not just difference but also a distinction between us and them. Be that as it may, it also asserts loudly that ageing is a shared experience, that we are all subject to the fear and ignorance of ageism, and that the power of ageism should be challenged in ways that promote a holistic and undivided view of ‘the whole of our lives’.

It seemed to me in studying their book, that this was their central message and that any attack on ageism had to tackle the ideological and cultural division between us and them – however defined. It meant that, in the writing of this book, I have endeavoured to ensure that I did not foster the continued conceptualization of older people as ‘them’, I have learnt to think in terms of younger and older people in ways which do not require reference to us and them; to consider the relations between generations which are historically defined; and to accept that where eligibility for particular services is defined on age grounds (i.e. is intrinsically ageist), it does not follow that service providers who refer to their clients as them are ageist too and, indeed, that it can be presumptuous to claim to understand the situation and experience of the eligible.

Expectation of life

Consider one other simple but fundamental contrast that might be made between the elderly and the non-elderly: their expectation of life. The statistical facts are well-known: an infant, born in Britain in 1993, can expect nearly 80 years of future life, but the 65-year-old can expect less than 20 years. What a contrast! One individual with the whole of life ahead; the other with the greater part of it gone. This is not ageist prejudice. The facts are indisputable. How can facts be ageist?

Well, the answer lies in the question: why measure life expectation only at 0 years and 65 years? Why not compare the life expectations of the 13-year-old and the 23-year-old; or the 78-year-old and the 88-year-old? What is so special about the ages 0 and 65? The justification might go as follows:

Life expectation at age 0 is the expected length of a whole life. This is what we can expect: nearly 80 years of life. As age 65, however, we become members of the elderly population: our working lives are over. This is a whole new world and we can expect less than 20 years in which to make the best of it.

The life expectation statistic summarizes the overall levels of age-specific mortality in a population at one particular point in time. Yet it is designed to be interpreted personally as in the above reasoning. By comparing age 0 years with age 65 years, we are fostering the ageist idea that old age is life in a different country, it’s the life of a different species. The would-be hard-headed realist will argue that no amount of thinking positive (‘When you’re 65 you still have 20, 30 or even more years ahead of you!’) can alter the inference that elderly people are different from us. However, as soon as we abandon the idea that old age exists and that the age of 65 is in some way special, then it becomes possible to represent changing expectations of life rather more sensitively, demonstrating how it constantly changes as one moves along the age scale and how there is no marked change at any particular age to substantiate the archaic category of elderly people.

A certain fascination has developed regarding the ‘rectangularization’ of mortality (Fries and Crapo 1981). What this represents is simply a recognition that death is increasingly occurring within a narrow age range in later life. Regardless of the debates of the biologists, it is clear that we can all increasingly expect a full life of about 80 years. There is a certain justice in the ideal of everyone attaining the same fixed length of life. It could hardly be more ageist if, in accordance with Osler’s recommendation, we died naturally and automatically upon reaching our sixty-first birthday although, in this day and age, we may prefer Fries’ limit of 85 years.

The facts, however, that reality is more complicated, even when – and arguably particularly when – variation is reducing. It is reasonable to assert that everyone, no matter how old, ill or weak may be, can hope for at least one more day of life. It may be that doctors, taking account of a certain set of symptoms, history and other clinical evidence, would aim more for amelioration...
than cure for an older person than for a younger person. If this practice is based upon clinical judgement, taking full account of the possible benefits and risks of the alternatives, then it reflects more a recognition of the physical realities of age rather than the power of ageism. When, however, treatments are systematically barred to people over a certain age because of a presumption that there will be no benefit, or because younger people are automatically given priority, or because limited success could lead to a continuing burden, then this is institutionalized ageism.

Being positive

So, in defiance of ageism, should we think positive? Within the old age industry, there are many who urge us to do so. They come from many different quarters: from health education to the travel industry. Many textbooks in gerontology promote a positive view of human ageing. There is a certain salvationist zeal in much of this literature. USE IT OR LOSE IT! – there are many slogans.

Often writers report that when acquaintances learn that they work with older people, the comment is: it must be depressing. ‘We must challenge these attitudes!’ they proclaim. ‘We must challenge the negative stereotypes of old age!’ They then offer many examples of hearty or heroic elders to add inspiration to the pages that follow.

In the language of this rhetoric, positive means good means happiness means liking, and negative means bad means misery means disliking. The people who act positive are those we like. Expressed in this way, the emphasis on positive attitudes can be particularly invidious when we exercise the powers we have to benefit only those we like.

It is also not difficult to see in this anti-ageist positivism an element of knowing what’s best for them, believing we know all the answers, blaming others for their ignorance and misery, and seeking to save them through exhortation and example. Given this, Cole is quite right when he argues that ageism and its critics represent the alternating voices of a fugue on the theme of growing old (Cole 1992: 228).

So I would argue that it is a fundamental mistake to equate an anti-ageist stance with thinking positive. But this is not to say that we should resist being positive. The sceptic always runs the risk of being branded negative, but there are ways of being positive which do not promote idealised scenarios and unreal beliefs. Rather than claim that:

Most elderly people are really nice, absolutely fascinating once you get to know them . . . The things they say! . . . Working with them is really interesting . . . Some of them are real characters!

It is far less patronizing, far less self-righteous and far less ageist, to state that:

The people I work with are pretty ordinary. They have lived long lives and survived many experiences. I like working with them because there are things I can do to make life more satisfactory for them. They tell me what they think and I listen to them and sometimes argue. You can learn a lot from ordinary people. I enjoy the work; it’s worth doing.

Recommended reading

If ageism is to be taken seriously, it is important that a good and critical literature develops. Implicit in this, of course, is the need for that literature to be read and studied. This is a long but highly selective list of recommended reading with some brief annotated comments.


Chapters 2 and 3 provide an up-to-date review of ageism in the late 1980s, with particular reference to gender.


An essential work in the study of ageism, providing an historical and global perspective.


A useful training aid for tackling attitudes to age.


Valuable up-to-date social gerontology textbook.


A book needing to be re-issued; a review of pressures upon pensioners in the UK in the early 1980s followed by a manifesto directed at a future Labour government.


Includes Itzin’s chapter on ‘The double jeopardy of ageism and sexism: media images of women’.


A comprehensive and detailed account of prejudice and discrimination against old people in the United States in the early 1970s.