A New Narrative on Ageing

The five pillars of a more positive view of ageing: Pillar 2

‘Everyone is a unique individual each with a different story. Lumping all older people together leads to a negative view of ageing’

The Message

Discussions about ‘ageing’ are usually assumed to be discussions about ‘older people’ which in turn beg the question: at what age is someone classified as an older person? Generally speaking, there seems to be a perception that old age has a ‘starting point’ and the argument is about what that starting point is: SAGA is targeted at people aged over 50; the qualifying age for sheltered housing is 55; the age threshold for state pension among women was until recently 62; social statisticians tend to talk about the population who are 65 or over.

On this basis, ‘older people’ may be perceived as being aged anywhere between 50 and 100 years plus. However, it seems to be a stretch of reasonable argument that people in this population cohort constitute an homogeneous group. Using age alone, one might want to ask how much commonality there is between someone aged over 100 and their 55 year old grandchild?

So, does it make any sense at all to talk about ‘older people’ as a group? Arguably, the need to define ageing in this way seems to stem from the fact that there are perceived to be ‘group interests’ associated with being an older person that need to be represented. There needs to be a ‘group’, therefore, in order that disadvantage and discrimination can be combated; much like people with disability, who through collective action have changed the way in which society behaves towards them. And yet this creates a dilemma: the very fact of creating a group interest around ageing reinforces the perception of this group as dependent and needy, and hence older people in general,
whatever their individual capability or actual age, tend to be viewed by society as a problem. And being perceived as a problem affects how older people may feel about themselves.

But for some there are real hardships associated with ageing. Apart from generalised discrimination based on chronological age which may affect many people in their day to day lives, there are problems that may emerge or worsen as people get older. However, they are specific problems, problems such as: poor physical or mental health, inappropriate housing, poverty, social isolation. The limitedness of society’s response to these problems suggests that there is a need to represent a ‘group interest’ associated with ageing, even if these problems are not experienced by all those in the group. Perhaps a change in attitudes towards the group as a whole may generate benefit for those in the group who are in fact experiencing such problems.

So long as society lumps all ‘older people’ (however defined) together and sees them as a problem, we need to demonstrate their value and contribution, their diversity and uniqueness. A bold first step might be to take a non-generational view of social and economic problems, recognising them for what they are and tackling their root causes.

So while society’s attitude towards ageing forces us to represent the ‘group interest’, it is nevertheless important to focus on what differentiates the group as much as what binds it together. Perhaps a starting point is to recognise that ageing is part of life no matter how old we may be and that it is a *life course* process, rather than an event that takes place when we reach some arbitrary chronological age. Our individuality and uniqueness accompany us throughout the whole of our lives.

Assuming that age itself is a problem leads to a *one size fits all* response, a response that takes no account of the varied landscape occupied by that section of the population who have reach whatever age threshold may be used to label them as an ‘older person’. In this landscape you will find diversity at every turn:

- people in their eighties or nineties who are still healthy and active alongside those in their sixties who have serious limiting long term conditions;
- those still working full time alongside those who have retired, many of the former significantly older than the latter;
- those who have led and continue to lead rich, fulfilling lives alongside those who are socially isolated;
• those who are generous and outgoing alongside those who are unsympathetic and anti-social;
• those who are well off alongside those experiencing crushing poverty;
• those caring for others alongside those who are being cared for.

These are just a few examples. A more systematic illustration of diversity is set out in the next section, below.

To recognise this diversity is to recognise that ageing deserves to be viewed more positively and that ‘older people’ deserve to be just as valued as any other member of society. The wider group interest of combating discrimination and disadvantage is best served by a clearer understanding the above landscape. And for those within the group bound together by their need for society’s help, it is even more important to recognise what differentiates them. If we see the unique individual and their value rather than ‘the problem’ perhaps we will behave differently in how we relate to older people.

At the most basic level, will the care worker who sees the rich history and past achievements of an older person approach their work differently? For example, would a more compassionate approach based on an understanding of an individual’s worth transform the lives of many of those caught up in a largely less than adequate social care system?

Above all, each and everyone of us, no matter what our age, needs to take a life course approach to ageing. If we accept that ageing isn’t just about older people, and recognise that the real underpinning problems of health, poverty, isolation, etc., affect the whole of society, we reduce the need to compartmentalise and isolate that group of people who have reached some arbitrary age threshold. In turn, as individuals, we may get better at thinking about our own ageing, what future we might want for ourselves; and in doing so, that insight may help to create a better understanding of the issues currently faced by those people labelled as ‘older’.

**Evidence**

Diversity takes many shapes and forms: one illustration of how different people aged over 50 might be from one another comes from a recent survey conducted by Ipsos MORI for the Centre for Ageing Better (*Later Life in 2015*). This survey identified six groups of people aged 50 and over according to their experiences, circumstances and levels of wellbeing. The groups were of broadly similar size and distributed evenly across the country.
Thriving boomers - typically in their 60s and early 70s and living with a partner. They are financially secure, in good health and have strong social connections. They feel fortunate and have the highest overall levels of happiness.

Downbeat boomers - demographically similar to the thriving boomers. Despite being financially secure, having good health and a large number of social connections, their overall levels of happiness are only average. They tend to reflect on missed opportunities or things they could have done differently.

Can do and connected - usually in their 70s or 80s and often widowed. Their health can be poor and they lack disposable income, but despite this they have higher than average levels of happiness. They have strong social connections, can rely on others for support and have a positive outlook on life.

Worried and disconnected - typically aged 70 or over and retired. While financially stable they sometimes have poor health. They are more likely to be socially isolated, often due to bereavement or losing social connections that they had enjoyed through work. Many are apprehensive about later life and they have below average levels of happiness.

Squeezed middle aged - predominantly in their 50s, in good health and still in work. They are squeezed for time, finances and in their homes. With caring responsibilities for both children and their own parents, they have less time for their social connections or preparations for later life. They already have low scores in terms of happiness and, with retirement still a long way off, there is real cause for concern about the future.

Struggling and alone - distributed across all ages. They have long standing health conditions which affect their ability to work and impact on their ability to have social connections. They are more likely to be living alone, have fewer people they can rely on for support and are more likely to experience financial insecurity. They have the lowest levels of happiness of all the groups and are finding life very difficult.

It is difficult to comprehend why such a varied population should be lumped together, and even more difficult to understand how the forecast growth across such a population justifies so much concern about society's ability to cope in the future. Of course it is necessary to plan for any increase in demand for society's resources, but such planning may be more effective if it takes into account the diversity illustrated above and focuses, for example, on
the reasons why some people are in the struggling and alone group, and likely therefore to need support.

Compartmentalising ‘older people’, seeing age as a problem, largely negative portrayals of ‘older people’, all lead to a generally held negative perception of ageing. Research suggests that if people have held negative attitudes towards older people and the ageing process, when they in turn become older they may experience poorer health and even a shorter life than people who have always held positive views about ageing. The prejudice against ageing therefore becomes almost a self-fulfilling prophecy.

An important finding of this research was that older individuals with more positive self-perceptions of ageing, measured up to 23 years earlier, lived 7.5 years longer than those with less positive self-perceptions of ageing. This advantage remained after age, gender, socioeconomic status, loneliness, and functional health were included as covariates. It was also found that this effect is partially mediated by will to live. The sample consisted of 660 individuals aged 50 and older who participated in a community-based survey, the Ohio Longitudinal Study of Aging and Retirement (OLSAR). By matching the OLSAR to mortality data recently obtained from the National Death Index, the authors were able to conduct survival analyses. The findings suggest that the self-perceptions of stigmatized groups can influence longevity.

So, in simple terms, the extent to which wider society’s attitudes towards ageing shapes individual views is really a life or death issue.

Who needs to listen?
- The media and social commentators
- Policy makers and policy analysts
- The academic community
- National and local government
- Parliament and MPs
- The business community
- Age organisations

Actions needed
What SEEFA will do:
- Focus on ageing as part of the lifecycle and involve people of all ages in promoting a positive view of ageing and challenging stereotypes and negative attitudes. In using ‘older people’ as a convenient label to refer

to those most affected by discrimination, or those experiencing problems that may be age related, we will be clear that we do not accept chronological definitions of age and we will draw attention to the diversity within this section of the population.

- We will seek to form alliances with other organisations and younger people to focus on common issues
- In promoting a positive view of ageing we will try to avoid basing that view solely on youth based criteria, e.g., looking young, doing things that usually only young people might do; wisdom, expertise, experience, compassion, memory, all need to be valued.

What others need to do:
- Treat people of all ages with respect
- If providing health care, treat the person not the disease
- Recognise that key social and economic problems are cross-generational
- Be mindful of discriminatory language

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