

Ageing is a biological process sociology essay



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Ageing is a biological process, which is universal phenomenon and inevitable for all. As Heidegger states, “ We are born, we live, we die.” (Featherstone & Wernick, 1995: 1) Pilcher (1995) argues, ‘ like class, ethnicity and gender, age is a social category through which people define and identify individuals and groups within society. Age is both an important part of how we see ourselves and how others see us.’ Age has various connotations, varying according to historical periods and culture. “ Older adults [in industrialized countries] tend to be marginalized, institutionalized, and stripped of responsibility, power and, ultimately, their dignity. It wasn’t always thus. In most prehistoric and agrarian societies, older people were often held in high regard. They were the teachers.” (Nelson, 2005) Unfortunately in contemporary society, especially the Western world, ageing has become perceived as an illness. Biggs (1989) states that we are living in an ageist society where it is believed that a ‘ predominant attitude towards older people is coloured by negative mixture of pity, fear, disgust, condescension and neglect.’ The elderly have become victims of their own survival. The number 65 has been regarded as the beginning of old age. Old age is referred to a time of life which is ‘ bleak and hopeless’ (page 16) Many deny the notion of being ‘ old’ in spite of this but a majority of the elderly are still affected by the very fact of being over 65. Society is also against people with mental illnesses. Just as the elderly are discriminated due to their, people with dementia are discriminated due to their illness. Dementia is said to be a second childhood, but it is not. It is said to rob the mind, but it does not. It is said to affect the elderly over 65, but it can affect a person from early as their forties. Ageism is part of the stigma that people with dementia suffer from.

Ageism is deeply embedded within our society, and is very widespread. It is difficult to tackle as it is an unconscious process and often unnoticed. In 1969 Butler coined the term ageism to describe the process of systematic stereotyping and discrimination against older people. Cuddy & Fiske (2002) argue that ageism is pervasive, affecting social interactions, housing, health care, employment, and social policy. Quadagno (2008) refers to ageism as 'the stereotyping of and discrimination against individuals or groups because of their age. It is a set of beliefs, attitudes, norms and values used to justify age based prejudice and discrimination.' Kite and Johnson (1988) define ageism as 'beliefs about elderly as unable to contribute to society, and hence as dispensable members of a community.' These stereotypes arise from negative cultural attitudes. From these definitions, ageism can be defined to consist of three elements: prejudicial attitudes, discriminatory practices and institutional practices. Traxler (1980) outlines four factors which contribute to ageism. Firstly, there is a fear of death. Secondly, there is an emphasis on youth culture. Thirdly, there is an emphasis on productivity. Fourthly, the research carried out on ageing. These elements can be reflected when analysing dementia. Many fear the symptoms of dementia, as there has been an association that dementia is 'as if your dead.' However, the fear has been exaggerated as 'dementia is not normal dying' (Murphy, __ : 13) There is an assumption that people with dementia can't participate in research or are unable to share their views and experiences. This becomes evident with the fact that dementia has been underfunded. Few resources have been allocated, as dementia in the elderly is not seen as a priority and they are not seen as worthy.

Clearly, ageism is part of the social system. Perceptions of aging are formed as early as childhood. We are surrounded with images of the elderly as a homogenous group that is dependent, lonely, frail and incompetent. These perceptions do not apply at a young age, and do not impact identity formation and therefore negative schema are more likely to be accepted without testing or questioning (Levy et al., 2002) Children hold their own expectations and perceptions about their aging process due to internalized ageing stereotypes. In a study, children were asked how they would feel about becoming an elderly person, of which 60% of these children gave responses rated as negative, including " I would feel awful" (Seedfeldt et al., 1977: 509). Another study found that among children aged four to seven, 66% mentioned that they prefer not to become an elderly person (Burke, 1981). It is evident that children hold discriminatory attitudes towards the elderly, but these attitudes are internalised through socialisation, of where socialisation institutions such as families, media, and education play an important role. Adults hold negative attitudes towards the elderly, which impact the elderly in a destructive way.

Palmore (1990) identified nine negative stereotypes associated with " the elderly." These included illness, impotency, ugliness, mental decline, mental illness, uselessness, isolation, poverty and depression. One theory argues that perceptions and evaluations regarding ageing have been socially constructed. Social constructions reject ageing as natural and argue that individuals are moulded by socio-cultural factors. According to Berger and Luckman (2002), the social construction of reality relies upon a three-stage process. The first process is where people create culture. The second process

involves these cultural creations becoming a reality, and is granted as natural and inevitable, where the third process involves reality being absorbed as valid by following generations.

All of these negative attitudes create a new set of exclusions for the elderly person. As a result, the elderly are treated differently as a person and are often treated as 'the others'. They are viewed and associated with labels such as ill health, poverty, passive and dependent. Heise (1984: __) argues that one stereotype of the elderly is that of a 'weak and frail elderly.' Butler (1987) argues that due to ageism, the elderly are seen as senile, rigid in thought and manner, and old-fashioned in morality and skill. There is a notion that the elderly go into a second childhood. This notion removes their adult status, and their personhood, undermining their worth and value. The elderly are reduced by their physical attributes, where there is a failure to see beneath the surface. They are seen in a state of remediable decline. 'Mask of ageing' is a term of where the body betrays the person, as the body is unable to adequately signify the individual's inner self, leaving a misrepresentation and imprisonment.

One area that comprises of age-discrimination is seen in the workplace. Some positive stereotypes are associated, including the elderly being more loyal, reliable, experienced and responsible. However, there are also negative stereotypes found within the workplace, including being less adaptive with new innovations and changes. These stereotypes are continually perpetuated despite the fact that there is evidence for a correlation regarding their absenteeism, productivity, or competence. Mandatory retirement may be the most pervasive form of age-discrimination.

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Media can be seen to be the most pervasive for promoting ageism. It is clear to see how society values characteristics such as youth, autonomy and independence. Popular culture and the consumer culture such as magazines and politics consist of images of youth and beauty which encourage stereotypes of the elderly, of which these images are dominant.

Furthermore, the elderly are significantly under-represented across all media. Levy (2002) found that older people with positive perceptions of aging lived seven and a half years longer than those exposed to negative images of aging. Levy acknowledged that media is not solely to blame for promoting ageism, but it is the most identifiable source.

Another area where ageism is pervasive is within the healthcare system, where they often receive inferior health care or are denied access. Within the healthcare system, the elderly are less likely to be referred for screening and treatment, likely to receive more medication prescriptions than younger people for equivalent symptoms, and misdiagnosed with symptoms accounting for 'normal ageing.' Alliance for Aging Research (2003) concludes that the elderly are less likely than younger people to receive preventive care, less likely to be tested or screened for diseases and other health problems, often ignored from proven medical interventions which in turn leads to them being given inappropriate or incomplete treatment, and also consistently excluded from clinical trials, despite being the largest users of approved drugs. They conclude that ageism within the health-care system "hurts everyone, because it leads to premature loss of independence, increased mortality and disability, and depression in adults who might otherwise continue to lead productive, satisfying and healthier lives"

(Alliance for Aging Research, 2003) " Our health care systems are unhealthy and unsustainable; we focus on the wrong conditions," with dementia not being a focus. (Whitehouse, 2007: 63) Ageism within the health care system adds further impacts with those who have dementia. The report (Irish study) indicates there is structural and organisational discrimination which highlighted a failure to prioritise dementia in terms of policy and resource allocation. As Neil Hunt, the chief executive of the Alzheimer's Society states, ' There is no place for ageism in today's NHS. One in three over 65 will die with dementia yet we know only a third of people will ever receive formal diagnosis. People deserve to be treated with respect and equality regardless of age - especially where assessment of symptoms and ongoing care are concerned.' Not all people with dementia receive fair treatment. Dementia patients often need support of many kinds, frequently without knowing who to ask or what support to ask for. Despite this awareness, a majority of people's needs are not met. Early symptoms are dismissed as ' ageing,' which delays diagnosis. It has also been found that health professionals lack the knowledge and training for dementia. Illife (1994) argues that GP's attitudes tend to nihilistic and many believe that nothing can be done. He found that 60% of GPs lacked confidence in making a diagnosis of early dementia and many found it difficult to advise about support services or to coordinate such services. The Audit Commission (2000) found fewer than half of general practitioner's said they had received sufficient training. It also found that less than two thirds felt they had ready access to specialist advice, of which it required on readily access upon diagnosis. There is further conclusive evidence that there is an under-diagnosis and inadequate management towards dementia. A recent survey

found that nearly two-thirds of general practitioners did not give a memory test and around 40% did not offer a diagnosis when consulted by patients with memory problems. Out of a sample of approximately 700 GPs, 71% felt that they did not have adequate training in and more than half were dissatisfied with community services for dementia. Another study found that most GPs felt they had little to offer dementia patients, early referral was unhelpful, and that the problem was mainly a social problem. Although these studies lean towards the negative aspect of treatments towards those with dementia, the same study found that 52.3% of GPs felt that early diagnosis was beneficial and 54.4% felt diagnosis of early signs of dementia was important. Furthermore, the study is questionable as the data is based on questionnaires. (Renshaw, 2001: 37)

It is not only the elderly with dementia that are discriminated against. Ageism works both ways, affecting not only the elderly but also young people. Reverse ageism is where the young people are marginalised. There is little awareness or understanding of people who develop dementia at an early age, and this makes it difficult for younger people with dementia to access ample support. Many dementia care services have a minimum age requirement of 65, and therefore are not available to younger people. When services are available and accessible to younger users, they tend to be inappropriate to their needs. As a consequence, the younger people feel that they are made to 'fit in' to a service, rather than the service fitting their needs. Iliffe (2003) found that 60% of GPs lacked confidence in making a diagnosis of early dementia.

Ageism is a major issue that needs to be addressed in order to ensure the elderly are in receipt of fair treatment. Since the 1960s attempts have been made to eliminate age discriminations, with groups such as the Grey Panthers and Help the Aged. In 2006 a ban on discrimination within the workplace was introduced with the UK Age Discrimination Act. This law makes it unlawful for employers and other staff to discriminate against a person on the basis of his/her age. The Act adopts four definitions, including direct discrimination, indirect discrimination, harassment and victimisation. As for the health care system, recent allegations claim the NHS to be institutionally ageist, and in response The Equality Bill has been debated about and proposes to eliminate the discrimination rooted within staff and the funding surrounding their care. The Green Paper talks about elderly care and dementia care, arguing that the current system needs amending as there is not insufficient money to provide enough quality care and meet the needs. It acknowledges that an increase in funding is necessary, and to introduce a minimum care entitlement so that receives some Governmental support. An extract from the Green Paper states "the Government's vision is for a system that is fair, simple and affordable for everyone, underpinned by national rights and entitlements but personalised to individual needs. In the new National Care Service, everyone should be able to get really good care wherever they live and whatever they or their family need" Due to ageism, the elderly and in particular people with dementia are faced with barriers and inequalities within society, which has been acknowledged and attempts have been introduced to eliminate and reduce them.

On the one hand there are theories that there is a great lack of understanding about the realities of ageing, and on the other hand, there are theories that the fears of ageing are exaggerated. Ageism does exist, and there have been responses to eliminate these negative attitudes toward age. As mentioned, ageism exists within the health care system, and those who have been diagnosed with dementia not only suffer from the illness, but also suffer from ageism.