New Forms of Ageism, Its Hidden Sources and Perspectives for Cultural Inclusion

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In this article I will discuss ageism as a form of exclusion of older people from society and "normal" life, its underlying cultural sources and perspectives for inclusion. To begin with (I), I will discuss how "compassionate ageism" – typical for the early welfare state - has been replaced by more harmful forms of ageism. This is followed (II) by an exploration of deeper layers of ageism from the perspective of finitude and the interhuman condition. Next, (III) I explore some preconditions of a cultural inclusion of older people, notably, the acceptance of a fundamental ambivalence of aging. For the timely project of developing an inspiring culture of aging we need an art of living that resists ageist labelling and stigma, embraces the ambivalences of finite life and doesn't stop at "old age."

In this article I discuss ageism as a force that excludes older people from society and normative images and models of living, and pay attention to its underlying cultural sources and strategies for inclusion. To begin, I will discuss how "compassionate ageism"—typical for the early welfare state—has been replaced by more harmful forms of ageism. This is followed by an exploration of deeper causes of ageism from the perspective of finitude and the interhuman condition. Lastly, I explore some preconditions for a cultural inclusion of older people—notably, the acceptance of a fundamental ambivalence related to aging. For the timely project of developing an inspiring culture of aging we need an art of living that resists ageist labelling and stigma, embraces the ambivalences of finite life, and doesn't stop at "old age."

1.1 Breaking Away from Compassionate Ageism

Definitions of who is "old," and when "old age" has arrived, have long been

more dependent on the appearance and physical capacities of individuals than on chronometric age (Thane). However, the introduction of public pensions has defined and institutionalized age-related transitions to "old age." Initially the chances for industrial and agricultural workers to reach the ages that would entitle them to these forms of income support were very slim; the chances to reach these ages in good health were even smaller. When Bismarck introduced the first pension system in 1889, the life expectancy at birth of the German population was around forty years (Bauernschuster; Mackenbach), around half of the current life expectancy in developed countries. For the large majority, receiving a pension was long overdue, being physically exhausted from decades of heavy physical work.

Until the 1980s, the construction of an old-age welfare state was generally facilitated by "compassionate ageism": "the attribution of the same characteristics, status, and just deserts to a heterogeneous group of 'the aged' that tended to be stereotyped as poor, frail, dependent, objects of discrimination, and above all 'deserving'" (Binstock 575). The large majority of developed countries still accepted the oversimplified notion that all older people were essentially the same, and all dependent on help, even though many of them did not fit these stereotypes.

Since then, we have seen "population aging", where, according to age-based definitions of "old age," the proportion of older people in the population has been steadily growing. After the Baby Boom between 1946 and 1964, birth rates fell to much lower levels while life expectancy at birth has continued to grow in most developed countries, up to eighty years or more. Many people are living three decades or more after they reach the definition of "old," or "elderly" in terms of age. As a result, the age composition of the population in developed countries has changed drastically, with fewer children, more older people, and a smaller proportion of adults of working age.

Since the early 1980s, the organization of the life course with its supportive arrangements has, in many countries, been under more or less constant pressure from neoliberal policies which often use these demographic developments as a pretext. Beginning in the late 1970s with the Thatcher Government in the UK,

followed by the Reagan administration in the US, there has been a neoliberal turn in life course policies, away from supportive arrangements to entrepreneurial and consumerist forms of citizenship (Baars, *Long Lives are for the Rich*). The compassionate ageist view on older people was replaced with a view of older people as an unbearable burden. Transnational organizations such as the OECD (*Ageing Populations*; *Reforming Public Pensions*) or the World Bank urged national governments to drastically review their policies of supporting older people in view of the frightening consequences of demographic trends. Sensational publications from pressure groups such as *Americans for Generational Equity* began to shake up the public debate in the US via alarmist reports about the ways in which the older population threatened the future of the young by depleting public resources. In other countries there have been similar debates, although not as heightened as in the US, despite its relatively young population compared with countries such as Germany or Japan, which makes the "burden" of the older population for the US much easier to carry. Every new publication from these pressure groups was more extreme until aging populations seemed to become the most pressing concern to face the world. More recent examples of this genre are Philip Longman's *The Empty Cradle: How Falling Birthrates Threaten World Prosperity and What to Do About it* (2004) or Fishman's *A Shock of Gray: The Aging of the World's Population and How it Pits Young Against Old, Child Against Parent, Worker Against Boss, Company Against Rival, and Nation Against Nation* (2012).

One of the general concerns from such publications was that the burden for the active population is aggravated because "old," weak and chronically diseased persons are kept alive by expensive medical technology. Even more reflective theorists of aging and egalitarian social justice have argued that older people—defining ages vary between 65 to 75 years—should not be entitled to expensive medical technology to keep them alive (Callahan; Daniels; Dworkin).

Legislation to change these entitlements would, however, be blocked because older citizens would prevent this with a powerful *gray lobby* that would, according to the *Americans for Generational Equity*, have no other aim than to selfishly ruin the future prospects of younger people. This ageist assumption

that older people tend to vote egoistically for their short-term interests has, however, not been supported by empirical research on this subject (Vincent et al.). According to several research reports, members of the Baby Boom cohort, for instance, are as politically diverse as other cohorts (Hudson & Gonyea).

However, the increasing marketization of supportive institutions and services along the life course has significantly reduced the tendency to approach older people with compassion but not with less ageism. From their side, older people have become more vocal in the public domain and have protested against the view that older people present a public burden. The Gray Panthers groups in the USA, for instance, organize marches and hold webinars on "Transformation Tuesdays" in the interests of combatting ageism and supporting activists. Moreover, the rather patronizing approach of compassionate ageism has become a source of irritation. According to this view, nothing much could be expected from older people; the only thing that could be done would be to take care of their basic needs without attending to issues connected with, for example, their potential autonomy or contribution to society. Compassionate ageism reminds us of the enlightened despotism of the 18th century with its motto "everything *for* the people, nothing *by* the people." Such patronizing practices went largely accepted and unchallenged by older people at the time, who had been born in the early decades of the 20th century. Later birth cohorts, however, have been more inclined to protest and claim a place of respect in society.

1.2 The Entrepreneurial Shift in Aging

Since the neoliberal turn of the 1980s, there has been a major shift in the political climate with much stronger emphasis on entrepreneurial qualities of citizens, who should invest in "themselves"—their careers—and be ready to accept the risks of participating in society. Breaking away from the welfare state policies during the first three decades following WWII, "the free market" became the ideal political medium to regulate societies. Helped by better health, the availability of more jobs that required cognitive instead of heavy physical work, many older people were indeed able to participate actively in society and

continue working if they were allowed to. Being confronted with this neglected productive potential, many governments of countries in the Global North began to raise retirement age and remove laws or regulations that would obstruct the labor market participation of older people. This was accompanied by a reinterpretation of aging as an extension of entrepreneurial activities: older people were summoned to be (a) successful, (b) productive, and (c) active.

The *successful aging* paradigm, as initiated by Rowe and Kahn, proceeds from the claim that those who suffer from chronic illness, cognitive decline or social isolation have failed to age "successfully" (Rowe and Kahn; cf. *The Gerontologist*). Moreover, such persons would be individually responsible for their failure because aging would be "largely under the control of the individual" (37). Although this paradigm may have driven an impulse to research into the origin and prevention of pathologies that are frequently seen among older people, it did not lead to a more positive inclusion of aging in society. It reflects a society in which "good" has become equated with "successful," and it is not clear how such a career-oriented concept can adequately represent heterogeneous forms of aging which, moreover, imply increasing vulnerability and, eventually, decline. This contradiction in terms has serious consequences for chronically diseased persons who represent the inevitable counterparts of the "successful agers" and must endure that "being a failure" is added to their suffering.

As the economy began to grow in the 1990s, *Productive aging* programs were developed, especially in the US, to integrate older workers in the workforce. The 1995 *White House Conference on Aging* inspired a broad agenda of "productive aging" in which older people, praised as repositories of wisdom and experience but in need of purposeful and meaningful roles and activities in life, would continue to make contributions benefiting themselves, their families, and their communities. The implementation of the "productive aging" programs did, however, not reflect this broad vision but focused one-sidedly on prolonged labor market contributions.

The *Active Ageing* approach was introduced by the *World Health Organization* at the 2002 *Second United Nations World Assembly on Ageing* in Madrid. It celebrated "the critical gains in public health and standards of living that have

allowed people to live longer in almost all parts of the world" and defined "active ageing" as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO 12). This broad vision was initially adopted by the EU but, like its predecessor "productive aging," its implementation has generally been limited to providing positive and negative incentives for older workers to remain in the labor market (European Commission; Foster & Walker).

The dominant policy has been to make way in society for older people who can still function like "normal" productive adults. This approach has increased the opportunities for older people to participate in society, but there are also important negative consequences. Such as, for example, a neglect of forms of social participation that are not marketed, as with older people's voluntary work in the community or their extensive care for partners, family members, or friends. In residential care the entrepreneurial interpretation of aging has led to extreme inequality, with luxury arrangements for those in their "golden years," and miserable circumstances for those with minimal material resources. Older people without sufficient private resources are at risk of being abandoned, especially in the US—with the UK a little behind—where these policies have originated and been most fully implemented.

The consequences of the implementation of such policies are most severe. One of the most solid findings in public health research is the fact that the life expectancy of people with a relatively low level of education, occupational status, or level of income is approximately ten years lower than those of better situated citizens. Moreover, during these shorter lives disadvantaged people tend to spend ten to twenty years more in chronic disease. Similar inequalities in health have been found in the US and across Europe (Kröger et al; Hoffmann). This social gradient in healthy life expectancies, or the "perverse longevity gap" as I have called it (Baars, "Long Lives are for the Rich") is an international phenomenon although there are still some differences in severity. Whilst there are major inequalities between socioeconomically advantaged and disadvantaged older people, there is an underlying ageist message for all of them: "It's okay if you get older, as long as you can afford it."

1.3 The Rise of Envious and Lethal Ageism

The dominant forms of ageism have changed again. Aside from residues of compassionate ageism, we have seen new forms of denigration toward older people who are, for example, seen as out of step with the accelerating world or in the way of progress because they are all digital illiterates. Moreover, ageist pressures have been growing for all, even for young women, since the commercial expansion of the youth culture of the 1960s. This has put older women, especially, in a difficult position because they are pressured to hide visible signs of aging, and to accept a repressive ideal of youthful beauty that has even become a burden for many younger people.

An important new form of ageism has arisen which is the exact opposite of compassionate ageism. *Envious Ageism* proceeds from the prejudice that all older people are well off, healthy, and enjoy many years of leisure and luxury traveling that will remain a dream for those who have to work hard to survive. The pamphlets of the *Generational Equity* advocates and their proxies in other countries have, again, played a major role in the rise of this form of ageism. Envious ageism is often, in a strange twist, accompanied by the assumption that these *greedy geezers* are living so well, not because of private assets, but because of their entitlements to public funds that will be depleted when the "young generation" will have become "old." The proposed reduction of public support for older citizens will, however, especially hit the disadvantaged among the older population.

Disadvantaged and frail older citizens will, moreover, be vulnerable to institutional forms of *Lethal Ageism.* In times of crisis such as the *Chicago Heat Wave* (Klinenberg) or the Covid-19 pandemic, the vulnerability of older people tends to be misused to cover up neglect and evade accountability. In the US the pandemic has become a catastrophe for residents in nursing homes and assisted living that will probably never be fully documented (Gullette, "An American Eldercide" and "American Edlercide"). The *Long Term Care Community Coalition* in the US has criticized "the nursing home industry, through its multi-million dollar lobbying firms and associated academics" for refusing to take

responsibility for resident safety and care in the face of a growing death toll. Their report documents how too many nursing homes had a significant history of lax infection controls, lacked safe staffing going into the pandemic, and failed, even during the pandemic, to implement basic infection control practices.

The death of vulnerable older people during crises and pandemics has too often been justified or merely glossed over by responsible authorities with comments such as "They were about to die anyway…". A recent telling example has been the description of older people as expendable "dead wood" by Dutch right-wing journalist Marianne Zwagerman during the Covid pandemic. Such *Lethal Ageism* would not have been publicly accepted if it had not been the extreme version and ultimate consequence of a deeply ingrained ageism.

2.1 Exploring Deeper Layers of Ageism

Forms of ageism appear to change depending on specific situations and contexts such as envy of affluent older people or evading accountability for malign neglect. This raises the question whether there are not more fundamental reasons for ageism. Is the prejudice, exclusion, and denigration experienced by older people not a specific manifestation of a much broader tendency to exclude finitude and vulnerability from society? Are these conditions not a part—even an important part—of human life? Should we consider the intolerance for those who remind us that lives are finite to be another sign that a culture of unconditional growth has major difficulties in accepting its own limitations?

These questions cast a different light on the subject of finitude than has become usual in aging studies. This is not about "finitude" as a source of psychological problems for older people or for their "end of life" decisions, but as a source of their exclusion by younger people who associate older people with a sudden death that might still hit themselves, in spite of their younger age. Most evidence from research about this subject leads, indeed, to the conclusion that fear of death tends to be greater among younger and middle-aged adults than among older people (Cicirelli, "Fear of Death in Older Adults" and "Fear

of Death in Mid-Old Age"; Sinoff). The identification of "life" with youth and "normal" adulthood, positions "old age" in the shadow of death, as if "normal" adults could be protected from such existential threats by leaving them to older people.

The tendency to associate mortality with older people is understandable in historical perspective, as mortality has become extremely low in childhood and "normal" adulthood: when people die they are, indeed, mostly "older." There is a drastic contrast with a not so distant past when children, women in labor, and younger men lived far more under the threat of a sudden death than is the case nowadays. As we can learn from historical demography, only gradually during the 20th century has death become predominantly an event of "old age" (Imhoff).

However, people do not die because they have become older, but because human lives are finite. Even being younger does not offer any guarantees: statistics about life expectancy are just long-term prognoses about average scores in large populations. The wish to ignore finitude not only during youth but also during "normal" adulthood leads to an illusionary image of a *safe* normalized world that excludes those "abnormals" who are in danger of dying.

Human life is not accidentally, but *inherently* vulnerable: life contains death, human freedom implies the possibility of both evil and good, both intense happiness and equally intense suffering. That we are intimately connected with others increases our vulnerability as we will suffer with those who are dear to us: even if someone would stay healthy and vigorous into a very high age, loved ones may become ill and die.

2.2 Finitude and the Quality of the Interhuman Condition

To express this conceptually I have proposed the term "*inter*human condition" (Baars, "Aging and the Art of Living") to modify the static and quasi-natural concept of a "human condition" that has been used for centuries to speak, especially, about older age and death. Human aging from the cradle to the grave is a deeply relational process in which people develop attachments to others, are formed by them in learning their "mother tongue" and basic

knowledge of their world. They learn to love by being loved, they are taught and teach, are cared for and care, unfolding their biographical individuality in relationships with others in changing configurations of family, education, work, care, or leisure.

Because of its inherent finitude the interhuman condition is constantly changing over time: people of different ages are simultaneously growing up and growing older; some are dying, others are born. The interhuman condition receives its unique biographical patterns from the experiences and activities of human beings at specific times and places while the whole fabric that holds people more-or-less together changes constantly over time. To a distant observer, this whole process of appearing and vanishing may seem to underline the futility of our existence. But for someone who is *involved,* this is the shared condition in which individual lives unfold their biographical uniqueness. The *personal* experience of finitude is part of our *temporal living,* which is different from *living in measured time,* where life is organized in minutes, hours, days and years, life expectancies and mortality rates.

A shared awareness of our mutual vulnerability is to an important degree constitutive of the *quality* of the interhuman condition and shapes how we take part in life. The fact that persons and situations are transitory highlights the characteristics of individuals at particular moments, their relationships with others in specific situations, and the uniqueness of this all. The inevitability of change can inspire us to appreciate the uniqueness of persons and situations as they are emerging, changing and disappearing over time: *living with others increases the vulnerability and potential richness of our lives.* We have no choice but to accept life with all its risks and engage ourselves with it. Facing the transitory nature of situations and persons, including our own inevitable death, can lead to a fuller experience of the value of life in all its aspects.

This means that "finitude" has a much broader meaning than "mortality." Mortality is the most confrontational and definitive form of finitude but its fundamental lesson *for life* is that every person, moment and situation is unique and potentially unforgettable. Moreover, there is a mutual relationship between vulnerability and what is dear or precious to us. The exclamation of Goethe's

Faust—*"Linger a while—thou art so fair!"*—expresses this relationship between a singular moment and its transient preciousness. Every day, every moment even, is finite but without that definiteness which characterizes death. This gives us the opportunity to learn from our experiences and improve our lives.

2.3 Longer Lives and Rising Fears of Finitude

Human beings are vulnerable to an impressive list of assaults, not only on their wellbeing but also on their mere survival: disease, violence, repression, disability, hunger, bitter cold, burning heat, earthquakes, floods, fires… It is understandable that one of the priorities of humankind has been to fight and control such assaults. Especially during the last 150 years these attempts have been increasingly successful in the developed world, resulting in a doubling of life expectancies (Oepen & Vaupel; Aburto et al.). Especially for advantaged citizens of the rich developed countries, life has become much more secure but there remain many threats to our vulnerability, including man made threats, which demand responsible action and caution.

These threats tend to be disproportionally highlighted in daily news with its commercial commitment to bad news designed to arouse interest by appealing to survival instincts. This reinforces feelings of insecurity encouraging calls for control and *more* control. In such a situation it shouldn't come as a surprise that there is a firm market for illusions of invulnerability, ranging from dangerously heavy SUVs or social isolation in fenced communities to all kinds of weaponry that increases insecurity. Many public discussions about aging and the aging population fit into this general pattern. The increasing availability of information about health problems that are more likely to hit older people often leads to *decline* narratives as if increasing life expectancies are bought at the price of living the years that have been gained over the last century and a half with disability, dementia, or prolonged cancer. These stories of aging as decline into misery are typically counterbalanced by narratives of *defying* aging, praising older vital individuals who, often after a moment of epiphany, assume *control* over their aging process, for instance, by rigorous physical exercise or buying anti-

aging products (Laceulle).

This combination of, on the one hand, painting a bleak picture of aging and, on the other hand, marketing products that would change this prospect is typical of a multi-billion dollar anti-aging market which offers products to hide, postpone, prevent or eradicate human aging. Instead of identifying with older persons and possible future selves, all hope is set on excluding aging from adult "normality" as a way of projecting fears about an uncontrollable future outside oneself.

Do these strategies of immunization and ageist prejudices benefit younger adults? The effects of these illusionary approaches may fire back on the ageist, who will be confronted with the effects of such negative convictions when he or she gets older (Gendron et al.; Levy). Besides creating a more conflictual future for themselves younger people are led to think of themselves as more or less invulnerable, being able to endure protracted stress without any problem. The denigration of people who would be "too slow" fits a society aiming at an increasing acceleration, casting out not only older people but also children and younger adults who cannot keep up. The dark side of the seductive culture of glamor and youthful beauty, gasping for air to keep up with an ever faster pace of life, inevitably involves expelling those who are falling short and are led to believe that they just didn't try hard enough. The overly negative images of aging and the abstract opposition of healthy, vital, and seemingly invulnerable adulthood versus a sickly, dependent, and redundant "old age" work to the detriment of all.

Although serious scientific research to improve health in later life is sometimes presented as "anti-aging" (Rizvi). This title is mostly used for sensational proclamations that our lives will soon be extended by centuries. Such as Aubrey de Grey's widely spread prophecies that the first person who will live to the age of a thousand years has already been born. Beyond the impressive technical challenges to realize such an extension there are major concerns about what this might mean for the future of humankind. The sustainability of such long living populations, for instance, would be problematic to say the least. Moreover, the costs of the continuous bodily

repairs that would be necessary might limit the numbers of hyper centenarians to the few billionaires who are actually investing in these enterprises but may, for the time being, have to settle for cryonics. Strikingly, the doubling of life expectancies for the rich populations of the world does not lead to a call for a broader distribution of resources and life chances but to claims of the extremely rich to be able to live for a thousand years or more. Of course, such long lives would still be finite and probably lead to extreme anxieties about dying prematurely.

3.1 Towards a Broader Inclusion of Aging and Older People

We need more adequate approaches to human aging. To resist ageism and strengthen the inclusion of aging and older people as an integral part of both life and society we need, *first*, to accept the complex and ambivalent—or ambiguous—nature of human aging, something which the humanities are eminently equipped to articulate (Baars, "Aging and the Exploration of Lived Ambivalence"; Pickard). As a first step to approach this ambivalence, I suggest understanding human aging as the interaction of two temporal processes that are working over the life course: increasing biographical complexity and increasing interhuman vulnerability. To help and encourage older people who are confronted with the undermining effects of ageist labelling and stigma, we need an inspiring culture of aging. Such a culture can be nourished by an art of living that doesn't stop at "old age" but continues to celebrate the ambivalences of finite life.

3.2 The Ambivalence of Aging: Increasing Biographical Complexity

We inevitably begin our lives in singular conditions: with this body, with those parents, at that moment in history, in that part of the world. Being born in a specific situation, with particular bodily characteristics, is something we can only undergo, although these processes will have major consequences. Human beings are born into circumstances that support, frustrate, crush, or inspire them, but as they grow up, they also grow in agency.

At certain typical turns or transitions in the life course, they will have to choose from a range of possibilities, for instance regarding educational trajectories, intimate partners, work, volunteer activities, or ways to live in retirement. Such situations of choice have become more prolonged in late modernity where education is never finished, and life-long employment in the same line of work or even life-long intimate partners have become less typical than before.

Aging implies an increasing complexity of accumulated experiences resulting from an interplay between, on the one hand, the passivity of life, in which we are influenced by others, contingent events and given circumstances and, on the other hand, the formative activity of our personal preferences, habits, choices, and decisions. This permanent interweaving of passivity and activity results in unique sequences of situations and actions forming characteristic biographical patterns in someone's life. Individual lives assume their unique temporal shapes in such dynamic configurations of activity and passivity.

Being finite implies that we cannot accomplish or control everything, but it also means that we don't know in advance what our possibilities and potentials might be. Hannah Arendt's concept of "natality" does not refer to the moment of birth, but qualifies human lives from birth to death, inspiring life with hope, creativity, critique, rebirth, and the emergence of new horizons (Arendt 178). All human beings are endowed with the capacity to begin, to start something new, and to do the unexpected. In that sense, each day is not only a unique present but also a *new* day that breaks out of reproductive cycles. In criticizing Heidegger's resolute anticipation of death, Arendt emphasized that we are not in the world to die—although we will—but to be *born and reborn.* Personal uniqueness not only has the descriptive sense of a "unique biography" but also denotes ongoing creativity. There is a preciousness and richness of experiences that people accumulate and digest as they grow up and older, including better ways to live with processes of increasing vulnerability.

Generalizations about older people conflict with the unique complexities of their long lives. As people get older, this complexity *increases* rather than decreases. In personal contacts we can experience that the more we become

interested in a person, the greater the complexity of his or her motives and actions appears to be, and the more hesitant we become to put a label on them. Processes of increasing biographical complexity as people get older challenge generalizations about "the aged" or "the elderly" that pin them down to something abstract such as a number of years.

3.3 The Ambivalence of Aging: Increasing Interhuman Vulnerability

This is not a vulnerability that would be exclusive for older people but a fundamental vulnerability that belongs to the interhuman condition. Even for an individual with a particularly long lifespan who remains in good health, friends and loved ones will be lost along the way. To approach aging from the perspective of a fundamental vulnerability of the interhuman condition is not meant as a way to conceal or play down problems that persons may experience as they get older, but to accept aging with all its unknown possibilities, problems, and promises as an integral part of human life. Increasing vulnerability includes processes of functional decline of the bodies that we are. If we continue to live, these processes can slowly or suddenly increase our bodily vulnerability to a state of general "frailty" (Xue), but such processes do not proceed in synchrony with chronometric age.

Statistics will tell us that for most of us, it is realistic to expect a length of life that remains well within the normal curve. However, even normal curves are shifting over time. As in life more generally, there are no guarantees in aging; neither positive nor negative. The only certainty is death within the limits of the human life span. But we don't know what these limits are: the "maximum life span" is just an *empirical* maximum that will be changed by the next person who will live beyond that age.

A well-known but still instructive example is the life of Madame Calment, who sold her apartment to her lawyer when she was ninety years old, stipulating that she could stay there on a lifelong monthly allowance. Since the new owner was forty-three years old at that moment, this was likely to become a very profitable transaction for him. However, Mme Calment did not intend to give

up active life prematurely: at the age of eighty-five years she had taken up fencing and when she was a hundred years old she still rode her bike. In an interview given on the occasion of her 120th birthday the journalist discreetly said he hoped to be able to congratulate her again next year. She answered that she assumed this would be the case, since he made the impression of being in good health. She died at the age of 122 years; surviving the lawyer who had died some years before and had paid an amount for the apartment far exceeding its actual value.

A long and healthy life, like that of Mme Calment, may seem attractive: she had sold painter's equipment to Vincent van Gogh and had lived through a major part of recent history. But during her life she had to face not only the death of her husband but of every friend and acquaintance. She stood at the graves of her only daughter and even that of her only grandchild. Individual wellbeing and longevity will not prevent experiencing the painful consequences of interhuman vulnerability.

3.4 Neglecting Ambivalence: Medicalization in the Health Cure System

There is a broad and dominant cultural tendency to approach the vulnerability of human aging in medical terms that allow little ambivalence. Of course, medical care is needed when there are health problems—as for people of all ages—but to regard *aging* as a pathological process changes the picture completely. The increasing effectiveness of medical technology to cure diseases and forms of disability that would have been hopeless a century or even some decades ago has led to a rapidly expanding health cure system. Because of the enormous amounts of money that are involved, it has also become a public arena for competing political and economic strategies. One effect of this development has been the problematic tendency to devote only serious attention to health complaints if these can be cured or otherwise fixed quickly. This is the popular *pit stop model of service during an accelerating life*, which puts "less efficient cases" such as patients with chronic disease or in long term care, in a risky position. This tends to exclude those who cannot be cured efficiently from

regular medical practice; an exclusion that not only affects frail older persons or those who live with dementia, but the mentally and physically disabled or the chronically ill of all ages.

Both systemic strategies and ageism are putting older patients in precarious situations that stretch far beyond the direct consequences of their illnesses. One of the most problematic examples is the "Alzheimerization of aging" (Adelman, "The Alzheimerization of Aging" and "A Brief Update") leading, not only to a neglect of adequate care but also to a distortion of the meaning of human aging, instilling fears of growing older in numerous people that may even increase the risks of being diagnosed with dementia (Levy et al.).

More generally, above a certain age people are readily seen as caught in a process of growing *entropy*: they may be treated for disease A and B but may well die suddenly of disease P or Z. This is often presented as evidence of the futility of health care for older patients but neglects that, in spite of growing numbers of older people and the medicalization of aging, there is still an underdevelopment of geriatric capacity and expertise to monitor and treat the comorbidities of older patients. This may lead to medical delirium or other problematic interactions of medications that may be too easily prescribed by different medical specialists. Or to unexpected effects of medications because they have not been tested on older people, even when the health problems they are supposed to treat, such as strokes, are most common in older people (Hadbavna & O'Neill).

Aging is not a disease. As soon as aging processes are *only* approached in medical terms—even beyond the health care system—older people are excluded from interpersonal concerns, transforming persons who need personal attention and adequate care into unambiguously labelled embodiments of pathology. Although any treatment or form of care will have technical or instrumental *aspects,* to respond humanely we need to acknowledge our shared vulnerability. A lack of awareness of one's own fundamental vulnerability can easily lead to a lack of sensitivity that will impede the quality of care or professional treatment. Suffering reminds us in a most confronting way of our own vulnerability, making it all too easy to hide behind instrumental procedures.

Aging is part of the interhuman condition, a social-existential rather than a pathological process.

Moreover, the highly cultivated ability of the Western world to cure diseases, create safer environments, and postpone dying has also created the illusion that people suffer or die *because* the efforts to help them have failed. Although this may also be the case, given the discussed tendencies in the health cure system, eventually human life runs against its inherent limitations. In terminal illness, the impressive highly specialized medical technology can easily lead to unrealistic expectations. When there are no plausible effective treatments, continuing to operate on people (Gawande) or letting them die in a hospital plugged into machines that monitor the inevitable decline instead of being connected to loved ones, remain scenes of interhuman poverty and desolation. The end of a human life—at any age—deserves to be dignified with full attention as an integral part of a shared vulnerability. Ageism implicitly denies the vulnerability and finitude of "normal" adulthood *and* the increasing richness of experiences as people grow older.

3.5 Celebrating Ambivalence: an Art of Living that Doesn't Stop at "Old Age"

Facing the finitude of life can increase the intensity with which we live it; also, or especially, as we are aging. When we realize that the times of our lives are limited, we become aware that we must *live* these short lives and face the challenges and opportunities that are most essential to us. Besides the ultimately unavoidable threat of *losing* one's life, there is the avoidable danger of *wasting* it. A second look at what has been discussed above as "envious ageism" reveals possible reasons why "normal" adults would be envious of older people who are apparently enjoying themselves. In the idealized world of full agendas and digital gadgets that demand constant attention, time runs like sand through your fingers (Wajcman). The images of older people who are enjoying their remaining years are a reminder that life is short and that wasting it, or parts of it, may be regretted.

Classical traditions of philosophy as "a way of life" (Hadot, "Philosophy as

a way of Life" and "The Present alone is our happiness") can still inspire an art of living that extends into "old age." The Stoics' exercises for being in the moment or the ancient Greek notion of *Kairos* or sensitivity for the right moment might also be valuable for young people as antidotes to the contemporary colonization of their attention by social media and other pressures to "stand by."

This emphasis on the present—as mindfulness, for instance—has been celebrated in contemporary self-help culture but mostly from an individualistic perspective. Given the meaningful reality of the interhuman condition we need to reinterpret such insights. Fully living a finite life also requires being present with others and to attend to their needs. For instance, to be present in situations of grief, in celebrating a child's accomplishment or being at the bedside of an ill person. We can learn from biographical experiences that mistakes in these matters may be seriously regretted. What can make such issues complicated is that we cannot determine from the position of an isolated individual when and where we should be present because we are also meaningful to others in ways that are unknown to us.

The basic message of any art of living is not to waste your life, and it may begin with acknowledging the evolving ambivalences of finite life. Just as any art begins with cherishing and celebrating its material, be it stone, paint, sound or text, the art of living begins with savoring the tastes and colors of life. Artists create their *own* standards: they are not guided by others, for instance, medical approaches or public opinions. The art of living does not require expensive studios or exquisite material: cultivating a sense of beauty, attentive tranquility or excitement can lighten up life with simple means.

Although all this may flow from the "same" source that we call "art," the differences between artistic products and processes will inevitably be great. However, an art of aging should be able to embrace a multitude of creative life-styles, like a jam session with room for many individual solos, where none can be excluded from the art of aging nor claim to represent its essence.

Growing older may bring a growing reflective sensitivity, including the ability to tell superficiality and glamor from what really matters: a celebration of the

value and dignity of the vulnerable richness of life, particularly in its seemingly ordinary and everyday moments. As a growing sensitive awareness of the fragile singularity of all that we cherish and cling to, growing older may represent a promise amidst a culture which needs to find the time to live well.

WORKS CITED

Aburto, José Manuel, et al. "Dynamics of life expectancy and life span equality." *Proceedings of the National Academy of Sciences*, 2020, pp. 5250–5259, http://doi.org/10.1073/pnas.1915884117.

Adelman, Richard. "The Alzheimerization of Aging." *The Gerontologist*, 1995, pp. 526–532. https://doi.org/10.1093/geront/35.4.526.

—."The Alzheimerization of Aging: A Brief Update." *Experimental Gerontology*, 1998, pp. 155–157. https://doi.org/10.1016/s0531-5565(97)00057-0.

Arendt, Hannah. *The Human Condition.* University of Chicago Press, 1958.

Baars, Jan. *Long Lives are for the Rich. Aging, the Life Course, and Social Justice*. Routledge, 2023.

—."Aging and the Exploration of Lived Ambivalence." *Age Culture Humanities. An Interdisciplinary Journal*, 2014, pp.43–46. https://doi.org/10.7146/ageculturehumanities.v1i.129941

—.*Aging and the Art of Living*. Johns Hopkins UP, 2012.

Baltes, Paul. & Ursula Staudinger. "Wisdom: A Metaheuristic (Pragmatic) to Orchestrate Mind and Virtue Toward Excellence." *American Psychologist*, 2000, pp.122–136. https://doi.org/10.1037//0003-066x.55.1.122.

Bauernschuster, Stefan., et al. Bismarck's Health Insurance and the Mortality Decline (August 2017). *CEPR Discussion Paper No. DP12200*, Available at SSRN: https://ssrn.com/abstract=3016787.

Binstock, Robert. "From Compassionate Ageism to Intergenerational Conflict?" *The Gerontologist*, 2010, pp. 574–585. https://doi.org/10.1093/geront/gnq056.

—."The Aged as Scapegoat." *The Gerontologist*, 1983, pp. 136–143. https://doi.org/10.1093/geront/23.2.136.

Callahan, Daniel. *Setting Limits: Medical Goals in an Aging Society*. Simon and Schuster, 1987.

—."Setting Limits: A Response." *The Gerontologist*, 1994, pp. 393–398. https://doi.org/10.1093/geront/34.3.393.

Cicirelli, Victor. "Fear of Death in Older Adults: Predictions from Terror Management Theory." *The Journal of Gerontology: Series B*, 2002, pp. 358–366.

https://doi.org/10.1093/geronb/57.4.p358.

—.“Fear of Death in Mid-Old Age.” *The Journal of Gerontology: Series B*, 2006, pp. 75–81. https://doi.org/10.1093/geronb/61.2.p75.

Daniels, Norman. *Just Health. Meeting Health Needs Fairly.* New York, NY: Cambridge UP, 2008.

de Grey, Aubrey. “We will be able to live to 1,000,” BBC News, 3 December, 2024, http://news.bbc.co.uk/2/hi/uk_news/4003063.stm

Dworkin, Ronald. *Sovereign Virtue. The Theory and Practice of Equality*. Harvard UP, 2000.

European Commission. *Dealing with the impact of an ageing population in the EU.* Brussels, 2009.

Fishman, Ted. *Shock of Gray: The Aging of the World's Population and How it Pits Young Against Old, Child Against Parent, Worker Against Boss, Company Against Rival, and Nation Against Nation*. Scribner, 2012.

Foster, Liam., and Alan Walker. “Active and successful aging: a European policy perspective.” *Gerontologist.* 2015, pp. 83-90, https://doi.org/10.1093/geront/gnu028.

Gawande, Atul. *Being Mortal.* Metropolitan, 2014.

Gendron, Tracy., et al. “Internalized ageism as a risk factor for suicidal ideation in later life.” *Aging & Mental Health*, 2024. https://doi.org/10.1080/13607863.2023.2271870.

Gullette, Margaret. *American Eldercide.* University of Chicago Press, 2024.

—.“‘An American Eldercide’: Some 39% Of COVID Deaths Are In Nursing Homes. We Must Do Better”, *Cognoscenti*, January 19th 2021. 'An American Eldercide': Some 39% Of COVID Deaths Are In Nursing Homes. We Must Do Better | Cognoscenti

Hadbavna, Adriana. & Desmond O’Neill. “Ageism in Interventional Stroke Studies.” *Journal of the American Geriatrics Society*, 2013, pp. 2054–2055. https://doi.org/10.1111/jgs.12537.

Hadot, Pierre. *Philosophy as a way of Life*. Blackwell, 1995.

—.*The Present alone is our happiness*. Stanford UP, 2009.

Hoffmann, Rasmus., editor. *Handbook of Health inequalities across the Life Course*. Elgar, 2023.

Hudson, Robert & Judith Gonyea. “Baby Boomers and the Shifting Political Construction of Old Age.” *The Gerontologist*, 2012, pp. 272–282. https://doi.org/10.1093/geront/gnr129.

Imhof, Arthur Erwin. *Die gewonnenen Jahre.* Beck, 1984.

Klinenberg, Eric. *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago UP, 2002.

Hannes Kröger., et al. “What Causes Health Inequality? A Systematic Review on the Relative Importance of Social Causation and Health Selection.” *European Journal of Public Health*, 2015, pp. 951–960. https://doi.org/10.1093/eurpub/ckv111.

Laceulle , Hanne. “Virtuous aging and existential vulnerability.” *Journal of Aging Studies,* 43, 2017, pp. 1–8. https://doi.org/10.1016/j.jaging.2017.08.001.

Levy, Becca. *Breaking the Age Code: How Your Beliefs About Aging Determine How Long and Well*

You Live. William Morrow, 2022.

Levy, Becca, et al. "A Culture-Brain Link: Negative Age Stereotypes Predict Alzheimer's-disease Biomarkers." *Psychol Aging*, 2016 31(1), pp. 82–88. https://doi.org/10.1037/pag0000062.

Long Term Care Coalition. "OSHA COVID-19 Inspection Identify Numerous Violations", Nov 2 2020, https://nursinghome411.org/ltccc-alert-osha-covid-violations/.

Longman, Philip. *The Empty Cradle: How Falling Birthrates Threaten World Prosperity and What To Do About It*. Basic Books, 2004.

Mackenbach, Johan P. "Political Conditions and Life Expectancy in Europe, 1900–2008," *Social Science & Medicine,* 82 (2013): 134–46.

OECD. *Ageing Populations. The Social Policy Implications*. OECD, 1988.

—.*Reforming Public Pensions.* OECD, 1988.

Oeppen, Jim. & James W. Vaupel. "Broken limits to life expectancy." Science 296, 2002, pp. 1029–1031. https://doi.org.10.11.26/science.106967.

Pickard, Susan. "Neither the Third Nor the Fourth Age: Viewing Old Age Through the Philosophical Lens of Ambiguity." *The Gerontologist*, 2024. https://doi.org/10.1093/geront/gnad113.

Rizvi, Syed Ibrahim. *Emerging Anti-Aging Strategies*. Springer Nature, 2023.

Rowe, John W, and Robert L. Kahn. "Human Aging: Usual and Successful." *Science*, 1987, pp.143–49. https://doi.org/10.1126/science.3299702.

—.*Successful Aging*. Dell, 1998.

Seneca, Lucius Annaeus. "On the Shortness of Life." *Seneca: Dialogues and Essays*. Oxford UP, 2007.

Sinoff, Gary. "Thanatophobia (Death Anxiety) in the Elderly: The Problem of the Child's Inability to Assess Their Own Parent's Death Anxiety State." *Frontiers in Medicine*, 2017. https://doi.org/10.3389/fmed.2017.00011.

Thane, Pat., editor. *A History of Old Age.* Thames & Hudson, 2005.

The Gerontologist. Special Issue: Successful Aging 55, 2015, pp. 5–168.

Vincent, John A., et al. *Politics and Old Age: Older Citizens and Political Processes in Britain*. Ashgate, 2002.

Wajcman, Judy. *Pressed for Time. The Acceleration of Life in Digital Capitalism.* Oxford UP, 2015.

Wittgenstein, Ludwig. *Tractatus Logico-Philosophicus.* Routledge, 1974.

World Bank. *Averting the Old Age Crisis Policies to Protect the Old and Promote Growth*. Oxford UP, 1994.

WHO. *Active Ageing. A Policy Framework.* World Health Organization, 2002.

Xue, Qian-Li. "The Frailty Syndrome: Definition and Natural History." *Clin Geriatr Med.* 27(1), 2011, pp. 1–15. https://doi.org/10.1016/j.cger.2010.08.009.

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