

Chapter 12

Intersectionalities and Old Age: Ageism in the Crossroads of Race, Gender, and Age



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Introduction

We still know very little about the aging process because the experience of longevity is a very recent human achievement. Besides being very recent, it is not equally distributed. Human beings do not have equally assured the right to live, and we just started to discuss the right to longevity. This condition was reached through several factors, from sanitary improvements to medical advancements due to the improvement of living conditions, as in post-war Europe and the United States, and is sustained by punctual interventions of Public Health that extend life even in unhealthy conditions, such as in Latin America, where aging is living in precarious conditions for most of the population (Hendrick & Graves, 2009; Mathers et al., 2015).

We age in a shared world. The borders between countries, while they are ruptured by migrations in search of work or by populations escaping from the most diverse modalities of war, are also reinforced by mechanisms that push such populations to peripheral and impoverished zones in an attempt to preserve lifestyles based on accumulation. Several countries have performed reforms in their retirement system, especially due to a concern with capital mobility and little or no concern with vulnerable populations or the elderly (Mitchell, 2020).

We are talking, therefore, about aging in an unequal world and the impact that inequalities cause during life (Van der Linen et al., 2020). Thus, the possibility of living the aging process in institutions arises due to different reasons and in varied arrangements. According to Poltronieri et al. (2019), the governments must provide structure and *long-term care*, i.e., the network of services and assistance that dependent people need. This network can be arranged as a model of social democrat assistance, as in Denmark, which deals with regular monitoring and preventive visitations, or in more conservative models, as that of Germany, where assistance can

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be provided financially and/or through services. In neoliberal countries such as the United States, the few assistance services are directed to nutritional programs, informal initiatives, and services offered by the private sector.

In Europe, between 4% and 9% of the elderly population lives in long-term care facilities (Storms et al., 2017), non-medical facilities where they are provided with care but also live together with others, receive the visit of family, and perform cultural and leisure activities. The elderly population of Africa and developing countries, which is expected to increase exponentially until 2050, does not have a well-structured care network (Essuman et al., 2018). In Latin America, the systems vary: countries such as Chile, Argentina, Costa Rica, and Uruguay have a family-centered assistance network, while in Brazil it is centered around long-term care facilities (Poltronieri et al., 2019).

There is an increasing demand regarding the experience of aging in institutions when care is necessary (Beard et al., 2016; Alves et al., 2017; Lehnert et al., 2019). Thus, it is important to correctly think about the impacts of aging in institutions and call attention to the bodies marked by age and their greater or lesser need of assistance in daily activities, gender, race, and social class, as they are the ones that concretely occupy these spaces.

In a context of the violation of basic human rights, such as the right to housing, food, care, and physical, mental, and emotional integrity, institutionalization becomes a way to assure these rights. The history of the emergence of long-term care institutions is related to that. The Salpêtrière, as Simone de Beauvoir reminds us in its classical study “The Coming of Age” (1990), concentrated a large number of elderly among the sick, favoring the collection of data about illnesses and other characteristics of aging. Currently, many technical possibilities assure the quality of life outside the institutions. However, the reprivatization of old age (Debert, 1999), i.e., the disresponsibility of the state and centrality on the individuals as able to avoid the effects of aging on themselves, leads to a not very favorable scenario for the implementation of a care network.

The way the elderly are fragilized in the era of globalized capital and their possibility of continuing to live without the breaks promoted by institutionalization need to be discussed. Despite the reports about the violation of rights that occurs in nursing homes since the 1970s, with Beauvoir being one of the most eloquent figures, aging in institutions tends to grow as longevity increases and, perhaps, some of those reading this work may end up experiencing this reality.

The discussion presented herein stimulates a critical view and calls attention to the factors that are present in this process. Threats and violations regarding the rights to the body and sexuality, race/ethnicity-linked religious expression, and gender, as well as ageism, are made invisible in society. This happened, often, with scientific support from developmental psychology that wants to call itself neutral but that, while discussing the findings that it describes, reproduces sexist interpretations and, by not discussing racism as a problem, cooperates with its maintenance, which has been changing due to critical approaches (Nunes, 2019; Menezes et al., 2019; Burman, 2016; Kessi, 2019). Moreover, the reading of the developmental processes as being predominantly biological is related to the pathologization and

individualization of issues that are also due to the construction of ways to relate with the body. The impacts of this centrality called biologism led, for example, to the understanding that the peak of development is adult life since, biologically, the organism starts to deteriorate from there. This generated great delay in studies of aging in psychology and a prejudiced view of old age as decrepitude (Neri, 2006; Ribeiro, 2015).

Quality of life has been a widely used construct regarding the evaluation of what is good aging. It encompasses not only physical, cognitive, and emotional health but also productive activities and social coexistence, valuing the individuals' account about their own experience. Women are more frequent in the samples of studies not only due to the already known phenomenon of feminization of old age (Camarano, 2003; Maximiano-Barreto et al., 2019) but also due to factors that lead to the institutionalization, such as low income and education level. The feminization of old age concerns the phenomenon of greater longevity among women, which leads to an increased population of elderly women, although their quality of life is not as good as that of men. If studies about the quality of life point out that men have the best scores (Freitas & Scheicher, 2010), it is necessary to approach the context of what is aging for a woman in a hierarchical and unequal society that protects and favors men.

Ageism in Intersectionality

Feminist studies reinforce the topicalization of important questions regarding human development, such as care that encompasses the children, elderly, sick, and people with disabilities, which traditionally was a duty of women in the domestic environment and, therefore, invisible. They also fought, epistemologically, the notion of neutrality and the foundations that make women invisible as collective subjects, as well as the political impacts of private actions (Nogueira, 2017). By deconstructing biologism, feminist studies impact the field of development, helping construct other views of body and gender that question the assumptions of biological determinism (Debert, 2014). The analysis tools of feminist studies, forged in the conflicts of the consideration of differences between women, produced discussion modes that allow considering complexity (Akotirene, 2018).

The intersectional perspective is one of these tools. Its roots go back to the classical discourse of Sojourner Truth, "Ain't I a Woman," at the origin of black feminism and coined by Crenshaw in the 1980s for the defense of the rights of female workers. It concerns the singular composition that is expressed in the individual experiences, the multiple oppressions derived from belonging to minority groups in terms of race, sex, social class, age, or capacities. It is necessary to have in mind that the term minority refers to questions of power and not populational number. This happens by mixing articulations that place the individuals so that they have privileged perspectives about the oppressions they suffer and moving away from a

merely additive model in which sufferings are summed up, homogenizing the individuals (Akotirene, 2018).

We understand, therefore, that racism is an oppression system that operates from the dehumanization of those named black and their expropriation and corporeal, epistemic (Carneiro, 2015), and psychological annihilation (Santos, 1983). In the case of women, racism is articulated with sexism, machismo, and misogyny. Sexism concerns discrimination regarding gender, machismo refers to the valuation of the masculine, and misogyny refers to hatred toward women. We understand, therefore, that woman is not a homogenous category and there is a difference between black and white women. The former are deprived of the capacity of work and sexual pleasure, being seen as properties, while the latter would be exploitation tools.

The notion of genderized racism (Kilomba, 2019) refers to the supremacy of white women in feminist movements and men in antiracist movements. For this author, the class discussion did not open space to questions of feminism and the fight against racism by reducing inequality to income distribution. Race is a central category for thinkers of intersectionality (Crenshaw, 1990; Collins, 2019) so that it is necessary to avoid equating the experiences of racism and sexism by relativizing oppression experiences. This false equivalence is a mechanism through which whiteness would continue to be unquestioned and keep its hegemony.

The organizational axis of racism, sexism, and ageism may be the common articulation of references to biology or nature. Racism is supported, among other factors, by the perception of phenotypic differences, giving them a hierarchy. Sexism also subordinates women based on body characteristics, such as physical strength and menstruation, for example. Ageism highlights the deficits that characterize biological aging as a justification for the social humiliation of elderly people. However, the simultaneity of the incidence of their effects and the intersection of their ideologies are structured in a relationship, and, in this relationship, it is necessary to discuss all the elements that take part and their places.

The use of the masculine as universal in scientific production makes Kilomba (2019) question whether the findings and discussions may affirm in this universality what these universal, neutral, and objective assumptions have neglected and considered. The definition of what is ageism is still debated, and, besides understanding it as most prejudices, in the triad cognition-stereotypes, affectivity-prejudice, and behavior-discrimination, considering it as a structural component of an excluding society (Krekula et al., 2018) allows the discussion of its functioning as a regulator of groups and spaces. As we see in Fig. 12.1, ageism is present in several levels.

Ageism can also be a concealed manifestation of several positive and negative concepts about “being elderly” and their meaning for these people (Teixeira et al., 2018). When compared to racism and sexism, ageism is recent, and, since the historical definition of Butler, we do not see ageism in the agenda of training programs for care professionals or as organizational policies.

The discrimination of race, gender, and age remain in financial and work-opportunity terms and political representation, with harm toward women, African Americans, Latinos, and the elderly (Jones et al., 2017). Thompson (2018) questions how the strengthening of gerontology and the populational increase of elderly

	Levels	Visibility	Valuation
Ageism	<i>Micro:</i> Cognitive, affective and behavioral components.	<i>Implicit:</i> Stereotypes, prejudices and discrimination unconsciously started.	<i>Positive:</i> Stereotype, prejudices and discrimination favoring older people.
	<i>Meso:</i> Groups, institutions, social networks	<i>Explicit:</i> Stereotypes, prejudices and discrimination unconsciously started.	<i>Negative:</i> Stereotype, prejudices and discrimination against older people
	<i>Macro:</i> Public policies of education and health.		

Fig. 12.1 Ageism: Levels, visibility, and valuation. (Source: Elaborated from Ayalon & Tesch-Römer (2018) and São José & Amado (2017))

people cause a change in attitude and establish a relationship between ageism, racism, and sexism as well. The fight against ageism has found the same difficulties as combating sexism and racism: individualization mechanisms, as if the issue were restricted to personal attitudes and distancing, expressed in terms that move the discriminated population away and identify it as “others.” The academic approach that goes toward evaluating and identifying individual attitudes of prejudice also needs to advance and consider broader cultural aspects that create such behaviors. For Thompson (2018), ageism has social and political implications because age is an important marker of the sharing of social assets. This can make the forms of ageist discrimination be addressed from a structural perspective, just like racism or sexism. Thus, stimulating dependence, infantilization, the negation of sexuality, barriers in healthcare, and violence against the elderly needs to be understood as the expression of a social structure that promotes it.

Although Thompson (2018) establishes the importance of the relationship between sexism, racism, and ageism, he does it based on the notion of triple jeopardy (Norman, 1987) which is yet an additive perspective. Bartels et al. (2019) point out that the perspective of triple jeopardy was used at the beginning of feminist analyses. In the study field of aging, it is important to bring an intersectional focus

that, by being complex, allows macro considerations and reflects on the micro, the daily life, suggesting intervention means. The intersectional perspective aims to make this approach more complex, understanding the multiple effects that result from the combination of such oppressions.

Ageism and Other Prejudices in the Life in Long-Term Care Facilities: Spatial Policies from the Inside Out

Long-term care (LTC) is defined by the assistance given to an individual that has difficulties in daily activities and can be offered in institutions or at home. Kilomba (2019), by examining the spatial policies of racism, refers to the constant need to territorialize black people, referring to their origins to state that they do not belong in the place they occupy. With elderly people, we would say that it becomes even more radical since the design of cities and public spaces is the implementation of a discourse that expels them, making their permanence difficult or even impossible, especially in impoverished countries with greater social inequality. Buttigieg, Ilinca, Jose, and Larsson (2018) report studies that refer to “environmental ageism,” which is the one that, despite identifying the needs of elderly people, decides not to implement environmental adjustments that would provide a better quality of life for these people by claiming budget problems. The emotional support in terms of family and community bonds, which are also fragmented, supports them with increasing difficulty in the face of the ideology that naturalizes living the old age in delimited spaces with equals.

Genderized ageism (Krekula et al., 2018) is present in the social system as an unequal practice that articulates ageism and heteropatriarchy. Its consequences are felt in several contexts: social security, whose retirement is thought from the perspective of the worker and neglecting housework, which is mostly performed by women, and the representation of the quality of life of the elderly or successful aging that is linked by the media to exerting the male sexuality and the beauty standards imposed to women, which exclude elderly bodies (Krekula et al., 2018; Sibilia, 2011).

The literature review conducted by Santos et al. (2017), referring to the production about quality of life among institutionalized elderly from 2010 to 2015, corroborates the need for preparing the institutions to welcome the elderly in a way to promote a new meaning to their history and provide an interesting and stimulating social life. It also points out to the distance from this reality.

Literature reviews about ageism in long-term care considered that this is a common phenomenon and has serious implications for welfare, health, cognition, and memory, especially of the elderly in these conditions (São José & Amado, 2017; Buttigieg et al., 2018). Ageism would be related to the vulnerability that these people present and the low qualification of those that act as care providers.

Perceived ageism is more prevalent than apprehended sexism and racism in Europe, but it is still less studied than the other two. There is a need to refine definitions to make combat practices more effective. There is much discussion on the causes and prevalence of ageism, but little has been produced about the consequences and interventions against this phenomenon. For São José and Amado (2017) and Buttigieg et al. (2018), it would be important for publications to be based on theories of ageism, because theories based on the total institutions of Goffman or in Foucault and the issue of power have been found, but the lack of relationship with theories of the area would be harmful. Consequently, the studies define ageism only implicitly, failing to address its multiple dimensions. The definition of Butler (1975) is still widely used, but it does not handle the sophistication that is necessary to move the knowledge forward. The perspective that is privileged in the studies reviewed by São José and Amado (2017) was not that of older people that suffer ageism but of those who are ageist. This is concerning as the view of the elderly is not considered. Ageism that is explicit, cognitive, and oriented toward the other was more explored, while the self-inflicted one was neglected.

Although São José and Amado (2017) acknowledge the lack of studies that discuss interventions against ageism and advocate in the sense that such studies must be based on theories of ageism, they do not consider the possibility that ageism may be articulated with other forms of social hierarchy, which articulate in the life of the elderly in institutions, or their need for help in performing daily activities in other contexts.

McNamara and Williamson (2019) already pointed out that intersectionality is probably articulated with ageism. However, these authors do not explain how the analysis tool is historically constituted, and, thus, black feminist studies are left invisible. The seminal discourse of Sojourner Truth is seen as an example of the formation of a subgroup that takes epistemological strength from the rupture established by those words. The additive, individual perspective is also favored in these authors' interpretation of what intersectionality means.

Conclusions

In this chapter, we aimed to explain how an intersectional perspective may be interesting for a complex approach of ageism and its relation to aging. When social imagination is connected to ageism, idealizing an eternal youth even where it commits to the construction of good aging, living in institutions becomes the target of investments and desires for elderly people. However, we saw that this situation is very complex and that arriving at institutions is linked to the rupture with family, social, and community bonds and a loss of autonomy. Countries in the periphery of the capital are not prepared for either populational aging or the increase in the demand for institutionalization that comes with it.

The experience in listening to the elderly corroborates the importance of studies that concentrate on self-inflicted ageism. The demand for studies of the

phenomenon of self-inflicted ageism, when intersecting with other important markers, contributes for the intrapsychic space to be seen in its dynamics with the interpsychic space, moving away from individualistic approaches. The situation of vulnerability of the assisted population, which is extremely heterogeneous, demands complex attention beyond the offer of recreation or individualized consideration. The last two actions are often not even present in long-term care facilities of impoverished countries.

We pointed out the importance of self-managed models, with stimulated collective decisions, as well as the urgency of elaborating means for the elderly population to remain outside the institutions, experiencing their places of living for as long as possible. However, the cities in which most of the future elderly, who now read this chapter, will live are adult-centered, without spaces for coexistence or the necessary accessibility.

We saw how the intersection of racism, sexism, and ageism is translated into spatial policies that design an emptied or pathologized intrapsychic innerness: the interior of an old body is a space without desire, without memory, and destined to be filled by healthy aging with individual support. These emptied and pathologized bodies have place only in another interior that can welcome and support them: the institutions, which, like membranes, filter what would be in accordance with the ideals of this occupancy of healthy aging and do not allow the exit of anything or anyone that disturbs the progress of cities and adult lives directed to survival or accumulation. This confinement experience is well known among black populations in their ancient history, and the same is true about the experience of abandonment. However, we question here whether confinement or abandonment is the only possible fate for our aging, highlighting the urgency of summoning the collective imagination for the construction of shared aging.

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