

Ageism: Millennial Persistence

Alejandro Klein

Oxford Institute of Population Ageing, University of Guanajuato, Leon, Mexico

Email: alejandroklein@hotmail.com

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Abstract

This work develops the idea that is possible to affirm that beyond its nuances. Ageism has shown a surprising force of prevalence in western society. Nourished by mythical, empirical, ideological and health elements, it has been enormously successful in imposing an image of vulnerability, decrepitude and illness on older adults. Since 1969, when the first academic article on the subject was published, much has been written on the subject, but little progress has been made in terms of social and state policies and community awareness. When an attempt has been made to propose an alternative to decrepit (Aristotelian as we suggest in this paper) ageism, nothing has emerged but a new kind of ageism that has imposed the supposed need that the older adult “must” be “productive”, “young”, “vigorous”, posing the impossibility, in short, once again, of the older adult living spontaneously as an older adult.

Keywords

Ageism, Stereotypes, Prejudices

1. Introduction

In 1969, Butler published a work that would make history: “Ageism: Another form of bigotry”, thus introducing into the gerontological debate the concern for detecting prejudices and stereotypes directed at older people. But there is no lack of data indicating that ageism is millennia old in Western society.

Without being able to develop it extensively, features of it can be observed throughout Greek, Roman and medieval society. Plato, in his work *The Republic* (Plato, 1988) [1] shows an idealised conception (positive ageism) of old age. He emphasises the idea that it is the stage in which the most optimal moral virtues are attained, such as shrewdness, discretion and good judgement. All of which enables old people to occupy the highest public, administrative, managerial, jurisdictional and governmental positions with authority. An idea that would later

be taken up by Cicero [2] and that would obtain a new version in the work of a psychoanalyst: Erikson (2000) [3] twenty centuries later, updating the Platonic idea that old age is prodigal in wisdom and prudence.

On the contrary, Aristotle (1994) [4] disagrees with his master's opinions and indicates (in the best negative ageist tradition) that old age is a stage of weakness, uselessness, facilitating meanness, cowardice, selfishness, mistrust and bad character. The old man is therefore an unjust and perverse being. Aristotle also has the merit of having probably been the first to say that old age is a disease, so that youth or maturity comes to be considered the good or virtue par excellence (Aristotle, 1994) [5].

Likewise, various sources indicate ageist attitudes of contempt and rejection, in some cases by young women against their husbands, that run through medieval and Renaissance European history:

The money-changer Lippo del Sega, then sixty-four years old, records with resentment in his memoirs the insults with which his young wife, who calls him vecchio rimbambito and says that it's in his face that "ilcesso dove ellacava era più bello (...) que la miabocca"... Let us listen to the confidence of an old woman to a young woman: "When we are old, what are we good for, if not to remove the ashes from the house? When we women are old, nobody wants to see us, not even our husbands. They send us to the kitchen, to stir the pots and pans and to tell our nonsense to the cat. And this is not all. There are little letters that make fun of us: good sandwiches for 'Juanona', old scabs for old scabs, and if only it all came down to this!" (Ariès and Duby, 1990: 176-177) [6].

Thus, ageism already existed centuries before its scientific "discovery" and its nomination as such. It should also be noted that, since Butler's traditional work (1969) [7], the literature on ageism has been growing steadily [8]. At the same time, it is possible to connect these historical perspectives to the contemporary understanding and prevalence of ageism in modern society. In this way, and unfortunately, everything seems to indicate that, since the appearance of the coronavirus, we have witnessed a new imposition of extreme ageism, whereby, in the name of "care", older adults have been confined and locked up, under the pretext of health measures that are not perceived to have any impact on halting the spread of the coronavirus. The coronavirus has thus implied a new regression of the image of old people towards old age, decrepitude and the prelude to agony and death, in a fantastic resurrection of the extreme homelessness paradigm [9].

Thus, there is unanimity among authors that the coronavirus pandemic has brought a parallel outbreak of ageism, verifiable firstly in relation to a remarkable normalisation of the presentation of older adults as helpless and frail, indicating a return to decrepit and vulnerable paradigms of old age whereby older adults have been rapidly and almost suddenly confined and de-citizenised in their capacity for choice and life strategy [1]-[14].

2. Ageism: How to Characterise It?

It is generally agreed that ageism can manifest itself in the form of individual acts of discrimination, as well as having family, community and social repercussions, influencing scientific research, social policies, programmes and legislation affecting older people [15].

Some of these works deepen Butler's (1969) reflection by indicating the permanence of stereotypical attitudes, related to patterns of values deeply rooted in Western society, characterised by a strong orientation towards adult and/or youth performance that celebrates economic productivity and independence. It does not admit other types of social participation and other types of performance that are not biased by elitism [16].

The myth of "decline" and decrepitude, marked by successive deficits, is a myth that surrounds ageism by supporting false images and beliefs that stereotype older people. These myths are commonly associated with progressive physical and mental decline, social isolation, asexual behaviour, lack of creativity and economic and social burden. Older people are often labelled as a social "problem", leaving aside the contributions they can make to society [17] [18].

It should be noted that in reality, older adults are not a social "problem", but this is suggested in an underhanded way through the media or by governments, when they approach the issue of pensions as an excessive expense that generates chronic fiscal deficits [19].

The stereotype of helplessness or ageism of decrepitude thus impacts on the lives of older people, but in general on all age groups, obscuring the understanding of the ageing process, reinforcing structural inequalities and shaping patterns of behaviour in older people that are contrary to their interests [20].

Gerontologists have gone so far as to state emphatically that negative and often discriminatory attitudes towards ageing may actually be the cause of the worst problems that can affect older people. It is therefore important to open the debate and reflect on the issue of ageist attitudes and stereotypes and their persistence in the 21st century. Thus, ageism has been described as the ultimate prejudice, the ultimate discrimination and the most cruel and unjust rejection [19].

We could illustrate how ageism manifests in different domains of society, such as employment, healthcare, and media representation, taking in account at least two—apparently—opposite words: the web and the academy. Just write the word "old" on the net and in a matter of seconds the word will be associated with the word "dirty old man", ridiculing and violently attacking those relationships where there are age differences between the man and the woman, where either the woman is supposed to be with that older man out of interest or that older man is supposed to be with that woman out of senility, cowardice or ridiculousness. The possibility of a healthy, adult, loving and respectful relationship is denied and defenestrated.

The other example is as simple as it is corny: is it not censored (imposed) on academics work the necessity to include (in a mandatory way) recent, modern,

(“young”) contemporary literature? The new, the young, the recent, is what ends up giving seriousness and “modernity” to an academic work. References from 30, 50 or 100 years ago are only mentioned in passing and only in terms of academic “background”. On their own they are considered “decrepit”.

Finally is necessary to point out that the most recent academical literature demonstrate the evolving nature of ageism research and its relevance in current societal contexts, specially if we take in account the proximity of ageing society and population ageing, new realities which, due to the amount of changes they imply qualitatively and quantitatively, would require that the issue of ageism be, on the contrary, in a dimension of critical reflection at a social level that would allow it to be elaborated or overcome. Unfortunately, none of this seems to be the case [21] [22] [23].

3. Ageism Hidden in the Paradigm of Healthy Ageing

It seems that alongside Aristotelian negative ageism, a new version of Platonic positive ageism is emerging. The idea that the older adult can and should go through experiences of healthy, successful and productive ageing is gaining ground. A paradigm of wholeness and vitality that is, among other things, a fabulous business for the aesthetic industries that are built on it [24] [25] [26] [27].

But what can be considered “successful” in old age and are we not perhaps in the trap of a gerontology that advocates a kind of absurd psychologism where the success of a subject becomes the responsibility of the subject itself, ignoring the situations of impoverishment, stigma and social marginalisation suffered by older adults [20] [28].

Ageism, it is time to point out, is not just ideological or a matter of prejudiced opinion, but also translates into shortages of housing and job opportunities, health care, recreational opportunities and social interaction. And pensions and retirement benefits which, where they exist, are nothing more than meagre and outrageous. Social and material factors—not just chronological age—can either enhance or undermine older people’s ability to contribute to society and to be valued and recognised members of the community. Therefore, the “healthy ageing” paradigm should be carefully reviewed before adhering to it uncritically [13] [29] [30].

Butler was right to place ageism as a social problem on the same level as racism, xenophobia or anti-Semitism, it should be added that they always end up perversely presented through the prism of psychologistic reductions: if old people want to solve their problems of marginalisation, they must make a sincere and broad commitment to healthy activities, where they take responsibility for their own health and well-being, ultimately making the state unaccountable for a social pact that hardly anyone cares or worries about on a daily basis [31] [32].

In reality, even since healthy ageing, old age has not changed one iota in terms of marginalisation and stereotyping. At most, what it has done is to create a social subdivision within the age group of old age, differentiating a fit and privi-

leged old age, which is viewed with pride, and a “weak” and “parasitic” old age, which is viewed with disdain and shame [33] [34] [35].

Therefore, it is necessary to review the ideas outlined with regard to modern gerontology and the particular idea from which it perhaps starts: the supposed overcoming of ageism/ageing, since in all the gerontology studies of the last 20 years there are no weighty elements to support such an idea, and on the other hand, as we shall see below, the social and cultural reality generated from COVID-19 onwards, proposes a continuity of ageism/ageing.

4. COVID-19: Renewal of Ageism

Indeed, everything seems to indicate that, since the appearance of the coronavirus, we have witnessed a new imposition of extreme ageism, in terms of “health ageism”, whereby, in the name of “care”, older adults have been confined and locked up, under the pretext of health measures that are not perceived to have any impact on halting the spread of the coronavirus. The coronavirus has thus implied a new regression of the image of old people towards old age, decrepitude and the prelude to agony and death, in a fantastic resurrection of the extreme homelessness paradigm [9] [36].

It has also been rightly pointed out that this new wave of ageism has deepened the divide between young and old, increased resentment, mistrust and paranoia, and ultimately entrenched situations of social isolation that severely impact on physical, mental and family health. Many older adults who rely on the social contact of community worship centres and venues are also experiencing significant disruption to their social networks and relationships [23] [37] [38].

At this point the impact of ageism, although effectively underscores the detrimental effects of ageist stereotypes and attitudes on older adults and society as a whole, also implies a deep impact on the systemic and structural barriers perpetuated by ageism, particularly in relation to access to resources, jobs and social inclusion. For instance, we can find studies indicating older adults’ lack of access to current technologies, which further exposes them to situations of employment vulnerability compared to younger age groups and to situations of early retirement. It should be noted, however, that it is still unclear whether older adults are retiring early due to coercion, lack of opportunities or inability to work virtually, or due to increasing expectations of age discrimination in the future [10] [11].

But also, in terms of healthcare disparities, there have also been reports of directives indicating that older adults are being left behind compared to other age groups in healthcare settings, in emergencies, operations and hospitalisations. It also suggests that racial minority older adults are less likely to be healthy and disproportionately vulnerable compared to white older adults. It is no exaggeration to point out that this resurrected ageism explains much of the slow, flawed and inadequate responses to coronavirus that have been tried [13] [14].

Thus, there is near unanimity among authors that the coronavirus pandemic has brought a parallel outbreak of ageism, verifiable firstly in relation to a remarkable normalisation of the presentation of older adults as helpless and frail,

indicating a return to decrepit and vulnerable paradigms of old age whereby older adults have been rapidly and almost suddenly confined and de-citizenised in their capacity for choice and life strategy [22].

Other studies also indicate that over time in relation to coronavirus, the discriminatory and procrastinatory care that has existed (and probably continues to exist) at the hospital level towards older adults has not diminished in the face of the need to prioritise overstretched or scarce resources and procedures. When it comes to saving lives, older adults remain the group with the fewest options [39].

It is a situation that has caught gerontology and gerontologists unawares, who does not seem to be able to fully explain this situation, which has little to do with science and which acts as an extension of alibis and ideological resources that impose an impoverishing and unidirectional vision of older people [40].

The authors first cautiously and then with greater clarity, already speak of situations of “enclosure” and “discrimination” and even begin to propagate a play on words, certainly sinister: “genocide” for “gerocide”. Without going to the extreme use of this pun, other authors wonder why such a lack of empathy has arisen, without finding reasonable answers [36].

But they are not in the majority. The majority of the reviewed publications continue to advocate a revival of gerontology in its best pedagogical vein, seeking to raise awareness of the consequences of health care decisions that are considered to be wrong and hasty. True to this perspective, these studies highlight empirical data and experimental, longitudinal and cross-cultural research indicating how negative beliefs about age negatively affect a wide range of health outcomes, just as emotional responses to stress can affect older people [41].

It is also reiterated, perhaps somewhat naively, that older adults should not be isolated, as this can have detrimental social, familial and mental effects [12] [42]. Other gerontologists emphasise the generational aspects: keeping older adults confined pits generations against each other, thus spoiling the possibilities for generational exchange and solidarity.

This suggests that in the long term, isolation can make health services even more expensive, which could aggravate the economic situation of the pandemic. Finally, there are authors who consider it necessary to re-emphasise that if older adults are a risk group, it is not because of their age per se, but because of the associated comorbidity [43].

5. Ageism-COVID-19 and Gerontology

Therefore, it could be argued that there is at least a dual attitude in the field of gerontology. On the one hand, one observes a gerontology that points to the enormous difficulty of overcoming ageism, which is moreover exacerbated in current circumstances. But, on the other hand, it is possible to verify gerontological publications which, without neglecting the above, affirm that ageism can, in any case, be overcome by strategies based on education and awareness-raising

[44].

All of the above points are probably compelling arguments, but neither the prolongation of the pandemic nor the difficulties in accessing the vaccine did much to change the isolation and confinement of older adults. The power of stereotypes persists despite the growing body of evidence refuting their basic assumptions [45].

Thus, the coronavirus situation has condemned older adults to restrictive, confining and de-citizenising policies that should make gerontologists question what social place older adults really have rather than what gerontology says they should have. This position would imply, however, a profound work of mourning that would also involve gerontology itself and its place of legitimacy (which perhaps it does not want to see damaged) among the social sciences [46].

What can be affirmed is that a long (and apparently solid) literature, based on specialised literature and diverse life histories, which seemed to account for a new model of old age, from which renewed identities were assembled, original ways of life and with the capacity to actively contribute again to the community, with social acceptance, recognition and encouragement, probably needs to be critically reviewed [47] [48] [49].

In this literature, older adults appeared, by all accounts, as a group breaking with their generational precedents, desiring and seemingly achieving achievements of empowerment, vitality and renewed experimentation [50]. And yet, everything has changed. Rapidly since and within the coronavirus pandemic, older adults have returned to seclusion in their homes, pensions, nursing homes. This seclusion has generated such a broad and unquestionable consensus that there is no longer any hesitation in speaking of arbitrary confinement [51].

In the space of a few months, the image of old people as weak, vulnerable, decrepit and awaiting death has ominously imposed itself on the social imaginary. It could be said that older adults have suddenly aged, but also that the paradigm of successful ageing has become deeply frayed [52].

The older adult is now expected to be complicit in their confinement. Not to complain, not to denounce, to be part of a silence that places them as an old-agonist who accepts and wisely awaits death [3].

Many gerontological initiatives to combat ageism are based on the acceptance of the view that stereotypes are the result of ignorance of the facts and employ strategies to inform people of the evidence that refutes the particular assumption of ageism. That is, society and the social imaginary are assumed to be governed by rational criteria and common sense [53].

However, we believe that these strategies do little to change beliefs, attitudes and practices because they ignore the interests, emotional burdens and invisible pacts that underpin the unquestioned legitimacy of so-called common sense in general and gerontology in particular [54]. Common sense, as a social and psychosocial construct, tends to reproduce itself compulsively insofar as it calms, pacifies and allows scenes of fear, panic or paranoia to be denied. Common sense, therefore, does not enable thinking but reveals unconscious social pacts that al-

low us to deny, reject, exclude aspects of reality that generate anxiety, fear, panic or helplessness [55].

In this sense, it is striking how older adults were quickly singled out as the risk group par excellence and forced to be confined to protect the social structure, without dissenting voices. In this way, older adults changed the meaning of their “protagonism”, which went from social and identity renewal to being almost at some point the group that could decide the course of the pandemic based on their confinement. Added to this is the fact that there is no scientific evidence to support such a decision, so its explanation must lie in invisible social and cultural processes [36].

Therefore, it is not inappropriate to point out that the coronavirus is not only a health or biological event, but that the decisions, procrastinations and ambiguities that arise from it allow us to begin to construct a diagnosis of the social and its political, economic and cultural aspects [56].

So, it should be understood that ageism can in no way be approached as a pedagogically “extirpable” evil, but on the contrary, it operates structurally as an emergent of society’s need for old people in terms of depositing fears, anxieties and paranoias in them [57].

From this angle, we suggest that the place of old people in the current social structure is mainly that of scapegoats, i.e. they operate less as an age group and more as a (stigmatised) group in which is deposited that which falls into the category of the unthinkable, the unspeakable, the socially unnamable, around the threat of helplessness, panic, anxiety that the social group no longer knows how to contain or process (Tisseron, 1997) [58].

Thus, the confining isolation is the ambiguous place in which the old person is sheltered, as well as in charge, from the ominous work of death according to practices and logics that want to appear as sanitary and scientific, invisibilising its ideological and political content [59].

We reiterate that only if old people are transformed back into decrepit old men at the mercy of death, is it possible to place them in this “situation of submission”, as an offering [60]. A magical or quasi-magical ritual that “vanishes” (if only momentarily) the terror of contagion and the helplessness and bewilderment in the face of the inexplicable. In Leviticus 16:3 (Bible, 1987) [61], the mechanism of atonement is indicated by a bullock and that of burnt offering by a ram, indicating that the goal of atonement is inseparable from an object destined to disappear, after having been duly isolated and ritually confined, as described above (Berenstein, 1987) [62].

It is necessary to point out that this ritual also implies the possibility of making guilt and responsibility and the capacity for critical thinking disappear (Nisbet, 1996) [63]. Everything is explained by the fatality of the presence of a deadly virus, responsible for decisions that are presented as inevitable and therefore inescapable, avoiding questioning political and economic situations that point to inequalities and social inequities as deadly and worrying as the coronavirus, but which are silenced and disciplined in a social moment where totalitarian atti-

tudes and fundamentalist discourses predominate [64].

In this way, it could be assumed that the confining isolation directed at older adults cannot but be related to a society where systems of security and protection have been replaced by the predominance of the scarce, the precarious and the unstable [65]. There is no longer health for all, no longer beds for all, no longer care for all, no longer respirators for all, no longer work and welfare for all. From the point of view of scarcity, someone is left over or is a hindrance. The old are, from this logic, a nuisance that must cease to be so and from which an attempt is made to economise the precarious [66].

The work of “encapsulating” death around old people is thus transformed into a ritual that can only be understood in an era which, beyond the coronavirus, is characterised by the March, acceleration and thrust of events which, as a permanent crisis, become incomprehensible, generating anguish and despair. It implies the chronification of a structural helplessness in which imaginary and symbolic supports are broken [67]. It is necessary to point out that the symbolic violence that arises from this surpasses the containment capacity of the social environment, with an increase in paranoid and persecutory fantasies that become traumatic [68] [69] [70].

It is also worth asking, finally, whether the triumphant return of this ageism (which apparently never quite went away), does not also allude to other denials and postponements that we still want to keep at the limits of the unthinkable, in relation to all the changes and permutations that arise and will arise around an imminent ageing society, which in reality “is already”, in one way or another, embedded in our reality [71].

6. Conclusions

From the above, it seems to be possible to affirm that beyond its nuances, ageism has shown a surprising force of prevalence. Nourished by mythical, empirical, ideological and health elements, it has been enormously successful in imposing an image of vulnerability, decrepitude and illness on older adults. Since 1969, when the first academic article on the subject was published, much has been written on the subject, but little progress has been made in terms of social and state policies and community awareness.

When an attempt has been made to propose an alternative to decrepit (Aristotelian as we suggest in this paper) ageism, nothing has emerged but a manic (Platonic) ageism that has imposed the supposed need that the older adult “must” be “productive”, “young”, “vigorous”, posing the impossibility, in short, once again, of the older adult living spontaneously as an older adult.

To further clarify the concept of “healthy ageing”, it is not to dismiss it as erroneous, but to indicate that both the paradigm of “decrepit ageing” and that of the “healthy paradigm” cannot be presented as antinomial, but must complement each other, without going to extremes that only confuse more about the meaning of ageism.

We suggest that the way to solve ageism is not through bona fide measures based on the dissemination of technical knowledge about what old age and ageing are. It is not a problem of “expanding” knowledge, but of “unveiling” how pacts and scenes of fear, paranoia and suspicion are assembled in society. In this sense, it is necessary to clarify the need for a sociological and social psychology perspective that allows us to understand that old people are not only an age group, but also a social group in which aspects that society denies, in terms of fears, panics and fearful scenes, are deposited. We have, therefore, a research agenda ahead of us that can be fruitful in finding new tools to combat ageism.

The ambiguities to which old people are subjected, whereby they are both protected and neglected, reveal that, probably, they become a kind of scapegoat upon which the issues of death, illness, vulnerability, which society is unable and unwilling to address, are placed.

It is also worth stressing another deeply misguided point: neoliberal administrations have insisted ad nauseam that old-age pensions are a cause of budget deficits and the defunding of the state. This is not necessarily the case, but this preaching serves as an excuse to impose unfair adjustments, as well as to perpetuate ageist resentment, which means that even in a post-COVID-19 scenario, it will be difficult for old people to regain a place of social dignity.

In this way—and starting from a health emergency—the greatest novelty of the 21st century: the ageing society, ineffably becomes part of a profound malaise, whereby society once again fosters those crossroads and injustices that it is utterly incapable of resolving.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- [1] Plato (1988) *La República*. Gredos, Madrid.
- [2] Cicero, M.T. (1982) *De la vejez*. Porrúa, México.
- [3] Erikson, E. (2000) *El ciclo vital completado*. PaidósIbérica, Madrid.
- [4] Aristotle (1994) *Retórica*. Gredos, Madrid.
- [5] Aristotle (1994) *Reproducción de los animals*. Gredos, Madrid.
- [6] Ariès, P. and Duby, G. (1990) *Historia de la vida privada*, vol. II: *La alta Edad Media*. Taurus, Buenos Aires.
- [7] Butler, R. (1969) Age-Isms: Another Form of Bigotry. *The Gerontologist*, **9**, 243-246. https://doi.org/10.1093/geront/9.4_Part_1.243
- [8] Fernández-Alonso, M. (2020) Reflexionando sobre el edadismo desde la sociología: Estado de la cuestión y perspectivas de futuro. *Research on Ageing and Social Policy*, **8**, 86-113. <https://doi.org/10.17583/rasp.2020.4677>
- [9] Losada-Baltar, A., et al. (2020) “We’re Staying at Home”: Association of Self-Perceptions of Aging, Personal and Family Resources and Loneliness with Psychological Distress during the Lock-Down Period of COVID-19. *The Journals of Gerontology*, **76**, e10-e16. <https://doi.org/10.1093/geronb/gbaa048>

- [10] Coibion, O., Gorodnichenko, Y. and Weber, M. (2020) Labor Markets during the COVID-19 Crisis: A Preliminary View. National Bureau of Economic Research, Cambridge. <https://doi.org/10.3386/w27017>
- [11] Brynjolfsson, E., Horton, J., Ozimek, A., Rock, D., Sharma, G. and Ye, H.Y. (2020) Covid19 and Remote Work: An Early Look at US Data. *Working Paper 27344*. <https://www.nber.org/papers/w27344>
- [12] Brooke, J. and Jackson, D. (2020) Older People and COVID-19: Isolation, Risk and Ageism. *Journal of Clinical Nursing*, **29**, 2044-2046. <https://doi.org/10.1111/jocn.15274>
- [13] Monahan, C., et al. (2020) COVID-19 and Ageism: How Positive and Negative Responses Impact Older Adults and Society. *American Psychologist*, **75**, 887-896. <https://doi.org/10.1037/amp0000699>
- [14] Angus, J. and Reeve, P. (2006) Ageism: A Threat to “Aging Well” in the 21st Century. *The Journal of Applied Gerontology*, **25**, 137-152. <https://doi.org/10.1177/0733464805285745>
- [15] del Carmen Ludi, M. (2011) Envejecer en el actual context: Problemáticas y Desafíos. *Revista Cátedra Paralela*, **8**, 33-47. <https://doi.org/10.35305/cp.vi8.122>
- [16] Tornstam, L. (1992) The Quo Vadis of Gerontology: On the Scientific Paradigm of Gerontology. *The Gerontologist*, **32**, 318-326. <https://doi.org/10.1093/geront/32.3.318>
- [17] Bazo, M.T. (2008) Personas mayores y solidaridad familiar. *Política y Sociedad*, **45**, 73-85.
- [18] Bazo, M.T. (1996) Aportaciones de las personas mayores a la sociedad: análisis sociológico. *Reis. Revista Española de Investigaciones Sociológicas*, **73**, 209-222. <https://doi.org/10.2307/40183848>
- [19] Pérez Díaz, J. and Abellán, A. (2018) Edadismodemográfico y vejez en España. *Panorama Social*, **28**, 11-47.
- [20] Stewart, J.M., Auais, M., Bélanger, E. and Phillips, S.P. (2019) Comparison of Self-Rated and Objective Successful Ageing in an International Cohort. *Ageing and Society*, **39**, 1317-1334. <https://doi.org/10.1017/S0144686X17001489>
- [21] Klein, A. (2022) Opening up the Debate on the Aging Society: Preliminary Hypotheses for a Possible Mutational and Post-Mutational Society. Springer, Cham. <https://doi.org/10.1007/978-3-031-11450-2>
- [22] Ayalon, L., et al. (2021) Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, **76**, e49-e52. <https://doi.org/10.1093/geronb/gbaa051>
- [23] Van Orden, K., et al. (2020) Strategies to Promote Social Connections among Older Adults during ‘Social Distancing’ Restrictions. *The American Journal of Geriatric Psychiatry*, **29**, 816-827. <https://doi.org/10.1016/j.jagp.2020.05.004>
- [24] Holstein, M. and Minkler, M. (2003) Self, Society and the “New Gerontology”. *The Gerontologist*, **43**, 787-796. <https://doi.org/10.1093/geront/43.6.787>
- [25] Martinson, M. and Berridge, C. (2015) Successful Aging and Its Discontents: A Systematic Review of the Social Gerontology Literature. *The Gerontologist*, **55**, 58-69. <https://doi.org/10.1093/geront/gnu037>
- [26] Mesa-Lago, C. (1996) Las reformas de pensiones de seguridad social en América Latina: Sistemas públicos, privados, mixtos y paralelos. *Estudios de la Seguridad Social*, **80**, 58-85. <https://doi.org/10.18356/f8652642-es>

- [27] Miralles, I. (2010) Vejez productiva: El reconocimiento de las personas mayores como un recurso indispensable en la sociedad. *Kairos: Revista de Temas Sociales*, **14**, 1-14.
- [28] Barslund, M., Von Werder, M., smf Zaidi, A. (2019) Inequality in Active Ageing: Evidence from a New Individual-Level Index for European Countries. *Ageing and Society*, **39**, 541-567. <https://doi.org/10.1017/S0144686X17001052>
- [29] Dulcey-Ruiz, E. (2013) Edadismo y vejez. Categorías conceptuales. Fundación Cep-siger para el Desarrollo Humano, Santiago de Chile.
- [30] Morrow-Howell, N., Galucia, N. and Swinford, E. (2020) Recovering from the COVID-19 Pandemic: A Focus on Older Adults. *Journal of Aging and Social Policy*, **32**, 526-535. <https://doi.org/10.1080/08959420.2020.1759758>
- [31] Klein, A. (2015) Del Anciano al Adulto mayor. Procesos psicosociales, de salud mental, familiares y generacionales. Plaza y Valdez Editores, Ciudad de México.
- [32] Jopp, D.S., Boerner, K., Ribeiro, O. and Rott, C. (2016) Life at Age 100: An International Research Agenda for Centenarian Studies. *Journal of Aging & Social Policy*, **28**, 133-147.
- [33] Lemus, S. and Expósito, F. (2005) Nuevos retos para la Psicología Social: Edadismo y perspectiva de género. *Pensamiento Psicológico*, **1**, 33-51.
- [34] Pocnet, C., Popp, J. and Jopp, D. (2020) The Power of Personality in Successful Ageing: A Comprehensive Review of Larger Quantitative Studies. *European Journal of Ageing*, **18**, 269-285. <https://doi.org/10.1007/s10433-020-00575-6>
- [35] Pruchno, R. and Carr, D. (2017) Successful Aging 2.0: Resilience and beyond. *The Journals of Gerontology*, **72**, 201-203. <https://doi.org/10.1093/geronb/gbw214>
- [36] Golubev, A. and Sidorenko, A. (2020) Theory and Practice of Aging during the COVID-19 Pandemic. *Advances in Gerontology*, **10**, 303-312. <https://doi.org/10.1134/S2079057020040062>
- [37] Gullette, M. (2011) Age-Wise: Fighting the New Ageism in America. University of Chicago Press, Chicago. <https://doi.org/10.7208/chicago/9780226310756.001.0001>
- [38] Gullette, M. (2019) Ending Ageism or How Not to Shoot Old People. Rutgers University Press, New Brunswick. <https://doi.org/10.36019/9780813589312>
- [39] Rosenbaum, L. (2020) Facing Covid-19 in Italy—Ethics, Logistics, and Therapeutics on the Epidemic’s Front Line. *The New England Journal of Medicine*, **382**, 1873-1875. <https://doi.org/10.1056/NEJMp2005492>
- [40] Fingerman, K. and Trevino, K. (2021) Don’t Lump Seniors Together on Coronavirus. Older People Aren’t All the Same. <https://www.usatoday.com/story/opinion/2020/04/07/coronavirus-seniors-lead-dive-rse-livesdeath-rate-varies-column/2954897001/>
- [41] Levy, B., et al. (2020) Ageism Amplifies Cost and Prevalence of Health Conditions. *The Gerontologist*, **60**, 174-181. <https://doi.org/10.1093/geront/gny131>
- [42] Armitage, R. and Nellums, L. (2020) COVID-19 and the Consequences of Isolating Old People. *The Lancet*, **5**, E256. [https://doi.org/10.1016/S2468-2667\(20\)30061-X](https://doi.org/10.1016/S2468-2667(20)30061-X)
- [43] Xie, J.F., Tong, Z.H., Guan, X.D., Du, B., Qiu, H.B. and Slutsky, A. (2020) Critical Care Crisis and Some Recommendations during the COVID-19 Epidemic in China. *Intensive Care Medicine*, **46**, 837-840. <https://doi.org/10.1007/s00134-020-05979-7>
- [44] Levy, B. (2009) Stereotype Embodiment: A Psychosocial Approach to Aging. *Current Directions in Psychological Science*, **18**, 332-336. <https://doi.org/10.1111/j.1467-8721.2009.01662.x>

- [45] Biggs, S. (1993) Understanding Ageing: Images, Attitudes and Professional Practice. Open University Press, Buckingham.
- [46] Oreg, S. (2003) Resistance to Change: Developing an Individual Differences Measure. *Journal of Applied Psychology*, **88**, 680-693. <https://doi.org/10.1037/0021-9010.88.4.680>
- [47] Ekerdt, D. (1986) The Busy Ethic, Moral Continuity between Work and Retirement. *The Gerontologist*, **26**, 239-244. <https://doi.org/10.1093/geront/26.3.239>
- [48] Rosow, I. (1963) Social Integration of the Aged. Free Press, Nueva York.
- [49] Rowe, J. and Kahn, R. (1997) Successful Aging. *The Gerontologist*, **37**, 433-440. <https://doi.org/10.1093/geront/37.4.433>
- [50] Foucault, M. (1994) *Technologie Politique des individus*. Gallimard, Paris, 813-828.
- [51] Marques, S., Mariano, J., Mendonça, J., et al. (2020) Determinants of Ageism against Older Adults: A Systematic Review. *International Journal of Environmental Research and Public Health*, **17**, Article 2560. <https://doi.org/10.3390/ijerph17072560>
- [52] Klein, A. (2020) COVID-19: Los adultos mayores entre la "revolución" gerontológica y la "expiación" gerontológica. *Research on Ageing and Social Policy*, **8**, 120-141.
- [53] Green, B. (1993) *Gerontology and the Construction of Old Age*. Aldine, Hawthorne.
- [54] Kaës, R. (1987) *La institución y las instituciones*. Estudios psicoanalíticos. Editorial Paidós, Buenos Aires.
- [55] Kaës, R. (1993) *El grupo y el sujeto del grupo*. Elementos para una teoría Psicoanalítica del Grupo. Amorrortu, Buenos Aires.
- [56] Girola, L.G. (2007) Normas. Para vivir juntos sin matarnos. In: Girola, L.G., Ed., *Sociología y cambio conceptual*, Gina Zabudovsky, México, 70-89.
- [57] Pichon-Riviere, E. (1981) *Del Psicoanálisis a la Psicología Social*. Nueva Visión, Buenos Aires.
- [58] Tisseron, S. (1997) *El psiquismo ante la prueba de las generaciones*. Clínica del Fantasma. Amorrortu, Buenos Aires.
- [59] Klein, A. (2021) Tanatopolítica, neoliberalismo y coronavirus, un recorrido por los excesos. *Intersticios Sociales*, **11**, 99-124. <https://doi.org/10.55555/IS.21.434>
- [60] Mandet, E. (2002) *Inmolación y juventud*. Symposium: Civilización y barbarie: Unavisión psicoanalítica. Asociación Escuela Argentina de Psicoterapia para Graduados, Buenos Aires.
- [61] Bible (1987) *Traducción del Nuevo Mundo*. Watchtower and Tract Society, New York.
- [62] Berenstein, I. (1987) *Psicoanálisis de la Estructura Familiar*. Paidós, Buenos Aires.
- [63] Nisbet, R. (1996) *La formación del pensamiento sociológico*. Vol. I y II. Amorrortu, Buenos Aires.
- [64] Enriquez, E. (2001) El fanatismo religioso y político. In: Lévy, A., Nicolai, A., Enriquez, E. and Dubost, J., Eds., *Psicosociología, Análisis Social e Intervención*, Auténtica, Belo Horizonte, 67-77.
- [65] Giddens, A. (1993) *Consecuencias de la Modernidad*. Alianza, Madrid.
- [66] Pinazo, S. and Sánchez, M. (2005) *Gerontología*. Actualización, innovación y propuestas. Pearson Prentice-Hall, Madrid.
- [67] Missenard, A. (1991) *Lo negativo*. Figuras y modalidades. Amorrortu, Buenos Aires.
- [68] Bion, W. (1962) *Learning from Experience*. Tavistock, Londres.

- [69] Durkheim, É. (1951) *Sociología y Filosofía*. Kraft, Buenos Aires.
- [70] Durkheim, É. (1968) *Las formas elementales de la vida religiosa*. Editorial Schapire, Buenos Aires.
- [71] Leeson, G. (2009) Demography, Politics and Policy in Europe. In: Ludlow, P., Ed., *Setting EU Priorities*, The European Strategy Forum, 102-124.