Myths of ageing

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ABSTRACT – Historical and contemporary images of ageing have generally reinforced negative stereotypes of old age. An examination of sculpture, painting, poetry, literature and film, as well as television, advertising, newspaper stories, birthday cards and road signs reveals that old age is often shown as being a time of loneliness, depression and physical decline. These conditions do occur but their prevalence and severity have been exaggerated. There are many myths of ageing that have been influenced by these representations: that old people with physical or cognitive decline are social problems; that families no longer care for their elders; that geriatric medicine is an unglamorous specialty. Low expectations of old people and ageist thinking can adversely affect how we speak of disadvantaged old people. The challenge is to question inaccurate assumptions. Key to the improvement of medical care of older people is to extend the teaching of geriatric medicine and improve and coordinate research.

KEY WORDS: ageing, ageism, carers, geriatric medicine, myths, social problems, stereotypes

A myth is a fictitious legend or tradition that is often accepted as an historical truth. Myths embody beliefs and have provided much of the material for the world's art and literature. This paper explores some of the myths of human ageing by examining several art forms, mass culture and other images. Many convey negative stereotypes of old age. There may be an element of truth in some myths but the overwhelming impression is that old age is a bleak time with inevitable disability, decline and loneliness. The hypothesis is that the negative images of ageing (both historical and contemporary) have resulted in misconceptions which have influenced how we think, speak and behave. A more balanced view of ageing could help to counter ageist thinking, improve clinical practice, stimulate research and inform health policy.

Evolution of stereotypes

Sculpture

One of Norway's artistic highlights is the sculpture park in Oslo. Vigeland has modelled over 600 life-sized figures. All ages are represented: children play, young men and women dream and embrace. The section devoted to old age is austere – some subjects are ugly and others look depressed; disabled people are tended by ageing caregivers. Other European sculptors iterate the message: Erhardt's *Allegory of Vanity* shows a beautiful young couple and an old woman demonstrating signs of decrepitude. Her ugliness is a travesty of old age.

Painting

Visit any art gallery and you will find few pictures of old people. Those that are on display generally illustrate negative features. Ghirlandaio (1449–94) was a Renaissance artist whose *Portrait of an Old Man and a Young Boy* hangs in the Louvre (Fig 1). The grandfather looks affectionately at the golden child. The old man has a rhinophyma and a blemished face; he looks wistful. The artist uses a symbolic device deployed by other Renaissance artists: through the window are two mountains – one is verdant with luxurious vegetation, the other grey, barren and lifeless. Goya (1746–1838) was deaf and lonely and some of his paintings illustrate his own fears. His *Two Old Men Eating* shows cadaverous, edentulous subjects. The picture is devoid of colour, stark and scary. Van Gogh's *At Eternity's Gate* depicts a solitary depressed old man. Yet a study of nine European cities showed that most old people were mentally well[1] and that the stereotypes that old people were miserable, tired of life, and had nothing to look forward to were not upheld.

Many other artists have reinforced these unhappy illustrations of age. Titian's *Three Ages of Man* shows a stooped old man at the end of his days. In Klimt's *Three Ages of Woman* an old lady is hiding her face in shame; her back is bowed, the veins on her arms are exaggerated, her physique is ugly. Picasso's *The Old Guitarist* features a sad, emaciated old man wrapped in grief. Rembrandt's *Jacob Blessing the Sons of Joseph* illustrates a blind prophet on his deathbed.

Literature

Writing to her pupils about her own old age, Sappho described her wrinkles, edentulous state, white hair and declining mobility (probably related to osteoarthritis of her knees). Yet wrinkles are most marked

in smokers and those exposed to the sun; edentulousness – previously almost universal in old age – now affects only 40% of those over 75 and its incidence is falling; and there are important differences between aged and arthritic knees. In a survey of ageing in 127 poems, the portrait of old age was overwhelmingly negative.[2] There was an emphasis on wrinkles, weakness, damaged joints, baldness or white hair and a loss of beauty. Social and emotional losses were exaggerated. Common metaphors for ageing include a sunset, evening, twilight, winter, dying fires and dryness. However, a study of poems and fiction by 35 modern authors writing about older women found descriptions of fortitude, independence, a passion for life and survival with dignity and grace.[3]

Film

Recent feature films have featured successful ageing, with elders being depicted as role models who help to maintain traditional values and who are important in providing social cohesion.[4]

Television and advertising

Earlier stereotypes (old people viewed as being comical, stubborn, eccentric or foolish) have been replaced by more positive images (they are now powerful, affluent, active, admired and even sexy). In the US, television advertisements from the 1950s featuring people over 40 years old showed little negativity.[5] Some advertisers use ageing as a metaphor for quality and tradition. Elderly people are grossly under-represented in current television commercials and some still give negative portrayals. There are advertisements which deride old people, mocking their presumed lack of style or sophistication (only young people are seen as being trendy enough to drink some brands of whisky or drive certain cars). Few advertisements are directed at the older generation even though they have the most disposable income.

Newspapers and magazines

Older people express concerns about the accuracy of the news in reporting stories on old age and its attitude towards old people.[6] This is not surprising. In the UK, older people are often described as being mistreated by relatives, care home and hospital staff; being subject to violent crime; and being a threat to the economy and healthcare system. The invisibility of old women in the press is apparent in a survey of Irish newspapers.[7] Though older women outnumber older men, they rarely feature in news stories – men appear eight times more often. Well-worn language is used, with overuse, for example, of the word 'Granny'. This study found no editorials on ageing and little discussion on key societal topics relating to old people. While the recent focus on Alzheimer's disease is welcome, the fact that 33% of Irish newspaper stories on ageing featured this disease is disproportionate. It may reinforce notions of frailty and helplessness (in fact only 65% of those over 65 and 20% of those over 80 have functional cognitive impairment). By contrast, neutral or positive stereotypes predominate in the American press,[8] though 30% of stories do show passive images.

Image available in the paper version of the journal and on the RMN website: www.photo.rmn.fr

Fig 1. Domenico Ghirlandaio. Portrait d'un vieillard et d'un jeune garçon. Paris, Musée du Louvre © Photo RMN; Hervé Lewandowski.

Birthday cards

Two thirds of age-specific birthday cards represent ageing in a negative manner. Loss of teeth, deteriorating vision and hearing, and diminishing sexual potency are frequent butts for sometimes cruel humour.

Road traffic signs

In the UK and several other countries (Bangladesh, Namibia and Singapore, for example), signs warning that there are old people in the vicinity feature a kyphotic couple, one with a stick.[9] The image may register quickly with drivers, but it could be construed as stigmatising old people.

Myths and misunderstandings

It is likely that society's views on ageing, influenced over the centuries by a barrage of generally negative images, will shape medical thinking. The depictions of old age in popular culture

(together with other forces, such as mechanisation and industrialisation – which diminish the status of even wise and experienced elders – and the cult of youth) may have created false beliefs. Let us examine some of these myths and question their veracity.

Social problems

There is an unfortunate dichotomy between the medical model and the social model of elderly healthcare. (At its simplest, the former focuses on the disease, the latter on the person). Yet effective elderly care is predicated upon a comprehensive geriatric assessment with a full social history (including skills, roles, wellbeing, activities and satisfaction as well as support, housing, finances and fear of isolation or institutionalisation).

Not all social problems are 'medical problems in disguise': poverty, inadequate heating, poor housing and loneliness are the province of the social worker or the joint care manager. However, it is inappropriate to dismiss limited function as being inevitable and age-related decline as irreversible. Boyd[10] describes a triad – physical disability, cognitive impairment and incontinence – which are often wrongly managed, as if they were primarily social problems. Even today, after over 50 years of geriatric medicine in the UK, these symptoms are often dealt with by a prosthetic approach (eg pads or catheters for incontinence of urine) or community support, without exploring the possibility of reversible or modifiable underlying medical conditions.

Non-functioning relatives

The myth of heartless or uncaring relatives is underlined by stories of 'Granny dumping' in accident and emergency departments and the large number (about 400,000) of old people in nursing and residential homes. But it is wrong to assume that there has been a widespread decline in filial piety. The reality is that 80% of old people live independently. Of those who need help with self-care, the needs of four fifths are met by the family. For the remainder, care is usually provided by both the relatives and formal care-givers.[11,12]

Unpaid informal care is central to the support of many old people at home. In England, about four million carers provide care to those aged 65 or more. It should be emphasised that caring is often a pleasurable, positive and uplifting activity;[13] it can involve providing company, doing the shopping or simply keeping an eye on someone. In other cases, caring can be hard and time-consuming. Thirty-three percent of carers (680,000 people) give twenty or more hours a week. A disproportionate number of these (28%) are over 65 – Vigeland's sculpture of the aged caregiver is therefore apt. If the carer is experiencing sleep loss, dealing with faecal soiling or behavioural problems, these should be seen as 'red flags' – unless timely and imaginative intervention occurs, then there is likely to be carer breakdown. These problems can be compounded by lack of support or recognition, having no short breaks (respite) and not having the opportunity to stay fit or have access to healthcare.[12]

It is good that carers are now getting the respect that they deserve. Tony Blair has saluted the heroism of carers and pledged government support.[13] The Department of Health has promised grants for carers, funding for training, better information for families and more home-based respite.[14] Few councils, however, provide adequate respite care and the low levels of support for carers in some places are a cause for concern.

Geriatrics is dull

Work with old people may be perceived as being uninteresting, unskilled and of low priority. Why is it that such a fascinating specialty, which gives those who work in it such great job satisfaction, is seen by some people as worthy but dull?

An analysis of what is 'interesting' in medicine may hold some clues. There is a hierarchy of status in organs and tissues (brains and hearts are more interesting than feet or skin), complexity of treatment (acute care and that involving technical instrumentation score over chronic disease and rehabilitation), specialty (surgery enjoys a higher status than physiotherapy or podiatry) and rarity (ear wax is dull, even though removal may restore hearing – unless it is black in patients with alkaptonuria).

The challenges presenting in ill old people are common (incontinence, poor mobility, falls and cognitive impairment), often sub-acute (though many present with a medical crisis that warrants rapid hospital assessment) and often can be managed without complex machinery (but old patients should never be denied access to investigative or therapeutic technology solely on grounds of age). How can we demonstrate the intrinsic fascination of working with old people and their families? One successful approach has been the 'Alzheimerisation' of what was called 'senile dementia', but I believe that exemplars who demonstrate enthusiasm, good example, holism and clinical skills will continue to attract first-rate people to our specialty. That geriatrics is now numerically the biggest group in the Royal College of Physicians bodes well for the future care of older people in the UK.

Other myths and misconceptions

Homogeneity. We speak of 'the elderly' as if old people were a uniform group. Yet there is more variety among older people than among any other age group (one of the reasons why working with elderly people is so endlessly fascinating). Lazy assumptions that particular initiatives should apply to all old people are to be vociferously questioned.

Loneliness. Many artists have painted images of aching loneliness in old age. Loneliness does occur but its prevalence has been exaggerated. American and European studies consistently show that about two-thirds of old people are never or rarely lonely, one-fifth are lonely sometimes and a tenth say that they are lonely very often.[15]

Rigid thinking. The notion that you cannot teach old dogs new tricks is prevalent. Common myths include the belief that elders are technophobes, who do not use computers and cannot learn

to use the internet. Yet a recent American survey found that 41% of those over 65 use the internet. Most use PCs at home, often to obtain health information which might inform their decisions on treatment options. Increasing numbers of Third Agers attend evening classes. Other surveys have revealed that increasing numbers of elderly people are using mobile phones (for example 10% of Japanese women over the age of 70) – though the use of telephone cards, cash machines and ticket machines is still not common. The dietary habits of many British elders have changed – the enjoyment of foreign foods is widespread, as is the purchasing of ready-made supermarket meals. Those who have just retired are particularly capable of improving their diet.

Lack of productivity. Though most old people are not in paid employment, they may have important roles as grandparents, carers for other older people, volunteers, or in civic duties and countless other important social activities.

Sexuality. Sexual drive and activity do decline with age, but three quarters of married men over 60 are sexually active – as are 63% of men aged 80–102. The myth that old people are sexless beings should be dispelled.[16]

Effects of age-related mythology

The predominantly negative way in which old age is presented can influence how we think, speak and behave. Some people use apocalyptic language to describe the challenges of the ageing population – 'the demographic time-bomb', 'grey hordes', 'the rising tide' and more recently 'the silver tsunami'. In clinical medicine, doctors sometimes use infelicitous expressions which belie an ignorance of the medicine of old age or an unthinking approach to elderly care. A few examples:

- 'Senile' – this term was introduced by Charcot to give scientific respectability to the study of old age. Over the years, the word has been devalued and is used pejoratively. Describing diseases as 'senile' is usually inaccurate and unhelpful: few conditions are inevitable with the passage of time, some also affect younger people (eg age-related macular degeneration), and applying this epithet might inhibit research into possible causes.
- 'A poor historian' – the doctor is the person taking the history, so this phrase reflects the clinicians lack of awareness that most patients described in this way are usually delirious, demented or both.
- 'It's just your age' – because a disease is more common with age, it is not necessarily a direct result of ageing.
- 'A simple/mechanical fall' – few old people admitted to hospital after falls have fallen simply because they have slipped or tripped. To assume that the sole explanation is a problem in the external environment may mean that important predisposing and precipitating conditions are overlooked.
- 'She should never be left alone' – even very vulnerable old people can cope at home and few need constant surveillance. Condemning a care-giver to provide this needless degree of support is unreasonable and usually unnecessary.
- 'She will never be able to manage at home again' – a hospital assessment of patients' abilities to cope may not predict their capabilities at home. Doctors with little or no community experience may under-estimate their patients' potential for independent living and instigate premature or inappropriate placement in a care home.

Other aspects of clinical medicine which have suffered because of ageist thinking are medical teaching and research. It is remarkable that given the demographic structure of our society, it is possible to qualify in medicine without gaining a good grounding in elderly care. Similarly, it is still possible to train in a branch of medicine without practical experience in geriatric medicine. In the USA, less than half the medical schools have identifiable geriatric units (though this is a fourfold increase over the past twenty years).[17]

Britain has produced much important original research on the ageing process and on the medical, psychological and social aspects of ageing. Nonetheless, the specialty of geriatrics is still lacking in terms of the number and quality of publications and the research effort requires integration. There is a need for a national strategy on ageing research. The House of Lords Sub-Committee on Science and Technology has been arguing for a coherent approach which would harness disparate initiatives. It has been critical of the government's lack of vision and failure to acknowledge the problems and opportunities presented by an ageing society. The recent creation of the British Council for Ageing,[18] which brings together three learned societies with an interest in ageing, is a positive step.

Conclusions

The images that surround us influence how we think, speak and act. Too many depictions of old people in the arts and media have exaggerated negative stereotypes. For some old people, ageing is indeed a time of loss and diminishing capabilities. For others, it is a time of social activity and fulfilment. If we question lazy thinking and debunk tired myths about old age, it might be possible to present a more balanced view of the later years and further improve the care we give to our older patients.

References

1 Copeland J, Beckman A, Dewey M *et al.* Cross-cultural comparison of depressive symptoms in Europe does not support stereotypes of ageing. *Br J Psychiatry* 1999;174:322–9.
2 Sohngen M, Smith R. Images of old age in poetry. *Gerontologist* 1978;18:181–6.
3 Kehl D. The distaff and the staff: stereotypes and archetypes of the older woman in representative modern literature. *Int J Aging Hum Dev* 1988;26:1–12.
4 Yahnke R. Heroes of their own stories: expressions of aging in international cinema. *Gerontol Geriatr Educ* 2005;26:57–76.
5 Miller P, Leyell T, Mazachek J. Stereotypes of the elderly in U.S. television commercials from the 1950s to the 1990s. *Int J Aging Hum Dev* 2004;58:315–40.

6 Chafetz P, Holmes H, Lande K, Childress E, Glazer H. Older adults and the news media: utilization, opinions and preferred reference terms. *Gerontologist* 1998;38:481–9.
7 Murphy E. Older people and ageing issues in Irish newspapers. www.olderinireland.ie
8 Miller P, Miller D, McKibben E, Pettys G. Stereotypes of the elderly in magazine advertisements 1956-1996. *Int J Aging Hum Dev* 1999;49: 319–37
9 Gale R, Gale C, Roper T, Mulley G. Depiction of elderly and disabled people on road traffic signs: international comparison. *BMJ* 2003; 327:1456–7.
10 Boyd R. What is a 'social problem' in geriatrics? In: Arie T (ed). *Health care of the elderly*. London: Croom Helm, 1984:143–57.
11 Kane R. Social assessment of geriatric patients. In: Brocklehurst J, Tallis R, Fillit H (eds). *Textbook of geriatric medicine and gerontology*, 5th edn. Edinburgh: Churchill Livingstone, 1998:227–34.
12 Wanless D. *Securing good care for older people. Taking a long term view*. London: King's Fund, 2006.
13 Department of Health. *National strategy for carers*. London: DH, 1999.
14 Department of Health. *Our health, our care, our say. A new direction for community services*. London: DH, 2006.
15 Forbes A. Loneliness. In: Mulley G, Penn N, Burns E (eds). *Older people at home: practical issues*. London: BMJ Books, 1998:1–6.
16 Goodman K. Sexuality and ageing. In: Rai G, Mulley G (eds). *Elderly medicine: a training guide*. London: Martin Dunitz, 2002:235–7.
17 Anderson M, Sabharwal R. *Geriatrics instruction in the medical school curriculum. Analysis in brief*. Washington, DC: Association of American Medical Colleges, 2003:3. www.aamc.org/data/aib
18 British Council for Ageing. www.bcageing.org.uk

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