"To Understand All Life as Fragile, Valuable, and Interdependent"

A Roundtable on Old Age and History

Stephen Katz, Kavita Sivaramakrishnan, and Pat Thane

Age is a useful category of historical analysis within the vibrant field of aging studies. But age, especially "old age," has remained marginal in the broader discipline of history, echoing the marginalization of older adults. This roundtable discussion brings together three scholars from different areas within the historical study of old age to define the field's terms and map out some of its contours and potential future directions. Pat Thane is a social historian interested in old age in relation to gender, labor, inequality, and welfare states, as well as the long arc of the meaning of old age in the West. Sociologist Stephen Katz draws on poststructuralist theory, feminism, and theories of materiality and embodiment in his historically informed work in critical gerontology. Kavita Sivaramakrishnan's research in global public health and South Asian history brought her to the study of physiological old age as it intersects with social histories in the global South, critiquing Eurocentric epistemologies of aging.

From their historical perspectives, the roundtable participants answer questions all the more urgent in the era of COVID-19: How is old age defined? What is ageism? What histories have brought us to today's crisis? What potential for a different future may it hold? In doing so, they incite new directions for research and action, insisting on the precarity and worth of life in old age, and the importance of a greater sense of human interdependence as we age and care for older people.

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Editors: *How did you come to study age?*

Pat Thane: When taking a postgraduate course in social administration at the London School of Economics in the 1960s I was persuaded by my tutors, Professors Richard Titmuss and Brian Abel-Smith, two leaders in this field in Britain who were then advising the Labour government on pensions policy, to do a PhD on the history of British state pensions. I completed the thesis successfully but did not publish it—there was little general or academic interest in old age and aging at that time. In the postwar "baby boom" the aging of society was not seen as a problem. Instead I researched and published on the history of the British welfare state more generally. By the 1980s, there was greater awareness of the aging of the population and greater concern and interest in questions about what had changed over time concerning older people and the age structure of the population. I decided to incorporate my research on the history of pensions into a wider study of the history of old age in Britain. In particular I wanted to explore and question some common assumptions about this history, in particular that in "the past" few people lived to old age, and that families used to care for older relatives more devotedly than British families do now. I found both to be untrue and realized how little was known about experiences of and attitudes to older people historically in Britain or elsewhere. I studied this just for England, which was a large enough theme for a single book, and published *Old Age in English History: Past Experiences, Present Issues* in 2000. Thereafter, international interest in the topic grew and I continued to research, publish, take part in conferences, and so on in the field.

Another reason why I found aging and old age interesting was perhaps that I was brought up by my grandparents. My father died when I was a small child. My mother and I lived with her parents until she remarried. I stayed with my grandparents, which I never regretted.

Stephen Katz: Good question! There are many reasons for me, but a few stand out. During the 1950s I grew up in a poor but vibrant immigrant area of Toronto called Kensington Market (earlier known as the "Jewish Market") in my grandparents' house. The households were multigenerational and I became emotionally drawn to older people, languages, traditions, foods, and caring ways. I remember visiting a dying uncle in the hospital, in bed with his hat on (he was Orthodox) and white beard flowing over the sheets, his mind adrift, and reaching out to touch my cheek. This lovely image of old and young suspended together in that touch always stayed with me.

As an undergraduate student at York University in Toronto, I participated in a course abroad in northern Kenya, the heartland of the Samburu people. There I learned about a sophisticated age-grade system whereby Samburu elders ritualized, through their wisdom and blessing, the life transitions for younger groups. I came home with a new appreciation of how age connects us across cultures and continents. This experience inspired my BA and MA (anthropology) degrees, but I

started my PhD (sociology) also informed by new feminist and poststructuralist theoretical currents. In an undergraduate course I was teaching, a student writing an essay on aging complained that there were few books about the topic in the university library. When I visited the library, I was dismayed to see the section on aging embarrassingly sparse and outdated, representing the ageism and marginalization of aging itself. I also realized that the critical thinking revitalizing other fields at the time was bypassing gerontology. So my PhD focused on how such thinking could be applied to modern discourses on aging, which eventually turned into my book *Disciplining Old Age: The Formation of Gerontological Knowledge* (1996).[1]

The combination of personal and intellectual experience was strengthened when I was hired at Trent University in 1989 in a department (Sociology) that encouraged my unorthodox wanderings in aging studies. These resulted in research on Universities of the Third Age, Canadian snowbird retirement culture, other critiques of antiaging, and neoliberal "positive" and active aging regimes that eventually became the bases of my book *Cultural Aging: Life Course, Lifestyle, and Senior Worlds* (2005).[2] At the same time, my wonderful colleagues at Trent and abroad continued to support my work in "critical gerontology." For example, my colleague Barbara Marshall and I published several papers on aging and sexuality, and we currently work together on aging and health technologies. These and other collaborations, such as my recent edited collection, *Ageing in Everyday Life: Materialities and Embodiments* (2018), have become part of my own "late style," where I recognize that mentoring and working with others is the true reward of maturity, especially in academia.[3] In this collective spirit, in the years before I retired from Trent in 2017, I led the building of a new interdisciplinary Trent Centre for Aging and Society, a research space that fosters innovative approaches to both the realities and myths of aging.

Kavita Sivaramakrishnan: As a historian of public health with an Asian and global health history focus, I became interested in understanding the politics of knowledge and the role of experts, especially biomedical experts based in the West, and their power to set the scope and goals of the development agenda in other parts of the global South.

I was interested in diseases and health conditions that have been historically relegated by policy makers and international institutions to the periphery rather than figuring at the center of international health agendas, public health debates, and biomedical interventions in the global South. Traditionally, colonial officials, and later many medical experts, did not perceive chronic diseases such as heart disease, cancers, and the challenges associated with aging populations as a part of the "natural" disease and demographic landscape of industrializing societies.

Aging populations began to interest me increasingly after I joined the Center for Population and Development Studies at Harvard University during my postdoctoral research as a David E. Bell Fellow. I worked at the Population Center with a

wonderful, stimulating interdisciplinary group at a formative moment, when they were planning the first longitudinal aging study to be conducted in India (Longitudinal Aging Study in India or LASI). This study (supported by the National Institute of Aging), and other similar studies in China, Korea, and South Africa, spurred my initial reflections on what was to form the subject of my book on aging.

I began to increasingly find myself ill at ease with the tendency in Western gerontology and studies of age and aging to assume that chronological age and economic and social anxieties were the same in other societies, interpreted in a linear and teleological vision of demographic and social transitions. Even when these trends were "different" in Asia and Africa, these studies tended to view them only through an exceptional, cultural lens. My interest in age has been focused on how aging and its diseases and risks have been explicitly or implicitly based on white, middle-aged men and how models of demographic change and development have been benchmarked often on the experiences and evolution of Western, industrialized societies. These notions have been applied and extrapolated elsewhere in the world to assess difference and deviance from these standards. This took me to exploring how experts in societies in the global South questioned normative disease and demographic categories, claimed agency over speaking for their medical beliefs, and interpreted the epidemiological and social changes that their societies were undergoing.

Editors: *Pat and Stephen, you mentioned that early in your careers there seemed to be scholarly disinterest in old age, perhaps reflecting ageism in academia and broader society. How has "ageism" impacted the evolution of your work? Do you see your work as challenging ageism? What is ageism?*

Thane: As I worked on my PhD thesis on the history of old-age pension policy in the United Kingdom in the late 1960s, there were few signs of interest in the topic beyond my supervisors and myself. This was not only because old age was not thought of as an interesting topic. My contemporaries on the left of politics despised the study of social reforms like pensions, which they saw as a political device—"reformism"—to destroy socialism by persuading the workers that the state was on their side.

But at that time the study of old age was not thought interesting or important by most people, whatever their politics. Previously, between the 1920s and 1940s, there had been panic in the United Kingdom, and elsewhere in Europe, about the aging of the population. The UK birth rate fell exceptionally, reaching its lowest recorded point in 1941–42, while life expectancy was growing exceptionally, a process that was predicted to be permanent. There was a widespread panic—quite like now—about a shrinking younger workforce bearing the costs of a growing older,

dependent population. This panic encouraged negative stereotypes of older people, though this was countered by interesting, innovative work by industrial psychologists and sociologists revealing that people did not necessarily become economically useless as they aged, as was generally assumed. Rather, people in their sixties or even older could learn new skills, and their work experience and reliability often made them more valuable workers than younger people.[4]

All of this was forgotten when, from 1942, the birth rate began unexpectedly to rise, continuing after the war—the "baby boom." When it became clear, in the 1950s and 1960s, that the higher birth rate would persist, "old age" and the fact that life expectancy continued to rise ceased to be of general interest. Insofar as "the elderly," as they were known in everyday discourse, were referred to, they were stereotyped as retired people (as most people over sixty-five were for the first time in history), dependent on pensions and health care, and of no positive use to society.

Then, from the late 1960s, the birth rate began to fall, again unexpectedly, following the coming of the birth control pill and women's growing ambitions for "liberation" from conventional roles. Again, it took a while before it was recognized that the fall was sustained, until by the late 1970s and the 1980s it was assumed to be permanent. Since life expectancy and the proportion of older people in the population continued to grow significantly, this gave rise to another panic about the aging of society and the growing "burden" on the young of the dependent, socially useless "elderly."

Up to this point there had been little interest in publishing my thesis because the topic of old-age pensions was not thought to have a significant audience. So I focused on writing about the broader history of the UK welfare state, in which there was interest as it reached a peak of provision in the 1970s and then was fiercely cut back by the Thatcher Conservative governments of the 1980s.[5] But as the panic about ageing grew from the later 1970s, I began to think that a book was possible, not just about pensions, but embedding pensions in a wider history of old age. I noticed that a range of assumptions about the history of old age were pervasive in the discourse of panic: in particular, the belief that the presence of "the elderly" in society was quite new, presenting new problems, because in "the past" few people lived past middle age. And, it was asserted, if they happened to survive longer, they were routinely cared for by their devoted families, as, it was believed, families still did in southern Europe, Africa, and East Asia, while busy, selfish, modern families in the United Kingdom abandoned their aged relatives to the care of the overgenerous state.

I was skeptical and wanted to discover what had really happened. I didn't expect to travel back as far as ancient Greece and Rome, as I did in my *Old Age in English History*. But doing so revealed unexpected and very long-run continuities in

the experience of aging. I discovered that many people in all recorded times lived to be what their cultures defined as "old," and also that definitions of "old age" as beginning around age sixty have changed remarkably little over many centuries. And that families in Britain now give their older relatives more care than at any time. In "the past" older people often had no surviving children, or they had migrated away beyond contact, or were too poor to help, whereas now most have at least one surviving child, and there is frequent contact and care when needed, even across distances.

Along the way I discovered much about the experiences of and attitudes to older people in many times and places. The research made me aware of the diversity and complexity of later life, contrary to commonplace stereotypes, and the extent of discrimination embodied in such stereotypes which assume that everyone from their sixties to past one hundred is similar, identically dependent, and past useful life. In reality this long age range has always included the very rich and the very poor, the very fit and the very frail, and everything in between.

Recognizing this made me increasingly anxious to challenge such "ageism," as it is now called. The angst about the "burden" of the aging population continued and grew, but especially since the 1990s there has been in the United Kingdom increasing resistance to this discrimination, which has gained the label "ageist." Older people themselves became increasingly assertive, organizing to complain about discrimination at work, including forced retirement, when they still felt fit and willing to work, and discrimination in health care when it is thought more important to treat younger people with long "useful" lives ahead of them. Neither experience was new, but they were more openly discussed. Many of these assertive older people are the protesters of 1968 grown older, often better educated and less deferential than previous generations, less willing to internalize negative stereotypes of aging.

They have had an impact. When the Equality and Human Rights Commission was established in Britain in 2007 to investigate and prevent all forms of discrimination, age discrimination was included, unimaginable not long before. In 2011 compulsory retirement ages were abolished by law, following an EU directive. Since the 1960s campaigners had achieved legislation against discrimination on grounds of gender, race, sexual orientation, or disability.[6] At last, age discrimination began to be recognized and challenged at law. In 2011 a woman in her fifties successfully sued the BBC when she was dismissed as a TV presenter because she looked "too old," while her visibly older male copresenter was not. Such discrimination against working women was not new. In the 1930s in the United Kingdom, women workers in department stores were dismissed in their thirties because they looked too "old" to face the public, and for a long time, air "hostesses," as flight attendants were called, faced the same fate.

Attitudes were changing by the turn of the century, but not universally. While age discrimination was increasingly challenged, it was reinforced by new versions of ageism. This was most explicit in a book by Conservative politician David Willetts, *The Pinch: How the Baby Boomers Took Their Children's Future and Why They Should Give It Back* (2019).[7] This represented the aging "baby boomer" generation as uniformly prosperous beneficiaries of large pensions and massively increased house values, living luxurious lives while the opportunities of younger generations flagged. It overlooked the very large numbers of older people in poverty on low pensions, in poor housing. Inequality in Britain is at least as great within as between generations.

Questioning such stereotypes made me increasingly aware of the underestimated positive contributions of older people to their families and society. The supposedly "dependent" generation give more than they take. More older people have worked longer following the abolition of compulsory retirement ages. Official UK statistics show an increase of 188 percent between 1999 and 2019 of over-sixty-five-year-olds at work, comprising 1.31 million workers or 11 percent of the workforce. They carry on working because they need the income, given the inadequacy of UK state pensions, or because they feel fit enough and want to continue, full- or part-time, as more people not only live longer but stay healthy longer.

People aged sixty-five to seventy-four are also the most likely age group in the United Kingdom to engage in voluntary work: 28 percent of them volunteered regularly in 2018–19, and surveys showed similar figures for the previous twenty years. Growing numbers of older people volunteer for overseas charities. Voluntary Service Overseas was established in 1956 to enable young people to volunteer in low-income countries after leaving school or university. Now it increasingly recruits older people. In the 1980s only 3 percent of its volunteers were aged fifty or over; by 2008 they were 28 percent. I don't have more recent figures, though they are likely to have risen. Their work as teachers, nurses, doctors, and engineers, among others, provides considerably more skill and experience than that of most younger people.

Many older people help others informally, caring for relatives, friends, and neighbors. This is all the more necessary due to government cuts to social and other public services. More and more retired people in their sixties and seventies care for parents in their eighties and nineties, or for frail partners or disabled adult children. Over 2 million older people in the United Kingdom provide unpaid care; 400,000 are over eighty; one in seven of all the people in the United Kingdom are over eighty; 65 percent of grandparents care for grandchildren to help their children work, often giving up their own work to do so. One in three working mothers rely on support from grandparents because of the increasing costs of childcare. It is estimated that older unpaid caregivers save the state £25 billion pounds in costs of caring services.

And, far from better-off older people selfishly lavishing their money on their own pleasures to the neglect of younger generations, 31 percent of grandparents help their children and grandchildren to buy homes or pay their grandchildren's university fees. Of course, not all grandparents can afford this.

In 2013, the most recent available estimate, over-sixty-five-year-olds contributed £61 billion to the UK economy by employment, taxes, care for relatives including grandchildren, and volunteering—considerably more than their costs to the economy. This net contribution has certainly grown since 2013. Such knowledge challenges ageist stereotypes, but, unfortunately, they don't go away, as much of the discourse around the current COVID-19 pandemic reveals.

Katz: Ageism is an important problem with plural meanings. It can mean discrimination against or stereotyping of older people in employment, housing, services, or law, as Robert Butler initially introduced the term in 1968.[8] But it can also mean fear of older people, who become devalued as threatening, disruptive, and "other." As Margaret Morganroth Gullette and others remind us, the power of ageism derives from its inscription in the natural order of life, even though it is a product of history and culture. My own ideas about ageism came about as a PhD graduate student in the 1980s. At the time, I was learning feminist theory in its poststructuralist variants, where sexism and patriarchy were exposed as forms of power invested not only in public and private spheres but also in discourses of science, medicine, philosophy, and design. I started to draw parallels between sexism and ageism informed by this kind of thinking. I was also very influenced by the work of Michel Foucault and the school of "governmentality" and its critiques of neoliberal governance. The Foucauldian perspective on "biopower" informed my understanding of how older bodies and aging populations came to be imagined as modern problems of power and knowledge. Meanwhile, having not been trained in the gerontological field, I was absorbing as much of it as I could. Since its beginnings, gerontology has decried the "myths" of aging and attacked their persistent language of the "D's": decline, disease, decrepitude, dementia, degeneration. Putting these streams together allowed me to investigate the history of ageism in modern medicine, industry, and welfare, as well as its contemporary presence in commercial "seniors" cultures and lifestyles.

I also became cautious of what gerontological critiques of ageism were offering in its place, in terms of more positive, active, successful, and productive models of what it means to grow older. As my work in sociology developed at Trent University, my contributions to challenging ageism took a different turn as I began to see that positive and negative depictions of aging and older people were not that different from each other; in fact, both perpetuated a rift between Third and Fourth Ages. I wrote about positive aging as a new kind of ageism and governance of later life and published work that became cited by others who were also skeptical of active and

successful aging models in cultural, commercial, policy, media, literary, and economic spheres. It seemed that our society was responding to the gloom-and-doom alarmist rhetoric about future burdens of aging national populations with equally unrealistic expectations for people to grow older without aging. Neoliberal antiwelfare austerity programs and gerontologistic positive aging also seemed to have developed an ageist affinity for each other. I further wrote, lectured, and presented papers about these and related problems in the area of sexuality, in collaboration with Barbara Marshall at Trent University. More recently, I have worked on technology and aging and the ageism of age-tech design. Again, we have a seemingly positive development to enhance the independence of older people with the use of self-tracking, safety, monitoring, assistive, robotic, and communication technologies that also cast older people into ageist and passive "user" and "adaptor" roles, while disregarding their agency, needs, and creativity in digital life.

Of course, I write all this in the time of COVID-19 pandemic, where age has become a crucial element in how the social sphere is being reorganized. For older people, ageism returns in generalizing them as naturally vulnerable, with inadequate discussion of housing conditions, health environments, or social inequalities. We can only do so much to reduce the contagion and the risks to older people. But we can do something about a reemergence of ageism.

Sivaramakrishnan: I was trained as a historian of modern South Asian history in Cambridge and completed my doctoral research at the Jawaharlal Nehru University in Delhi. My early career was shaped by debates among scholars associated with the Subaltern Studies Collective, and I spent a lot of time trying to resolve the seeming contradictions of my training and approach. On the one hand, as an undergraduate I had worked with historians of the so-called Cambridge School who traced the rise of nationalism and regional politics in colonial India and were accused of neglecting the rise of popular politics, cultural ideas, and consciousness. On the other hand, at JNU the focus was on articulating provocative critiques of Eurocentric theory and writing. There was, of course, a strong interest in social history, and we were interested in writing "bottom-up" histories and redressing the neglect of the insurgent, rebellious, and marginalized, but the old and aged did not figure in these.

I discovered scholarly interest in old age and older persons in South Asia much later, during research on my book a few years ago, as I uncovered an older literature on old age that was a focus of study among social workers and sociologists who were interested in understanding and alleviating poverty, destitution, and abandonment in a modernizing urban context. I realized that the early anthropological studies of kinship and social change still mostly viewed older persons as being lodged or embedded within families, through studies of "traditional" kinship or its breakdown with industrialization. So, modernization theory was quite a crucial influence in this thinking. In the 1980s and 1990s, anthropological research began

to challenge these assumptions about idealized "joint" families that cared for and nurtured the old, reinforced by age-old traditions of filial devotion. These works also offered nuanced analyses of how fears of aging have been closely tied to the loss of family and support in a society that was seen as becoming "Westernized."[9]

So "ageism" the way it has evolved and is contextualized in the United States and in Europe, termed as a collective, social attitude of prejudice and social distaste for older persons,[10] has not been a useful framing for my study of aging in non-Western settings. Older persons have been invisible and silenced, and a subject of neglect in historical research in the global South, and I have valued comparative perspectives from research on aging and its challenges in other contexts, such as South Africa (particularly, the work of my esteemed colleague, Monica Ferreira).[11] Theory from the South has to take into account the effects of colonization, decolonization, and the challenges of neoliberal policies in societies that have not been defined primarily by the politics of universal welfare and social pensions. In particular, in the Indian context, we have to probe how the intersectional politics of caste- and religion-based stigma, gender, and aging play out in "aging" individuals and communities that are physiologically and cognitively "old" much before they are considered chronologically "old." This has implied the need to rethink whether ageism is at all a useful analytic device across historical and demographic contexts, keeping in mind the diverse genealogies of aging. "Ageism" may replace the linear and universalized claims of modernization theory with yet another such framing.

Editors: *Kavita, you note that any consideration of "aging" in the Indian context must consider the intersection of caste and gender in shaping physiological, cognitive, and chronological "age." This raises really interesting questions not only about the historical and cultural embeddedness of age, but also about the multiple meanings of age and aging more broadly. How do all of you understand age and aging in your work? Is it biographical? Biological? Chronological? Socially, culturally, and/or economically produced? All of the above? None of the above?*

Sivaramakrishnan: This is a hard and complicated question to answer, as so much of how we think and analyze age and aging is a product of our disciplinary training and the analytic tools we have been trained to deploy. As a historian who works closely with colleagues in a public health school who are trained in epidemiology, neuroscience, biology, and demography and are often also clinicians, I can see that the biology of aging and epigenetic research that has focused on mapping the aging process over the life course (rather than old age) has become a critical field that is attracting a lot of attention from both researchers and funding agencies.

To turn away from past conceptions of old age being associated with the age of retirement (mostly between sixty and sixty-five years old), we see a more flexible approach being adopted that is termed as expanding aging "in the middle" rather

than at the end of life alone. Epigenetic research on "geroscience" is increasingly addressing the challenges posed by the rise of chronic disease and aging and involving studies of "critical periods" such as middle age (with potential for social policy and public health interventions). While biologists are interested in measuring age through analyses of the biological clock, for social science experts these approaches to aging seem to postpone retirement and focus on urging older persons to be productive while also satisfying the need for well-being and self-actualization.

Understanding the "meaning" of aging and old age involves understanding how biological, epigenetic, or even social and economic perspectives are conceived and developed, and the ends that they fulfill not only for research but their implications for older people. Life-course approaches and geroscience-focused research help no doubt to "diversify" the population that was typically considered aged or old. But this focus from the geroscience perspective implies that we prioritize linking aging and chronic diseases, and this intertwines biological and social approaches but misses the fundamental, contextual issues that shape the onset of and experience of aging and old age, namely, inequalities and marginalization.

Approaches to aging have to be interdisciplinary, and there is certainly a need to measure and manage biological, physiological, and cognitive changes and decline. However, speaking as a historian, I feel that the "social" context of aging still remains focused largely on the same questions as many decades earlier, and the links between narratives of individual dynamics, biographical aging, and societal sweeps such as capitalist relations and labor, modernization, and globalization that are linked to aging and its complex intersectionalities still have to be carefully unraveled by scholars.

Research on loneliness is perhaps a good example of this, where scholars have examined the cumulative disadvantages in old age due to widening inequalities between poorer and richer older adults. Others have examined loneliness's implications for depression, malnutrition, and lack of access to sustained social networks and to other economic and social resources. In societies in Asia and Africa, changes in family relations, in mobility and rural-urban migration are viewed for instance as causing a lack of social connectedness and forced adjustments to discontinuities that affect aging and cognitive and physical health. My point here is that our focus on aging in the case of loneliness has to take into account changing intergenerational ties and transitions and changes explained historically both by individuals and societies, and also linking both together.

Aging has to be framed in terms of its vulnerability and precarities as researchers point out; but I argue that one has to look beyond the discontinuous, exceptional, and "different" when we analyze older persons and aging. It is vital to understand the politics of place, family, and generational relations that make aging and loneliness a particular rather than a universal experience. Aging needs to be seen as representing significant continuities that are recast and negotiated, and

often it needs to be far better integrated with other so-called life stages, such as adolescence, youth, and middle age, that remain as distinct spheres of research.

Thane: As a historian, I have studied many of the diverse ways that "old age" and "aging" have been defined and perceived in various times and places. There is remarkable long-term continuity in official regulations about the ages at which people have been required to cease activities for which they are judged too old, consistently over the centuries between sixty and seventy. In ancient Greece men were obliged to perform military service until age sixty. This was also true in medieval Europe, though in some Spanish and Italian states the age limit was seventy, which was also the age of exemption from public service in many places, for example jury service in England. This English age limit was raised to seventy-five only in 2013. In medieval Europe, the age of exemption from taxation was generally sixty or seventy, on the assumption that most people could not work and earn past these ages. These rules suggest that significant numbers of people were active in these roles until the specified ages, or they would have made no sense. The age definitions applied mainly to men, and mainly better-off men, because only they fought or performed public duties, and few women paid taxes, though Shulamith Shahar concludes from her study of medieval Europe that "sixty was held to mark the onset of old age in women as well as men."[12] Yet age rules could also apply to poorer people. The English Statute of Labourers of 1349 obliged men and women to work for their living to age sixty rather than receive poor relief, suggesting that in fourteenth-century England survival to active old age was not confined to the rich.[13] It is probable that all these age rules were applied flexibly, excluding those who became frail at earlier ages.

Official age rules were more widely applied in Europe from the eighteenth century with the introduction of pensions, first for public officials, generally at age sixty, designed to maximize the efficiency of the public sector by excluding older workers at the age at which their efficiency was assumed to decline. From the late nineteenth century, state pensions were provided for the wider working population in order to maximize the efficiency of the workforce and/or relieve poverty; the motivation varied from country to country and time to time. Germany, the first country to introduce state pensions in 1889, paid them not at a fixed age but at the age at which the worker became unfit for regular work. They were introduced in Britain in 1908 primarily to help the aged poor, at age seventy, not because this was believed to be the age of onset of old age but to save the state money because fewer people survived to seventy than to sixty or sixty-five, the ages advocated by British campaigners for pensions as approximating most closely to when working-class people could no longer work regularly, and implemented in many other countries.

There has always been a mismatch between these official, chronological definitions of old age and more diverse individual experiences of ageing and cultural assumptions about who is "old." In most countries through most of history a high proportion of people were poor, started work early in life, and they might look and feel "old" and frail perhaps in their forties or fifties, though not invariably. As suggested above, expectation of years of life and of healthy life have always been much lengthier among the rich than the poor. In the United Kingdom at present, the average gap in life expectancy between rich and poor is about seventeen years, in expectation of healthy life about eleven years. Of course, averages can disguise wide disparities. We don't have exact measures for past centuries, but significant gaps can be assumed. In the United Kingdom now, Black, Asian, and minority ethnic populations tend to be poorer on average than white British and have correspondingly shorter expectancy of life and of healthy life. So there are both race and class dimensions to the experience of ageing.

There is a gender dimension also. Interestingly, although women have long tended on average to be poorer than men in the United Kingdom and many other countries, they have also long had longer life expectancy on average than men for reasons that are uncertain. But they do not have expectations of longer, healthy, active life. They tend to spend more of their later years in frailty. And women have long been perceived as "old" at earlier ages than men due to deep-rooted cultural assumptions about female social roles and appearance. In early modern Europe, women were widely perceived as old when they passed menopause: they had ceased to perform their most important social role—bearing children—so were of no further use, though postmenopausal women were often very active contributors to their communities, for example providing medical care. Certain physical signs—facial lines, gray hairs—in women at any age were treated negatively, as signs of old age and declining competence, whereas similar signs in men were perceived as maturity and experience to be respected. This perception has long continued. In Britain in the 1930s women protested that employers made them retire at earlier ages than men because they were judged too old to continue, especially in people-facing jobs where they were expected to look attractive to lure clients. Women were retired from serving in department stores often around age thirty to thirty-five for this reason. Following women's protests about this discrimination, in 1940 their state pension age was reduced to sixty; that of men was now sixty-five.

This experience was quite widespread. In the United States in 1968, women air "hostesses," as flight attendants were then known, won a court ruling under the Civil Rights Act against airlines enforcing their retirement at ages between thirty-two and thirty-five. The airlines had rigid, stringent rules about women's appearance at work, and by these advanced ages they were judged unable to meet those standards. The same must have been true for British flight attendants: in recent years

they have become visibly older, but I haven't discovered when and why this changed. However, such practices have not changed in all occupations. In 2011, a woman successfully brought a case for age and sex discrimination against the BBC when she was sacked as presenter of a TV show in her fifties explicitly on grounds of age and appearance, while her visibly older male copresenter continued in the job. She had previously been advised to have cosmetic surgery in order to present a more youthful appearance. I doubt that such practices have disappeared; women often feel ashamed to protest publicly about such discrimination, so we have no idea how extensive it may still be.

Women's state pension age in the United Kingdom is being gradually raised to equal that of men because in 1990 a British man appealed successfully to the European Court of Human Rights against this rare case of sex discrimination favoring women. Again, an official definition of old age has been determined by bureaucratic priorities rather than physical or other personal characteristics.

These are some of the diverse ways that old age and aging have been experienced, defined, and perceived over time, and the influence of class, race, and gender, and also of political and bureaucratic imperatives, on these understandings. But this diversity of later life experience is not widely recognized. There is a widespread tendency to stereotype anyone past a certain age as identically old, vulnerable, dependent, and a burden on, rather than a contributor to, their families and communities. This has been very obvious in the response of the British government to the COVID-19 pandemic. It started out by defining anyone over seventy as "vulnerable" to infection, expecting them to stay confined to their homes—until people over seventy pointed out how fit and active many of them were, often (and increasingly) working at least as effectively as younger people. This has forced the government to modify its statements and policies and apply confinement only to people with vulnerable health conditions, but there are still signs that people stereotyped as "old" are receiving less medical care than others; their lives matter less. Mismatch between reality and perception of "old age" continues, and older people and their supporters are protesting with increasing anger.

Katz: As a sociologist, my understanding of age and aging is that they are fundamental principles of social organization and stratification but acquire their meaning and materialization through discourse, narrative, culture, and social interaction. In pursuing this understanding, I have benefited from historical research about the making of aging populations, life courses, and bodies.

Aging populations seem like natural phenomena, knowable through typical demographic statistics aggregated around median ages, fertility and mortality rates, dependency ratios, migration patterns, and life expectancy probabilities. While sixty-five plus is hardly old anymore, it still remains a designation of an older or senior population characterized by labor, pension, and retirement statistics.

However, I think it is important to view age populations, their various crises, and the statistical knowledges that configure them as historical products of modern governmental power, akin to what Michel Foucault called the "biopolitics of the population" in the eighteenth and nineteenth centuries. This kind of historical perspective on populations also informs the critique of demographic "apocalyptic" data, used to blame older populations for economic insecurity and intergenerational disparities while justifying reckless austerity programs that privatize health care and deplete social services.

Second, if the life course, or life courses, are seen as historical patterns of life, then, again, an analytic deconstruction of universalizing models of "life-cycles" is possible. For me, Glen Elder Jr.'s book *Children of the Great Depression* (1974) was an influential introduction to how historical circumstances can transform the life transitions and trajectories of individuals, families, cohorts, and generations.[14] I later followed the life-course research of critical gerontologists who wrote about policy, diversity, gender, and transnational movements, and their elaboration of the notion of "linked lives" as a way of understanding the intersection between aging and global inequalities.

Third, I think the history of the aging body is a fascinating portal from which to view the modern scientific, commercial, political, and gerontological construction of aging and old age. When I began reading gerontological literature for my PhD, I became curious as to why, in a corpus of work that since its inception placed physical aging at the center of its truth about aging, there was so little written about the aging body itself. And even where gerontological research focused on the aging body's risks, functions, deficits, and vulnerabilities, it took little account of the embodied experience of aging, or how it came to mean what it did in the lives of aging individuals. To explore these absences, I looked to theoretical ideas about the body in feminist, disability, and performance studies, as well sociologies of medicine, the body, inequality, and consumerism. These ideas then evolved as I adapted them in my writing about aging memory, sexual function, falls and falling, aging lifestyles, boomer music, retirement culture, and care technologies.

As a teacher, I emphasize these three inquiries because the historical shifts that gave rise to aging populations, life courses, and bodies are a good place from which to start appreciating how we have come to know our aging today, what resources we have inherited for negotiating the passages of time, and how we can resist the oppressive practices and politics of ageism. I also convey to my students that since aging is a plural process, it invites plural perspectives, one of which is that aging is not only within us but all around us. Everything ages, from the deep time of the earth's history to the nanomoments of atomic particles. Yet aging appears as a human-centered phenomenon, perhaps because we are unique in being conscious of our own mortality. But this narrow lens has become dangerous, because today we know the destructive consequences of ignoring how human and nonhuman forms of

life regenerate each other. I think we need this kind of posthuman vision to guide us in imagining aging futures built on shared and sustaining environments, where growing older is not decline but an opportunity to understand all life as fragile, valuable, and interdependent.

Editors: *As your comments have already suggested, we are all thinking about the COVID-19 pandemic (it is mid-May 2020 and the situation is developing rapidly). How are you, as historically minded scholars of age, thinking through this moment of crisis? What histories have brought us to this moment?*

Thane: The COVID-19 crisis in the United Kingdom has exposed more publicly than before persistent government neglect of the care of frail older people and wider discrimination against older people in health care.

In the United Kingdom and many other countries there have been exceptionally high death rates during the crisis in care homes for older and disabled people. In the United Kingdom this has been widely attributed to long-term underfunding of these homes by the government and, since the 1980s, the shift of their control from local authorities to profit-making private companies. Increasingly, staff are low paid and low skilled, though generally very caring for residents. For decades, successive governments have promised greater funding, but it never materializes. In consequence, since the crisis began, homes have been unable to provide testing for the virus for residents or staff or adequate protective equipment. To reduce the potential for the virus to enter the homes, all visitors were banned from homes. This created an especially desolating experience for residents suffering from dementia, who could not understand that there was a pandemic or why they were suddenly being neglected by friends and family who no longer visited them. This has caused some to enter a decline which became terminal, including a friend of mine who died this week. Hence an unknown number of older people in care homes have died, not directly due to the virus, but indirectly due to isolation resulting from administrative responses to the pandemic.

Others are said to have died from the virus because older patients with virus symptoms were excluded from hospitals to liberate beds for younger patients whose treatment was thought more important. Some were even moved out of hospitals into care homes without testing as to whether they had symptoms of the virus. This form of age discrimination—the belief that older lives are less worth saving than younger—has a long history in the National Health Service. It is not universal, but the pandemic has demonstrated that it has not gone away.

Concerning the great majority of older people who are not in care homes, first, when the UK government declared a "lock-down" in March 2020, they initially said that everyone over age seventy should be quarantined within their homes because "older people" were more vulnerable to the virus than people under

seventy. This led to an outcry from—often publicly prominent—people aged over seventy who were fit, active, with no significant health conditions, who derided this generalization about an older age group and pointed out that younger people suffering from diabetes, heart conditions, cancer, severe asthma, and other conditions were far more vulnerable than fit over-seventies. This caused the government to revise its advice to state that people of any age with "underlying health conditions" should "self-isolate" and isolation should not be determined by age. Of course, more older than younger people suffer from such conditions. But isolation leading to loss of contact with friends and family risks causing deterioration in their mental and physical health comparable with that in care homes. Had the UK government, like governments elsewhere, been prepared to invest sooner in widespread testing (beginning only today, May 28, 2020), suffering would have been reduced.

Sivaramakrishnan: The COVID-19 pandemic in many societies has brought up challenges and setbacks that lie at the heart of intergenerational support and solidarity between young and older populations, and it has touched on our moral and medical dilemmas relating to our age, role-based identities, and social justice. There is a visible tendency to stigmatize younger generations as carriers of the virus and making them out to be a threatening other. From characterizing millennials particularly as privileged, passive, and largely disengaged politically, there is now a tendency in the media and public critiques to focus on their visibility (based on social media postings, especially) and to characterize younger persons as pathologically threatening and socially irresponsible.

On the other hand, as Pat points out, older populations are also bearing the brunt of ill-conceived and ageist quarantine and lockdown policies, based on seeing them as COVID-19 compromised due to irrational and generalized chronological thresholds alone, and assumptions about their embodying risk and dependency. They are also facing a huge challenge posed by their vulnerability in nursing homes, but also with the long-term social and cognitive consequences of loneliness and social isolation that have been exacerbated by the physical distancing and restrictions on access.

This tendency to marginalization is not at odds with earlier attitudes, preceding COVID-19, but the fractures between generations is now threatening to be far more serious and is being projected as representing conflicting values between generations that have sacrificed and fought for national preservation, versus others who are wedded to globalized lifestyles and have not contributed to the greater good, which is now under test in COVID-19 times. These fractures need to be urgently addressed and bridged by bringing to light their mutual needs and interdependence within families and communities, and also by demonstrating that this crisis has affected everybody in different ways. As the world's globalized economies move

into a recession, a lack of professional opportunities and mobility for the young should be a source of concern, and more efforts need to be made to connect old and young through shared social roles.

As a historian of both aging and also of epidemics and their politics, I would argue that epidemics do not begin and end in neat and clear-cut ways. In the context of India, I have argued that without a life of magic-bullet vaccines and heroic biomedicine, we need to make both public health and social adjustments that are longer term. They need to address what are "endemic" aspects of threats and risks from infectious disease outbreaks that are life-threatening because these diseases and syndromes are here to adapt, recur, and are inextricably linked to and worsened by comorbidities and chronic conditions.

Finally, the implications of COVID-19 for older populations that are disadvantaged and live in deprived contexts are particularly dire. They lack pensions, ready access to food, and have been supported by younger members of the family who are now losing jobs. Old-age pensions have often supported younger members of the family in South Africa and India; but the stress on both fronts has been made acute by the spatial, social, and economic constraints of this pandemic. All over China, South Asia, Africa, and Latin America, young migrant laborers who had flocked to industries in cities have now returned home and find themselves jobless. Their precariously supported families and older persons in rural areas and villages who were sustained by their remittances from labor in the city will be left with a need for urgent state support and subsidy for food and health care.

Katz: I think this time of crisis will be remembered for exposing the deep social divisions around gender, race, age, ability, region, digital access, and health that historically underlay the COVID-19 pandemic. While the pandemic is certainly caused by a virus, its patterns and degrees of contagion are matters of social and political forces. Prior to the pandemic, the depredations of global capitalist environmental destruction, underclass abandonment, punishing Third World debt, and resource theft of local economies had already compromised the safety, security, and sustainability of the world's human (and nonhuman) communities. For older people, these include pension corporatization, residential dislocation, austerity-driven health care cuts, and coercive fragmentation of traditional bonds of support, all overlaid by a long-standing disdain for age-based vulnerability, disability, or impairment. It is no accident that, despite different national and cultural responses to the pandemic, its universal feature is the sickening and killing of mostly older people, especially those residing in nursing home residences, what we in Canada call long-term care (LTC). In turn, this deadly development has exacerbated the historical association of aging with decline and older people with misery.

The first outbreaks of the COVID-19 pandemic in Canada, especially Ontario where I live (Toronto), were in nursing homes. I think of nursing homes

as an example of what Michel Foucault called a "heterotopia," a countersite into which wider social contradictions are deposited and contained.[15] They are sites of deviation, and although prisons, psychiatric hospitals, and retirement homes have their own histories, they were born as responses to social crises. In my writing, I have explored the heterotopian history of the nursing home in relation to the problematization, medicalization, and exclusion of older people. And today I see connections between this history and nursing homes as the death zone of the pandemic. The contradictions of Canadian neoliberal agendas have become particularly concentrated in the LTC sector, through chronic underfunding, inadequate community supports, growing income inequalities, and the casualization of care labor.[16]

As in other industrialized countries, the aging population and the longevity curve in Canada are growing. In 2019, 6.5 million Canadians were aged sixty-five or older, representing 17.5 percent of Canada's population. By the next decade, 2030, seniors will number over 9.5 million and make up 23 percent of Canadians. But the meaning of such demographic statistics is shaped by political history, which in Ontario since the 1980s has shifted to popular retrogressive politics, neglect of age-friendly initiatives, and retrenched welfare policy. Despite stereotypes that older Canadians are a privileged elite, elderly poverty rates have grown in the past two decades, particularly among older single women. Thus, for older people, both inside and outside the LTC sector, it is not just their age or the COVID-19 pandemic that puts them at risk but the ways in which accumulated historical and social disadvantages have added up. While we try to slow viral contagion, at the same time we can attend to and strengthen our communities as multigenerational resources that include, rather than exclude, older people. We can use the pandemic as an opportunity to condemn the dooming and damning of older people as weak, needy, and expensive burdens, and see them instead as resourceful and innovative leaders, many of whom have lived through and survived the most dramatic crises of the modern era and have much to offer all of us for getting through this one.

Editors: *We wanted to publish this issue with* Radical History Review *because we are interested not only in thinking about the pasts of old age but also in working toward more just futures. As so much of your work has shown, perceived crises around age populations have produced new forms of knowledge and power that have configured old age and responses to it. What potential for social change do you see in our current moment?*

Thane: Will issues exposed by the pandemic crisis lead to social change? Of course, I hope so, but it is hard to judge at this stage.

The pandemic has not, so far as I am aware, produced new forms of knowledge about later life. It has exposed much more widely knowledge familiar to specialists in the study of old age, that there is: widespread discrimination against older

people, including in health services; the tendency to assume a stereotypical sameness in all people above a certain age despite very considerable actual diversity; and persistent neglect and underfunding of support for the neediest older people residing in care homes.

Active older people have been vocal critics of these failings, continuing a tendency among older people to organize and protest which has been visible since the 1990s, which is partly the 1968 generation grown older. Whether recent events will further stimulate such movements and whether the publicity given to the evidence of age discrimination and neglect of older people by governments will provoke wider pressures to right the wrongs which have become visible remains to be seen. I'm not wholly optimistic.

Katz: The COVID-19 crisis has seen a resurgence of ageism and homogenizing depictions of older people as weak and vulnerable. But there have also been opportunities to reflect on how and why this pandemic has been particularly harmful for older people. In my community in Toronto, for example, there is much more media coverage about nursing homes and their chronic underfunding, privatization, lack of inspections, devalued working staff, and inadequate care of residents. There are also public reports and new funding programs that take up what critical gerontologists and health sociologists have argued for years, which is that nursing homes and retirement residences need to be transformed and run with proper regulatory oversight, along with enshrined rights for residents and adequate salaries and supports for health and care workers. The cheering and public displays of gratitude for nurses, health and personal care workers, and hospital staff in the earlier months of the pandemic have given way to public criticism of their exploitative and unsafe conditions of work, especially in the LTC sector. For those who have lost older family members in nursing homes or hospitals, they are asking questions about the health care system itself.

This critical surge is having positive effects, with radical policy changes proposed for better treatment of residential- and community-dwelling older people, and new programs to boost pension and retirement income and relieve financial burdens during the pandemic. Much more is needed of course, but my point is that the current crisis has at least created a new political and public concern for the lives of older and retired people, including issues of elder and domestic abuse and age-based inequalities, which I hope would continue once this pandemic breaks.

Another opportunity for social change comes from better public exposure of how women bear the brunt of domestic labor and managing home life. With schools and day care closed, stories are emerging about women who are barely coping with childcare (and elder care), while trying to work and maintain careers. For academic women, these challenges include unaltered expectations for publishing and

research productivity. While these and other long-standing issues of gendered labor are not new, I think the pandemic is making them more obvious to policy makers, labor unions, school boards, and workplace managers.

As academics, we are staying at home more, teaching online, contacting family and friends through virtual media, and watching as our calendars empty of their scheduled meetings, conferences, and travel. But I find, among my peers and colleagues anyway, a growing sense that perhaps we can live with less; perhaps we do not need to have and do as much as we had thought necessary before the pandemic. The fossil fuel costs alone of delivering a fifteen-minute paper in person at a long-distance conference just do not seem worth it. This perspective on reducing our environmental and consumerist "footprints" seems like a good opportunity for social change, one that I am already appreciating in seeing more birds in the trees, breathing cleaner air in the city, hearing less noise and traffic on our roads, and watching more stars twinkling at night.

Judith Butler has argued that "precariousness" is "part of living" because "it implies dependency on others and social supports to make life livable and sustainable."[17] In this time of the COVID-19 pandemic, Butler's philosophy is even more urgent, because, as life becomes more precarious, our negotiation with human suffering can be successful only if understood in equitable, reciprocal, and life-affirming ways. The pandemic pushes us to recognize all lives as worthwhile (and grievable if they are lost), especially those that are fragile and dependent, even if our social systems pull us in the opposite direction. I would like to think, when this pandemic ends, that we can inhabit our futures with a greater relational sense of human and ecological interdependence that alters how we age and care for older people.

Sivaramakrishnan: I think things could go either way. Pandemics create moments of drama and crisis and can certainly create a climate for reform. Epidemic outbreaks have in history led to revamping sanitation and municipalities, as we well know. But, in my view, globalization and its related forces of unchecked urban growth and industrial markets have led to patterns of migration, consumption, and work that have transformed our families, jobs, and social networks in deterritorialized ways. Change and reform in the locality will not be enough to reconfigure the asymmetries of aging and social and generational stress, and toward a more cohesive and just future. We will need to rethink nationalistic identities, free market ideologies, and the assumptions behind modernization models that were initiated in the West and have also become a powerful, dominant paradigm in the non-West. I am optimistic that COVID-19 will be followed by movements of social resistance and change that will need to bring in groups that are now structurally excluded, and aging and older populations will need to be part of this rethinking of power and new, potentially less Eurocentric epistemologies.

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Kavita Sivaramakrishnan is associate professor of sociomedical sciences at Columbia University. Her scholarship focuses on global public health history and South Asian history, the history of epidemics and disease politics, and the changing role of experts and their agendas. Her first book is *Old Potions, New Bottles* (2006). Most of her recent research is on the history and cultural politics of aging in the global South and on histories of chronic disease and toxic risks in India. She is author of *As the World Ages: The Making of a Demographic Crisis* (2018).

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Notes

1. Katz, *Disciplining Old Age*.
2. Katz, *Cultural Aging*.
3. Katz, *Ageing in Everyday Life*.
4. Thane, "Debate on the Declining Birth-Rate in Britain."
5. Thane, *Foundations of the Welfare State*.
6. Thane, *Unequal Britain*.
7. Willetts, *Pinch*.
8. Butler, "Age-ism."
9. Vatuk, "'To Be a Burden on Others'"; Vatuk, "Older Women, Past and Present"; Cohen, *No Aging in India*; Lamb, *White Saris and Sweet Mangoes*.
10. Butler, "Age-ism."
11. Monica Ferreira, Professor and Director, Institute of Ageing in Africa; President, International Longevity Centre South Africa, University of Cape Town.
12. Shahar, *Growing Old*, 28.
13. Shahar, *Growing Old*, 26–27.
14. Elder, *Children of the Great Depression*.
15. Foucault, "Of Other Spaces."
16. See Lowndes and Struthers, "Changes and Continuities."
17. Butler, *Frames of War*, 14.

References

Butler, Judith. *Frames of War: When Is Life Grievable?* London: Verso, 2016.

Butler, Robert. "Age-ism: Another Form of Bigotry." *Gerontologist* 9, no. 4 (1969): 243–46.

Cohen, Lawrence. *No Aging in India: Alzheimer's, the Bad Family, and Other Modern Things*. Berkeley: University of California Press, 1998.

Elder, Glen, Jr. *Children of the Great Depression*. Chicago: University of Chicago Press, 1974.
Foucault, Michel. "Of Other Spaces." *Diacritics* 16, no. 1 (1986): 22–27.
Katz, Stephen, ed. *Ageing in Everyday Life: Materialities and Embodiments*. Chicago: Policy, 2019.
Katz, Stephen. *Cultural Aging: Life Course, Lifestyle, and Senior Worlds*. Toronto: University of Toronto Press, 2005.
Katz, Stephen. *Disciplining Old Age: The Formation of Gerontological Knowledge*. Charlottesville: University Press of Virginia, 1996.
Lamb, Sarah. *White Saris and Sweet Mangoes: Aging, Gender, and Body in North India*. Berkeley: University of California Press, 2000.
Lowndes, Ruth, and Jim Struthers. "Changes and Continuities in the Workplace of Long-Term Residential Care in Canada, 1970–2015." *Journal of Canadian Studies* 50, no. 2 (2016): 368–95.
Shahar, Shulamith. *Growing Old in the Middle Ages: "Winter Clothes Us in Shadow and Pain,"* translated by Yael Lotan. London: Routledge, 2004.
Thane, Pat. "The Debate on the Declining Birth-Rate in Britain: The 'Menace' of an Ageing Population, 1920s–1950s." *Continuity and Change* 5, no. 2 (1990): 283–305.
Thane, Pat. *Foundations of the Welfare State*. London: Pearson Longman, 1982.
Thane, Pat. *Old Age in English History: Past Experiences, Present Issues*. Oxford: Oxford University Press, 2000.
Thane, Pat, ed. *Unequal Britain: Equalities in Britain since 1945*. London: Bloomsbury, 2010.
Vatuk, Sylvia J. "Older Women, Past and Present, in an Indian Muslim Family." In *Thinking Social Science in India: Essays in Honour of Alice Thorner*, edited by Sujata Patel, Jasodharra Bagchi, and Krishna Raj, 247–63. New Delhi: Sage, 2002.
Vatuk, Sylvia J. "'To Be a Burden on Others': Dependency Anxiety among the Elderly in India." In *Divine Passions: The Social Construction of Emotion in India*, edited by O. M. Lynch, 64–88. Berkeley: University of California Press, 1992.
Willetts, David. *The Pinch: How the Baby Boomers Took Their Children's Future and Why They Should Give It Back*. London: Atlantic, 2010.