7. Discrimination, prejudice and ageism

Overview
In this lecture we will examine the ways in which various kinds of prejudice and discrimination operate. While sometimes prejudice and discrimination are overt, mostly they work in subtle and invisible ways. Despite this, the effect can be devastating. To understand how gender and sexuality play out in the lives of older people it is important to understand the role of prejudice and discrimination, not only as it impacts on older people, but as it influences us as workers and practitioners in policy development and service delivery.

Objectives
By the end of this topic you will have:

- An understanding about theories concerning prejudice and discrimination including ageism, racism, sexism, heterosexism, homophobia.
- Deconstructed discourses about ageing and sexuality and considered the implications of these for your own practice.
- Considered the concept of positive ageing and its implications for individuals.

Key Concepts
Ageism, sexism, racism, heterosexism, homophobia, ‘positive’ ageing, racism, discrimination, prejudice.

Required reading


Further reading

Lecture Notes
Prejudice and discrimination come in many forms, today we recognise this in many of the ‘isms’ – for example racism, sexism and so on. In the second half of the twentieth century, liberation movements, such as the women’s movement, gay rights, disability rights, and minority rights, named and took action against the prejudice and
discrimination that marginalised them. In conjunction with the work of activists to end different kinds of prejudice and discrimination, work has been underway to theorise them in the academy. In this lecture we will focus on some theories about prejudice and discrimination.

The Oxford English Dictionary defines prejudice and discrimination as follow:

**Prejudice** (n): Prejudgement. Preconceived opinion not based on reason or actual experience; bias, partiality; (now) spec. unreasoned dislike, hostility, or antagonism towards, or discrimination against, a race, sex, or other class of people.

**Prejudice** (v): To affect adversely or unfavourably as a consequence of some action; to impair the validity of (a right, claim, statement, etc.).

**Discrimination**: The action of discriminating; the perceiving, noting, or making a distinction or difference between things; a distinction (made with the mind, or in action).

The making of distinctions prejudicial to people of a different race or colour from oneself; racial discrimination.

**Ageism**

The term 'ageism' first came to light in America in 1969, when Robert Butler used what he originally described as ‘Age-Ism’ to identify discrimination against older people. Butler argued that ageism rivalled racism and thus represented a major barrier to the welfare of older people as well as to the understanding of later life (Hepworth, 1995).

Since it was introduced in 1969, the concept of ageism has been broadened to describe the culturally prescribed sets of norms about people and their behaviour at different stages in the life course. These stages may not have clear beginnings and ends, nor be experienced in the same ways by people sharing chronological age. Rather, different ‘ages’ such as childhood, middle age, or old age are culturally constructed and articulated (Bytheway, 1995). Reflecting back on earlier lectures, it is important to remember that ageism does not work simply as a result of being practiced by one group over another, rather power relations are complex and constantly shifting, and ageism is in many ways normalised and embodied throughout the social fabric.

Bytheway (2005) identifies two ways in which ageism is produced.

1. As similar to other forms of discrimination, for example racism or sexism; people experience ageism through being judged to be old in a chronological sense.

2. As being rooted in social identity and physical appearance – we are made aware of age (through appearance) and people are judged according to how ‘well’ they are ageing.

Bytheway argued that people who are not old fear those who are. However, appearance is a much less precise measure of age than date of birth. Categorisation of appearance and how this relates to age is more malleable and less accurate than
chronological age. The kind of ageism related to appearance can explain the well-established tradition of lying about one’s age, as well as by the numbers of older people who turn to the cosmetics and plastic surgery industries to make themselves appear younger than their chronological age.

The meaning of old age as a life stage varies over time and place and between individuals, to the extent that it can only be conceptualised in relative, not absolute terms (Bytheway, 1995). There is great diversity in the experience of becoming ‘old’. Furthermore, ‘older people’ themselves are diverse, in terms of gender, class, culture, nationality, race, sexual orientation, dis/ability, income, marital status, health status and so on (Pain et al., 1999). These differences can influence both perceptions and the experience of ageing.

Old age is generally viewed in negative terms in Western societies. Dominant discourses associate old age with mental and physical decline, spatial withdrawal, social isolation and dependency (Pain et al., 2000). Theoretical understandings about the intersections between ageing, gender and other kinds of diversity is sometimes expressed as double or triple jeopardy (M. Featherstone & Wernick, 1995). In other words, to understand older people’s lives we must first understand them as the complex human being they are, as women and men who may be racially, sexually, culturally diverse, each bringing a different cultural and individual perspective on the experience of ageing.

**Positive Ageing**

According to Gross (2005) the meaning of what it is to ‘age’ for older people has been turned over to professionals – social workers, gerontologists, medical specialists and economic interests. Somewhere in the past century, ‘old age’ was removed from its ambiguous place in ‘life’s spiritual journey’, rationalized and redefined as a scientific ‘problem’. The issues of comodification and medicalisation of ageing gender and sexuality will be discussed in more detail in lecture 12, however, the concept of ‘positive ageing’ emerges as being driven by discrimination, in that it parallels ageism by proclaiming that chronological ageing does not determine the quality of one’s life. While this may be true for many, the underlying assumption is, that all older people should be physically healthy and sexually active, regardless of inclination or ability. Ageing is no longer a natural process that is part of the human condition, but a ‘problem’ to be overcome, and those who fail to manage their old age positively are responsible for their own shortcomings (Gross & Blundo, 2005).

Efforts to establish a relationship between health, healthy living and positive ageing into old age by establishing connections between lifestyle and health have resulted in increasing attention being paid to the ageing process. The concept of ‘positive ageing’ focuses attention on what Hepworth terms the “emerging tendency to construct moral distinctions between styles of ageing and old age” (Hepworth, 1995, p. 176).

Moral distinctions can be read in two distinct ways. First, in the ethical sense with reference to distinctions between right and wrong, virtuous and non-virtuous; and, second, in the sociological interpretation of ‘moral’ to refer to changes in the expression of social identity, as individuals move through everyday life from one social situation and status to another (Goffman, 1968). Such processes of self-judgement are morally grounded in the fact that every society ‘establishes the means
of categorising persons and the complement of attributes felt to be ordinary and natural for members of each of these categories’ (Goffman, 1968b:11). In this sociological model the two conceptions of moral are thus interconnected: the ‘moral career’ of the self through life derives its structure and meaning from moral conceptions of what is normal and socially acceptable in any given prescribed category. In short, social categorisation is essentially a process of moral categorisation (Hepworth, 1995).

Hepworth argued that:

… positive and negative styles of ageing into old age are … socially constructed moral categories reflecting the prevailing social preference for individualised consumerism, voluntarism and decentralisation.

This social construction of ageing fosters an accelerating age-consciousness where the fear of reaching deep old age tends to predominate, and old age is consequently perceived as a ‘social problem’ which can only be resolved by normalising styles of ageing (that is, as the bodily evidence of ‘rational’ and independent individual lifestyles), and discouraging or even punishing styles of ageing defined as deviant (that is, ‘irrational’, self-indulgent and, above all, conducive to social dependency) (Hepworth, 1995). Applying the concept of positive ageing in this way creates a kind of institutional ageism.

Sexism

Sexism can be broadly described as discrimination against, and/or hatred based on gender rather than individual merits. It can also refer to any and all systemic differentiations based on the sex of the individuals.

Sexism – as a concept – was initially identified by the women’s movement in the 1960s, and in common usage it refers to women and girls. The women’s movement continue to end sexism by promoting women’s rights and addressing issues such as equality under the law, political representation, access to education and employment, ending all forms of violence against women, and promoting women’s right to choose in relation to their bodies. Feminism is a broad political agenda that ranges from conservative to radical. Early feminist activists whose work has been influential in feminist theory include Simone de Beauvoir (France), Germaine Greer (Australia), Anne Oakley (UK), and Betty Friedan (USA).

More recently scholarship on masculinity has also used the term sexism to describe the ways in which hetero/normative culture can disadvantage men as well as women. See, for example, the work of RW Connell (2005) on masculinities.

Heterosexism and Homophobia

Homophobia is defined in the Shorter Oxford Dictionary as ‘hatred and fear of homosexuals and homosexuality, usually associated with hostility and sometimes with violence’.

Heterosexism is defined by the Oxford English dictionary as prejudice and antagonism shown by heterosexual persons towards homosexuals; discrimination against homosexuals.
Heteronormativity refers to the ways in which social institutions and policies reinforce the belief that normal gender behaviour is either masculine or feminine, and that sexual relations can only occur between a male and a female (Warner, 1991). This concept reveals the expectations, demands and constraints produced when heterosexuality is constituted as the norm.

Heterosexism is the assumption that everyone is heterosexual, which makes people who are not exclusively heterosexual invisible. As discussed in lecture two, sexuality can be expressed in terms of attraction, behaviour (or practices) and identity. Regardless of whether someone identifies as lesbian, gay or bisexual, they may have intimate relations with persons of the same sex. Sexuality is complex and choice of partner may be subject to change at any time in a person’s life. Making assumptions about a person’s sexual orientation or choice of partner can inadvertently discriminate against them.

Homophobia is more about fear and hatred towards people because of their sexual orientation, or perceived sexual orientation. It can lead to discriminatory behaviour based on the belief that homosexuality is unnatural or immoral. While homophobia is always damaging, it is perhaps most dangerous when it is used to justify violent behaviour against others. In all Australian states discrimination on the basis of sexual orientation is illegal.

Research in Australia has shown that while only a small number of women and men identify as gay or lesbian, a much larger proportion of people have had same sex sexual experiences in their lives. For example, among those aged 50 to 59 years, 6.3% of men and 3.8% of women reported having had homosexual experience in their lifetime (Smith et al, 2003).

**Systemic Discrimination**

Systemic discrimination is enshrined in the institutions that govern our lives. It stems from assumptions and stereotypes about women and men, as well as about class, age, race, sexuality, ethnicity and ability. This kind of discrimination is learned through the socialisation process that starts at birth when girl babies are dressed in pink and boys in blue, and when boys are encouraged to be noisy and boisterous and play, while girls are expected to be gentle and quiet. These and other subtle and not so subtle stereotypes about how males and females should behave continue to be reinforced by the family, culture, religion, school, the media, the law and government throughout our lives. Individuals learn what is considered appropriate and inappropriate for their gender, and can be disciplined or punished for deviating from the norms that are laid down. Not only are individuals shaped by societal norms as children and in their youth, age appropriate behaviours are also brought to bear on people as they age.

**Activity: making assumptions**

*Read the scenario below.*

*Julie worked in a women’s health service that ran a lesbian social group every Tuesday evening. When an older woman came into the service one day to ask about the ‘women’s group’ that was held on Tuesday, Julie was confused. The woman was dressed conservatively in a tweed skirt with a twin set and pearls, and looked very much like everyone’s stereotype of a friendly grandmother. Julie did not want to ask...*
the woman if she meant the lesbian group (the only one held on a Tuesday) because she was worried she might offend her. Instead she went through all the groups on other nights, until at last, the woman said in an exasperated voice, ‘I’m looking for the lesbian group’. Julie realised that her assumptions about lesbians were narrow and prejudiced, and was embarrassed by her avoidance of the only group that was held on Tuesdays.

Reflect on your own practice and on ways that you might inadvertently discriminate against people by making assumptions about their sexual orientation. In your journal write about your reflections; identify ways in which you might be able to change doing it in future and barriers you might experience if you try to make these changes.

- What assumptions do you make about older people in your practice?
- Do you provide opportunities for people to give you information about themselves before you make assumptions about them? How do you/could you do this differently?

**Racism**

**Oxford English dictionary:** The theory that distinctive human characteristics and abilities are determined by race.

Racism takes different forms in different countries, largely determined by the historical and cultural events that have shaped each place. According to Dunn & McDonald (2004), racism has been shaped by waves of multicultural immigration in societies like Australia. This has resulted in an ethnically diverse population in an environment in which many still see white Australia as the norm, which has led to judgments being made about which groups do/do not belong. This has been compounded by a tendency for Australian governments to avoid the term racism in favour of the concept of cultural and linguistic diversity. Dunn et al. (2004) studied racism in Australia and reported that it includes cultural groups such as Muslims, people of Middle Eastern and Asian origin, as well as Aboriginal Australians and others. They reported that, in their study, non Anglo cultural groups were socially constructed as problematic by almost half of the respondents.

**Activity: Getting old**

Without thinking about your response too much, complete the series of unfinished sentences below. There are no right or wrong answers and you will not be asked to show anyone what you have written, you will be asked to reflect on your responses and write about your reflections.

- Old people should …
- Physically, old men are …
- Old men who change their appearance should …. 
- Old women who have cosmetic surgery are …
- It is important for older women to …. 
• It is important for older men to …. 
• Older men with young girlfriends are …. 
• Older women with young boyfriends are … 
• Sex in supported accommodation is … 
• Older gay men are …. 
• Older lesbians are …. 
• Older people from CALD communities are more likely to … 
• Older women with disabilities should …. 

Review your sentences and think about the discourses implicit in what you have written. What kinds of attitudes towards ageing can you identify? Do your responses reflect dominant or subjugated discourses?

In your journal, write about dominant discourses about women, men and ageing and how these impact on individuals as they age. Write about the significance of these for your work, and how you can address ageist attitudes in your work and in your work place.

Activity: addressing discrimination

In this lecture we have explored some of the effects of different kinds of discrimination on older people. This activity asks you to identify some of the attitudes and values you bring to your own work, or that you observe in others in your workplace, and to think about how you might introduce changes.

Take some time to reflect on, and list, three particular examples of prejudice and discrimination against older people (for example ageism, racism, sexism or heterosexism) in your work that you would like to change. This is a private activity, you will not be asked to share what you write, but you will be asked to reflect on it in your journal afterwards.

Below each issue you identify, make notes about the things you think could be done to change the behaviour or attitude; identify specific steps you will take. You may want to identify the desired behaviour/attitude and how the existing one can be changed.

Journal work: Reflect on the issues and the changes you have identified and write about what you learned as a result of the activity. Identify the implications of prejudice and discrimination in your work, and how making changes might impact on your practice.