

Response to the Contested Language Forum

Helen Small

The [Contested Language Forum](#), published in November 2022, addresses a key area of debate for age studies generally and this Humanities-centered interdisciplinary journal in particular. How, as professional scholars of aging, should we write about aging? What will our language choices say about our perceptions? And how far can those choices contribute to wider social and political efforts to destigmatize older age and help people (ourselves included) have better experiences in later life?

In urging continuing flexibility around the language policies adopted by *Age, Culture, Humanities*—as most of the Forum contributors do, explicitly or implicitly—, I am conscious that “flexibility” is a value-laden term. Hovering in hopeful proximity to “liberalism,” it will not escape suspicion that a relaxed policy toward language use can give cover to prejudice. No endeavor to regulate vocabulary stands clear of a basic tension that is the preoccupation of linguists but may engage any one of us on a daily basis. As Deborah Cameron observes, “Anti-prescriptive discourse makes value judgements about language, just as prescriptive discourse does.” Both come under the rubric of what she has called, influentially, “verbal hygiene”—a practice she asks us to think of not as top-down regulatory behavior, one set of people imposing rules on another set of people, but as a ubiquitous aspect of language use:

Verbal hygiene comes into being whenever people reflect on language in a critical (in the sense of “evaluative”) way. The potential for it is latent in every communicative act, and the impulse behind it pervades our habits of thought and behaviour. ... to speak of norms—as opposed to “descriptive rules”—is to place language use firmly in the sphere of the social; it is to acknowledge ... that “rules arise from, and themselves give rise to arguments”. (Cameron, 5, 9, 11)

Two things will always be in tension, then, when “terms” are “contested”: the desire to preserve norms of articulation that have value for some speakers, and the wish to alter those norms when they are seen to block positive change. Not infrequently, the people doing the valuing and the people doing the contesting of values are the same: it is quite possible to find yourself pressing for language change in one social context, yet content to leave the same terms unchallenged in another.

Wrestling over how best to speak about perceptions and experiences of growing older is an everyday social activity, but the Forum editors rightly point out that agreeing terms is a particular challenge for an interdisciplinary, international journal focused on the cultural mediation of aging. Language preferences do indeed diverge along lines of “discipline, region, culture or tradition” (and more). Among the terms the Forum puts in front of us, “elderly,” for example, gives me pause precisely because, as [Kate de Medeiros acknowledges](#), it has been strikingly resistant to efforts to dislodge it from the lexicon. It is some fifteen years since I became aware of opposition to “elderly” within gerontology. I felt (and was) late to the discussion, but the discussion itself started rather later than might have been expected. A review of uses of “elderly” by Gerlinde Mautner in 2007 dated the beginning of its contestation within linguistics to 1984, well after terms such as “senile,” “aged,” and “demented” had come under scrutiny. Mautner’s corpus linguistics analysis (combining British and American data sources) clearly evidenced the term’s predominantly negative associations, offering support to “publications and organizations already avoiding and advising against” its use (Mautner 64). And yet the term remains ubiquitous in British news media and public policy discourse in 2023, used freely by the press, politicians, and advocates for better care provision, better understanding of dementia, better local and government funding for access to public services and cultural opportunities. My sense (linguistic research would be needed to test it) is that it has less currency in North America. Generational attitudes also appear to differ trans-Atlantically, and perhaps within Britain. I spend a great deal of time in a care home in the south of England (“24 hour residential, nursing, dementia and respite care for

the elderly”), and have yet to encounter a resident in their later 80s or 90s who does not prefer “elderly” to “old” when asked. An element of grace seems to attach to “elderly,” and grace can be a welcome virtue in adverse circumstances. “Elder” by contrast is, to my ear, more strongly rooted in American public discourse, where significant sub-cultural influences affect its valuation (not least, religious inheritances). My personal hesitations derive from meeting it primarily in a US social-science/government policy literature where it finds itself in unlovely company: “elder abuse,” “elder fraud,” and “elder care failings” (“elder” here signaling an expectation of intergenerational obligation too often betrayed). I can’t quite banish a troubling echo of its historical co-optation into anti-Semitic propaganda. “Boomer” is a clearer-cut case: as [Margaret Morganroth Gullette shows us](#), this cohort identity, once full of buoyant optimism, has in recent years grown increasingly prejudicial, often overtly provocative when not plainly derogatory. It is worth adding that, American in origin, its traction has always been clearer there than in (for example) the UK, which experienced not one but two post-war baby booms.

The normative shift within age studies from writing of “old” people to, increasingly, denoting “older” people seems to me to have met with relatively little resistance. Not none: the empty comparative (older than what? than whom?) leaves grammar sticklers, regardless of geography and age, unhappy. My own position has shifted: the incomplete comparison vexed me for a while, but familiarity has weakened that reaction. However widely “older” catches on, “old” (to risk a prediction) will always have a place. Its absoluteness is its force. “Old” is among the deepest-rooted words in the English language: “A word inherited from the German,” *OED* tells us, “Cognate with Old Frisian *ald*, Middle Dutch *out*, *oud*, regional *olt*, *alt* (Dutch, *oud*), Old Saxon *ald*, *old* (Middle Low German *ōlt*, *olt*, German regional (Low German) *oll*, *old*, *olt*, *oold*), ...” and much else (“old, *adj.*,” *OED Online*). It does deep and various work in our culture; its valuation is immensely mobile. Psychologically, identification with it may be part of the process by which we come to terms, or attempt to come to terms, with nearing the end. Calling oneself old can indicate no more nor less than acknowledgement of biological and social fact, met—ideally?—with

acceptance, pragmatism, a degree of equanimity, and (when needed) stoicism. In some cultural contexts it is subject to positive appropriation though there has been no movement on the scale of the revaluation of “gay,” “queer,” or “crip.” Often, of course, it is used much less happily: defensively, even preemptively, as a challenge, a bid for reassurance, a declaration of defeat (small or large), at worst a disclosure of deep, unassuageable anger, fear, and despair. *The Oldie* magazine, for example, uses the word as a bid for association with free thinking, as much as to assert counter-cultural pressure against youth and celebrity.

These largely first-person reflections on some of the terms analyzed in the Forum go to reinforce what the editors anticipate: that even within the readership for this journal, perceptions of how far these Contested Terms *are* now contested, and how much is gained by contesting them, will differ. The extent to which readers are animated by the discussion will no doubt also vary. Two recent publications, Wendy Mitchell’s *What I wish people knew about dementia, from someone who knows* and Pope Loneragan’s *I’ll Die after Bingo* (both 2022), put a spotlight on the intensity of responses sometimes elicited by language change around aging, and help to account for the mixed feelings that come into play when the demand for reform is too categorical. It is not irrelevant that both authors are trying to improve social understanding of dementia. Neither conflates aging with cognitive decline (Mitchell was diagnosed with early-onset Alzheimer’s seven years ago at 58) but experience has led both to think hard about what can and cannot be altered by changing the language.

This is Mitchell on the evolving linguistic terrain of dementia care provision:

The name “memory clinics” has long been criticised because dementia isn’t just about memory, so that implication in itself gives people the wrong idea. Some people with dementia actively call themselves a “dementia sufferer”, which is fine if that’s what they want to call themselves. But choice is really what it’s all about. It’s the same reason why I don’t like the phrase “living well with dementia”. Some years back it felt like a good idea because there was nothing else other than “suffering”, but I’ve since realised from meeting so many other people that the phrase itself sets a high standard that not everyone can reach

... It leaves some ... feeling inadequate, given that many days are simply rubbish days. How can anyone live well through those? (96-7)

Mitchell is a vigorous critic of unnecessary limitations on normal living amid cognitive decline, brilliantly resourceful in finding work-arounds for changes in sensory perception, memory, and emotion. The salience of her reflections on acceptable vocabulary is that they present not a “position” on what should and should not be said but a recognition that reform of the language in pursuit of positive aging provokes inevitable—and critically salient—ambivalence. (“In the Freudian story,” Adam Phillips reminds us, “Ambivalence does not ... mean mixed feelings, it means opposing feelings”: quoting Charles Rycroft, “contradictory attitudes derive from a common source”.) We want a better culture, but not all our experience comes down to culture, some of it is brute biological fact which culture cannot make go away—so we find ourselves asking different things of the language, different kinds of recognition.

The purpose of urging language change around dementia is to show that the condition is not as life-limiting as our current cultural environment encourages us to believe. To take her chief example: if (without asking) I describe someone as “suffering from dementia” I make assumptions about their experience. I give the disease a stark power to reduce the quality and tenor of their life, when (on any given day) they may still have access to a wide range of pleasures, purposes, fulfillable ambitions. I take the disease for the whole, instead of recognizing that no individual is comprehended by naming their disease. An exemplary set of language guidelines published by *Alzheimer Europe* in 2022 goes to the heart of the issue: “dementia is not a person’s whole identity, and it is important to look beyond the dementia to the person.” On the other hand, as the European group also observes, we need words for the suffering dementia causes: “overly positive” portrayals are “not helpful,” the guidelines state: “Don’t hide aspects ... that people might find disturbing but put those aspects into perspective and context” (European Working Group). Much of Mitchell’s effectiveness as an advocate for supporting the ongoing independence and social participation of people with dementia stems from her ability to make space for this kind of ambivalence, adjusting and pluralizing her own perspectives under its pressure.

Her retreat from dogmatism recognizes a simple truth: no one wants this disease. To have a diagnosis, and retain that knowledge, is to be aware that your time is shorter than it might have been, and that the quality of your end is not what anyone would want. Shifting the terminology may, under some lights, make dementia less frightening and that is reason enough to make adjustments; but, if pressed dogmatically, a ban on reference to “suffering” or insistent talk of “living well” amounts to a denial of suffering. There are, Mitchell concedes, days when the world is unmanageable, when one’s brain is a fog, when the unrecognizability of once familiar things and people, and the irretrievability of words, generate fear, unhappiness, and internal isolation. These experiences, too, need and deserve and will surely find forms of expression, any professional interventions we may make notwithstanding.

Mitchell reserves her sharpest criticism for the ways in which codified institutional and professional language buttresses the authority of those who rely on it, reducing the capacity for intuition and spontaneous kindness. She is tough on medical and care systems that present people with a diagnosis and leave them to it—often terrified of what may lie ahead, but given little assistance beyond medication that might slow the disease and intermittent, depressing cognitive tests to ascertain their decline in performance against standardized criteria ([Barbara L. Marshall’s reflections on “Functionality”](#) are germane here). Ultimately, for Mitchell, vocabulary choice matters less than the motives of communication: “It is so important for the professionals who are caring for us to have the right attitude, and this shows through the language they use. If they can’t get it right, they are simply not qualified for the job” (196-7). Determining which words help and which do not is, she freely concedes, “subjective.” Ultimately, as she helps us to see, how we feel about language may be a stand-in, a metonym, if you will, for how we feel about our social experiences more generally.

The second new publication is more confrontational—as might be expected from a care reform advocate better known as a stand-up comedian. Pope

Loneragan's *I'll Die after Bingo* is at once a campaigning report on a decade's experience as a care assistant in a residential home for older people and an extended comic routine (elements of which have been tested in front of audiences over several years). His mission is to bring the reality of care work into the public eye, making the case for the under-regarded, under-rewarded reserves of expertise, physical and mental stamina, and intuitive kindness required to care well for people in later life who are facing daily physical and mental challenges. Many of the people Lonergan cared for had lost control of their bodily functions; a majority were experiencing changes in their cognitive, emotional and sensory capacities. Numerous aspects of today's care industry attract his ire. High on the list is a culpable want of honesty about the physical effects of later aging: a "sanitising ... sentimentality" that is "both unhelpful and deeply irresponsible" (Loneragan 68). Managing incontinence and maintaining personal hygiene take dexterity, kindness, tact—skills home carers are often forced to acquire with no training. Part of what good professional care can offer is an expert assessment of whether incontinence can be prevented by pharmaceutical or nursing interventions and, if the problems cannot be fixed, how the "bothersomeness" can be alleviated (as an online British Geriatric Society "Good Care Guide" puts it, with welcome linguistic flexibility ["Continence Care"]).

Loneragan reserves his sharpest ferocities for corporate attempts at "managing" carers' language. He recalls finding a memo pinned, one day, to the wall-length noticeboard in the staff area. The memo was divided into two columns: "Things You Might Say to a Client/Things You Should Say Instead." The first example: "Mrs Lady is mental/Mrs Lady has frontotemporal dementia" (54). Corporate directives on language use are a gift to comedy—looking to rebuke employees, they succeed primarily in drawing critical attention to their own technocratic overreaching—but attempts to regulate vocabulary find especially rich traction in the care home setting where constraints on individual freedoms are a live issue as soon as one crosses the threshold. Manifestly difficult for many residents to adjust to, the regulatory framework can also impinge, as Lonergan points out, on the ability of carers to

engage spontaneously with people in need of help:

To be told how to speak is one of many little indignities at the hand of unwanted corporate paternalism that chips away at you. With this memo there's an insinuation, from those chair-swivelling dickheads in "upper management", that we can't be trusted to have a conversation with another person without a script. And this standardization of language is *another* stepping stone to institutionalisation; it erodes our affective abilities as we carers start to sound like automatons — which is how most of upper management sound during site visits anyway, crouching in front of residents and talking to them with a patronising tilt of the head. I remember one of them once strode into our dining room wearing a three-piece suit and asked, "Is everyone having a safe afternoon, ladies and gentlemen?" (54-5)

The most basic question any critic of language and literature asks of a text is *Who is speaking to me (the reader), and why are they speaking to me like this?* The joke on management, here, is that no socially competent person, certainly no good carer, speaks to anyone like this; the darker implication is that, in a care residence purporting to be a "home" or as like a "home" as possible, something has gone badly wrong if this is to be the way of communicating. Manifestly, in this case, the instructions were ignored.

Lonergan's exasperation with the realism deficit in contemporary public discussion of late life care is a provocation aging studies could afford to test itself by. A number of the Forum contributions recognize that without an honest, socially compassionate recognition of the daily physical and psychological struggles many people deal with as they age, scholars in the Humanities risk detaching themselves from the most urgent social and political challenges an "aging population" marked by deep social inequalities presents. [Julia Henderson and Kim Sawchuk's Contested Terms contribution](#) puts the point succinctly: if "vulnerable" and "vulnerability" are potentially stigmatizing words, they are also key critical terms in the vocabulary of anyone pursuing social justice. If we cannot "acknowledge lived realities that warrant public attention," how are our disciplines to be fit for political purpose and take their part in an interdisciplinary conversation where we can command respect from

those looking to improve nursing training, or attract more and better workers into late-life care? The disciplines closest to the care front line—social science and clinical care (life sciences)—rely upon quantitative high level (as well as qualitative) data about “populations” and “sub-populations.” They easily find the Humanistic foregrounding of language a secondary concern, in some contexts trivializing. This is not to gainsay the value of those Forum contributions that look to restrict the scope of bio-population measures in our public discourse, but it is to suggest that we try viewing our disciplines with an outsider’s eye. The prioritization of language (and, more largely, the signifying practices of the culture) is to the Humanities what population data and institutional structures are to the Social Sciences: our defining point of investment; our signature “deformation” of attention. (I use the term in its neutral sociological sense to denote the ways in which all professional specialization brings a narrowing of focus, an identification of certain priorities and, therefore, values at the expense of others.¹)

As Lonergan observes, many professional carers have gravitated to care work because they have personal experience of caring or requiring care—family histories, perhaps their own histories, of vulnerability, illness, depression, isolation (Lonergan’s route in to caring included a period of drug addiction and a long, related, period of illness). He stays in post as long as he does, in *I’ll Die after Bingo*, in spite of poor pay, overwork, and lack of social respect, because the home gives him “a connection, a sense of kinship” plus daily affirmation that he is, manifestly, needed. In the end, his position on language use and Mitchell’s are the same: what matters, above any consideration of propriety or semantic implication, is the capacity of the speaker’s desire to recognize and respond to the immediate communicative needs of the individual they are addressing. This puts both writers at a critical slant to the positive aging movement’s concern to steer the culture away from negativity and toward futures free of age-related cultural restraints on the individual capacity to

¹ For discussion of the particular “deformation” produced by the history of literary critical study, see John Guillory, *Professing Criticism: Essays on the Organization of Literary Study* (Chicago: Chicago UP, 2022), esp. Part I: Introduction. Guillory points to the importance of Nietzsche’s “recognition that precisely because their aims have been difficult to specify, scholars have often been led to overestimate the consequence of the work they do” (v).

flourish. In this respect, their books may be part of a wider shift in political and academic emphasis.

The core argument of Sarah Lamb, Jessica Robbins-Ruszkowski and Anna I. Corwin's Introduction to essays collected in *Successful Aging as a Contemporary Obsession: Global Perspectives* (2017) (discussed by [Ella Fegitz in her review essay](#) for Issue 6) is that the concept of successful aging has inspired many people to lead better, happier lives, less constrained than they might formerly have been without its encouragements to independence and optimism, but it is also the product of particular "cultural-historical processes" (Lamb 6). Successful aging advocacy puts a high value—in some cases an absolute value—on individual agency and control, on maintaining independence/avoiding dependence, and on productive activity. It has often promoted a vision of "permanent personhood or not aging at all, while pursuing the goals of agelessness and avoiding oldness" (7). But in presenting happy, health aging as something we have only to reach for, individually and culturally, it has not infrequently turned its face against the facts of diminishing biological fitness over time. In this respect, the authors contend, it "reflects a longstanding tendency [especially but not only] in American society to split apart experiences of health and illness—and to assign to them divergent moralities" (14). None of the contributions to the Contested Forum argues dogmatically in "splitting" mode (good living/bad aging), but, reading the Contested Terms Forum as a whole, the political ambition and temperamental optimism characteristic of the positive aging movement seem very much to the fore. A distinction is pertinent, then, between optimism and ideology. In their research publications and activism all the contributors have in the past been critical of the coercive optimism strain in that movement, but in writing about contested language they all face one of the great questions for our field: how far will modifying the language around aging encourage engagement with the social and personal challenges it presents—challenges even those most closely affected often do not want to look at "too" closely? Nudging the language (and, like Mitchell, no doubt thinking again a few years down the line) will surely help. But if age studies is to contribute to the political work most needed today—assisting quality of life where quality of life

is most imperiled, raising the status and the quality of care against a background of widening social inequality—then it also matters that its objects of study, its publications, its conferences are able to use the available language to name and describe darker, and sometimes intractably difficult experiences we do not want to have, and find distressing to witness others having.

One last set of considerations, from the disciplinary vantage point of a literary and cultural critic:

—when we engage critically with literary writing about aging, we deal with the words in front of us. I cannot (unless I am a boldly interventionist theatre director) rewrite King Lear’s self-lacerating repetitions of the term “old” to admit the gentler relativism of “older” (“poor old man” [2.4.261], “poor, infirm, weak and despised old man” [3.2.20] [1623 text, Shakespeare 161, 169]). If gentleness held sway here, the tragedy would be less. When Beckett takes the rhetorical and linguistic associations of old age as a prompt to stripping back the communicative dynamics of caring/being cared for, or arresting the temporal flow of life narrative, or probing the strength of inclinations to action (Barry 140), the ability of the critic to register what is happening in the language does not prohibit critical demurrals from Beckett’s often “stigmatizing” terms—but what, if anything, is the critic then contesting? These are not real people, just as B. S. Johnson’s monstrous care home manager, House Mother Normal, is not a real person (humiliating those under her care and offering the provocative parting rationale that she does it to give them an objective correlative for self-disgust: God forbid ...). These are constructions of language, genre, creative imagination, style. They do not and cannot suffer from what I say of them, and the act of criticism stands to be weakened not strengthened if I write of them “naively” as if they were real and so move to dispute the terms of their representation. My recent interest (for example) in probing the contributions of Beckett and Johnson and others to a long and still evolving genre of “care noir” is a sufficient framing of critical purpose, and if there are cumulative negative implications (as there surely are) to care noir’s traction in the culture there remain open, complex questions about what these writers are doing in giving ageist language sway. The darkness of that body of

cultural work is, in other words, an obvious truth from which criticism starts—not a point of objection in need of laboring.

In the worst-case scenario, if new criteria regulating the language of aging were strictly imposed there would be costs to the ability of literary critics to work at once with and against the grain of a writer's language. Writing about Monica Ali (whose 2003 novel *Brick Lane* may be read as an extended mediation on how received ideas of aging come under pressure from cultural pluralism) or Alys Conran (whose *Dignity*, 2019, imagines old age care as a modern drama of cultural reparation—a knowingly sentimental fiction), or any other text contributing to evolving cultural discussion about long life, a critic weaves in and out of its voices, describing the particular act of communication, the stylistic features, the debts to earlier writing, the salient departures from what has been written or said before. There are narrow limits to the analogy (as to any analogy), but I am tempted to say that writing about literature critically shares something with an act of care. Stop listening to the voice, stop fathoming its logic, the ambit of its subject matter, its form, its style, its leaven of emotion, and you have ceased to do the work of literary criticism and taken on, in lieu, the always questionable authority of someone who likes to think they are managing people.

All this in view, I trust *Age, Culture, Humanities* can hold to the importance of flexibility in language (recognizing an element of irony in the formulation). As scholars of aging, participating in an international conversation where our professional work and our personal experiences are often in close proximity, we do well to steer clear of proscribing terms. Our disciplinary specialisms, our geographic locations, our cultural setting and first languages and personal tastes will all have a bearing on our capacity to hear nuances in words or make certain associations while missing others. Neither in our professional settings nor in our personal relations do most of us want to feel that “we can't be trusted to have a conversation with another person without a script” or a permitted lexicon. Saying this does not give a pass to language that is abusive or derogatory, but we should keep in view a fundamental distinction between language addressed or applied to real people and the language our creative

culture keeps in play.

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Helen Small is Merton Professor of English Language and Literature at the University of Oxford. Her book *The Long Life* (2007) argued that if we want to understand old age, we have to think more fundamentally about what it means to be a person, to have a life, to have (or lead) a good life, to be part of a just society. She has written about the tension between what aggregated socio-economic and medical data tell us about aging and our individual facility for certain kinds of optimism; also about how (and whether) self-identity persists into older age. She is currently working on a book about cross-generational, inter-cultural dynamics of care and neglect.