

# 11. Perceptions of ageing

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Among other things, the analysis presented in this chapter shows that:

- On the whole, ageing is a positive experience for the majority of the respondents.
- Wealth does not affect in a consistent way respondents' experiences and perceptions of growing older.
- The majority of the respondents do not think of themselves as old.
- Future health status seems to be the most important concern for the majority of the respondents.
- Wealthier respondents are more likely to say that old age starts later and middle age ends later, independent of their age and sex.
- Healthier respondents are more likely to say that old age starts later and middle age ends later, independent of their age and sex.
- The majority of the respondents feel younger than their actual age.
- Respondents who feel younger than their actual age have better self-perceived health than the rest of the respondents.
- The majority of the respondents would prefer to be younger than their actual age.
- Respondents who would prefer to be younger have worse self-perceived health than those who prefer to be their actual age.

This chapter focuses on ELSA respondents' experiences and perceptions of old age and growing older. It attempts to explore how they perceive ageing as a process and old age as a stage of human life, in light of their beliefs, life-experiences and attitudes. It also explores people's perceptions of their self-perceived and desired ages, and the boundaries between middle and old age. Its main objective is dual: (a) to provide insights into the meaning of ageing and old age for middle-aged and older people themselves, and describe ageing perceptions and experiences in Britain; and (b) to provide information on how and the extent to which age, sex and socio-economic position influence ageing experiences and the formation of ageing perceptions. The importance of this chapter lies in its focus on the views of older people themselves. Such knowledge can contribute to setting research or policy targets regarding ageing, as well as to evaluating the effectiveness of existing ageing policies. Furthermore, it is important because it covers a gap in the existing literature where old people's experiences and perceptions of ageing have not been studied extensively (Steverink et al., 2001; Furstenberg, 2002).

Experiences and perceptions of ageing are of substantial importance for middle-aged and older people as they relate to health (Levy, 2003; Levy et al., 2002; Levy and Myers, 2005) and behavioural outcomes (Sarkisian et al., 2005) along with well-being (Steverink et al., 2001; Westerhof and Barrett, 2005), self and identity (Sneed and Whitbourne, 2005). Perceptions of ageing among middle-aged and older people refer to the ways they conceive the ageing process and, by extension, experience their own transition to old age. The formation of each individual's perceptions and experiences of ageing is a dynamic process that pertains to self, social norms and their interplay (Steverink et al., 2001) and reflects the way an individual internalises social norms (Levy, 2003; Westerhof and Barrett, 2005). Researchers have suggested that it is ageing stereotypes, which in old age become ageing self-stereotypes, that influence older people's conceptions of ageing and old age (Levy, 2003). In western societies, this is an issue of particular significance given the dominance of an ageist model that considers old age something inherently negative and which older people must confront in their everyday lives (Westerhof and Barrett, 2005).

The chapter also explores people's perceptions of age by focusing on self-perceived and desired ages, and on their perceptions about the boundaries of middle- and old age. Self-perceived and desired ages as distinct from actual chronological age refer to how old an individual feels and how old she/he would prefer to be. They are both dimensions of a person's age identity and perceptions that are also considered socially constructed (Knoll et al., 2004). Self-perceived age relates to future expectations and a person's own personal ageing model ('envisioned trajectory of ageing') (Furstenberg, 2002). Desired age refers to a person's age preference and pertains to the degree of their acceptance of the idea that they are getting older and their reconciliation to it. People's perceptions about when middle age ends and old age begins refer to their perceptions about age and the very core of their definition of old age. These are built upon cultural and individual norms and beliefs (Furstenberg, 2002) and reflect people's own judgements about the stages of life and major turning points in it.

## **11.1 Measures**

This chapter consists of three interrelated sections: the first focuses on experiences and perceptions of ageing, the second on self-perceived and desired ages, and the third discusses people's perceptions of the chronological boundaries of middle and old age.

Experiences and perceptions of ageing are measured with two scales: a 12-item scale that assesses ageing perceptions and a single item scale for people's experiences of ageing. The ageing perceptions scale contains twelve questions derived from the respondents' answers to two open-ended questions in the pilot study for wave 2 of ELSA. The two open-ended questions were (a) 'what would you say are the most positive things about growing older?' and (b) 'what would you say are the most negative things about growing older?' The twelve items derived from these two questions are:

1. We can learn a lot from old people

2. As I get older, I expect to become more lonely
3. Old age is a time of ill-health
4. As I grow older, I become more tolerant
5. Old age is a time of loneliness
6. As I get older, I expect to be able to do the things I've always done
7. When I think of old people, I think of them as generally grumpy and miserable
8. I worry that my health will get worse as I grow older
9. I don't think of myself as old
10. Old people do not get respect in society
11. Retirement is a time of leisure
12. Growing older doesn't bother me

After being prompted to think of old age and their own ageing experience, the respondents were asked to report the extent to which they agree or disagree with each of the twelve statements. The response scale was a 5-point Likert scale ranging from strongly agree to strongly disagree (mid-point: neither agree nor disagree). In the present analysis, the five categories have been collapsed into three (the two disagreement and the two agreement responses have been collapsed into one disagreement and agreement responses, respectively). The experience of ageing is assessed with an item asking whether, on the whole, growing older has been a negative or a positive experience, using a 5-point Likert scale ranging from very positive to very negative (mid-point: neither positive nor negative).

The self-perceived and desired ages are measured with the following questions: 'How old do you feel you are?' and 'How old would you like to be?' For both questions, the respondents were asked to provide an estimate in years. The two questions about the beginning of old age and the end of middle age were included in the main computer-aided interview (CAPI) for the first wave of ELSA. The question about the beginning of old age is: 'Please could you tell us at what age you consider old age to start?' and that about the end of middle age is: 'We would also like you to tell us at what age you consider middle age to end?'. Respondents were asked to provide estimates of those boundaries in years. As the data concerning these two measures were collected in the first wave of ELSA, all break variables used in the analysis of these two measures (i.e. age, sex, wealth and self-perceived health) also come from the first wave of ELSA.

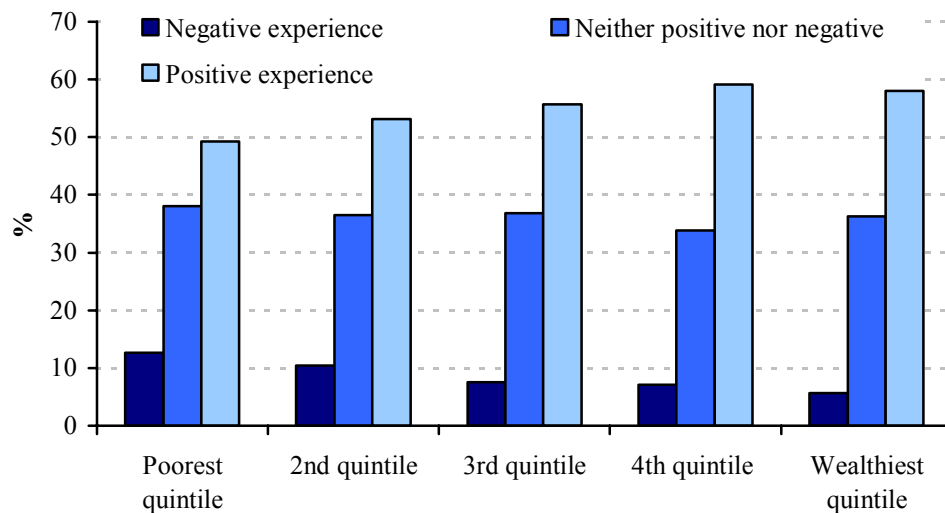
## **11.2 Experience of ageing**

Table 11A.1 shows that, in general, ageing is a positive experience for the majority of our respondents (see also Figure 11.1). In total, 55% of the sample perceives ageing as a positive experience and only 8% experiences it negatively. This is a major finding suggesting that for most of our respondents, ageing is not an unpleasant experience and contradicts the lay belief that

ageing is a negative process because it leads to old age and its consequent physical, mental, social and economic deterioration. Table 11A.1 further reveals that the association of age with experience of ageing is not linear. Nevertheless, this does not mean that ageing experiences are completely independent of age; the data suggest that two age groups (55–59 and the 80+) perceive ageing more negatively than all other age groups. It seems that there are two stages in life – pre-retirement age and reaching very old age – at which ageing is experienced less positively (Table 11A.1).

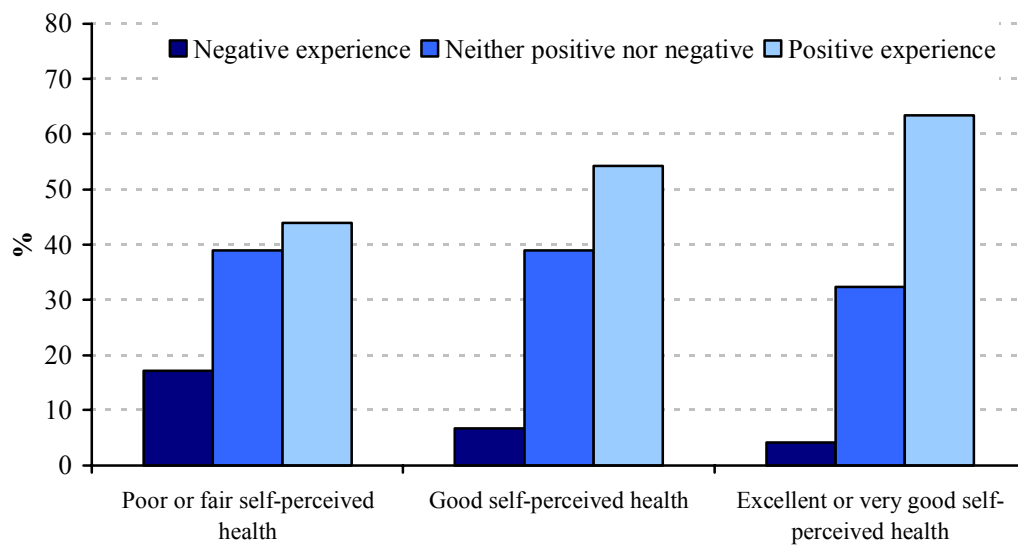
Table 11A.2 examines whether sex influences the way middle-aged and older people experience ageing. Sex also appears not to be a major correlate of respondents' views of ageing, as there are no major sex differences.

**Figure 11.1. Ageing experience by wealth**



The only observable sex difference is that nearly one-in-twenty more men than women think of ageing as positive, while one-in-twelve of both men and women think of it as negative (Table 11A.2).

Figure 11.1 shows that generally, wealthier participants tend to report more positively on their ageing experience than poorer participants. Table 11A.3 explores further the association of wealth and ageing experiences and shows that it is not linear across age groups. Thus, there is no clear economic gradient across age groups in the way that older people experience ageing. This finding is interesting, as we might expect that judgements about ageing would encompass a strong element of social construction, which presumably relate to the socio-economic resources at a person's disposal. Nevertheless, this does not mean that wealth does not affect views of ageing at all; across age groups the poorer participants consistently report in greater numbers than their wealthier counterparts that ageing is a negative experience for them (Table 11A.3). Further research is needed in order to clarify the effects of wealth on judgements about ageing.

**Figure 11.2. Self-perceived health, by ageing experiences**

Another important finding of our analysis is the strong association between self-perceived health and experiences of ageing (Figure 11.2). Those participants whose experience of ageing is negative generally report worse self-perceived health than those who have positive ageing experiences. The rates of those with negative ageing experiences drop as we move from poor or fair self-perceived health to very good or excellent, while the opposite is true for those who have positive ageing experiences. Indicative of the association between experiences of ageing and self-perceived health is the comparatively low proportion of participants with negative ageing experiences in the group of excellent or very good self-perceived health (only 4%). But the association of ageing experience with self-perceived health becomes even more interesting once we account for age; negative ageing experiences are associated with poorer self-perceived health, and positive ageing experiences are associated with better self-perceived health, across all age groups (Table 11A.4).

### 11.3 Perceptions of ageing

Table 11A.5 shows that nine-in-ten respondents agree that a lot can be learnt from old people; three-quarters of them do not think of themselves as old; three-quarters think of retirement as a time of leisure; more than two-thirds worry that their health will worsen as they grow older; and almost two-thirds believe that old people are not respected in society. In contrast, only one-in-five agrees that old people are grumpy and miserable; one-in-three agrees with the statement ‘old age is a time of loneliness’; and nearly four-in-ten agree that ‘as I get older, I expect to become more lonely’. Thus, it seems that ELSA participants have a positive view of ageing (i.e., old people are a source of knowledge, retirement is a leisure period, old age is not necessarily a time of loneliness), but they also think that society does not fully share those views (i.e., old people are not respected in society).

Table 11A.5 also presents respondents’ perceptions of various dimensions of ageing, broken down by age groups. Age influences most of the twelve ageing

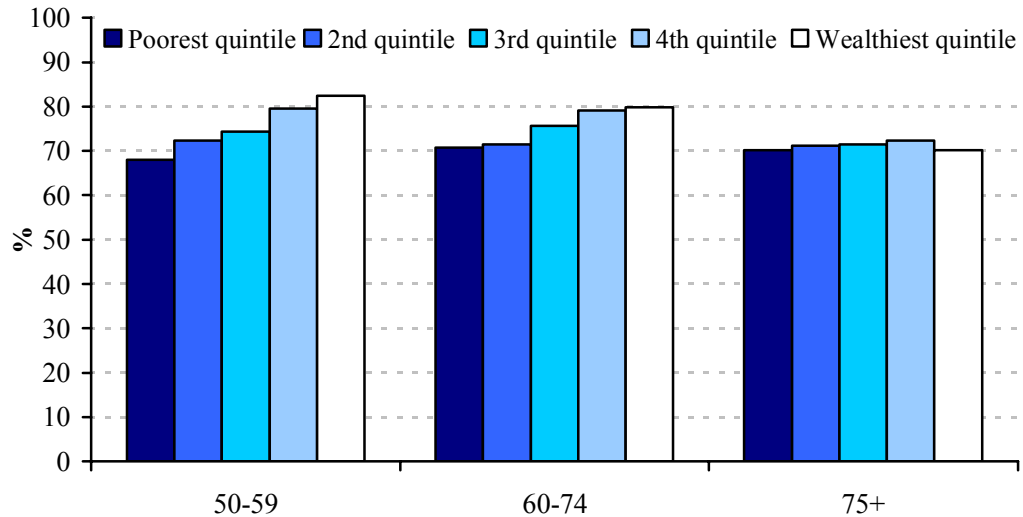
perception statements. It relates to respondents' views that as they get older, (a) they will become lonelier, (b) they will become more tolerant, (c) they will be less bothered by the fact that they are getting older (d) their health will worsen (e) the less they will think of themselves as old, and (f) the less they will think that old people are respected in society. On three statements, the observed differences in the proportions of respondents agreeing across the age groups are greater than 10%. These are (a) 'I worry that my health will get worse as I grow older' (11% difference between the youngest and the oldest groups); (b) 'I don't think of myself as old' (11% difference between youngest and oldest groups); and (c) 'Growing older does not bother me' (10% difference between the youngest and the oldest). Moreover, Table 11A.5 shows that the oldest participants (75+) are concerned more than any other age groups with loneliness, while the younger participants (52–59 and 60–74) are mostly concerned with the possible deterioration of their health in the future.

Table 11A.6 complements the conclusions drawn from Table 11A.5 by further breaking down the perceptions of ageing across age groups by sex. Examination of the data does not reveal any major sex differences as both men and women agree or disagree with the same statements. Nonetheless, there are some notable sex differences in the way actual age affects perceptions of ageing. In men, the greatest differences in agreement rates refers to (a) their potential bother by the fact that they are getting old (13% more men aged 75+ agree that they are not bothered by getting older than their counterparts in the 52–59 age group); (b) their expectations that they will become lonelier (12% more men aged 75 or more agree with the statement than those aged 52–59); and (c) their expectations of becoming more tolerant (10% more men among those aged 75+ agree with the statement than those of 52–59 years). In women, the greatest age differences are observed on the following statements: (a) 'I don't think of myself as old' (14% fewer women in the oldest group than in the other age groups agree with that statement); (b) 'I worry that my health will get worse as I grow older' (13. % fewer women aged 75 or more agree than those aged 52–59); and (c) 'Old people don't get respect in society' (11% difference between the oldest and the youngest, in favour of the latter) (Table 11A.6).

Wealth appears not to influence in a consistent way perceptions of ageing, as it does not relate linearly to most of the statements across the three age groups. The cases where wealth is found to exert a consistent influence on people's perceptions of ageing are sporadic and relate to only three statements in a linear way (shown in the column with the totals). The first statement relates to respondents' expectation that they will become lonelier as they get older, and the second to perceptions of old people as grumpy and miserable, and the third to perceptions that retirement is a time of leisure. The greatest differences between the two extreme wealth quintiles across age groups appear for the statements 'old age is a time of loneliness' (18% difference among those aged 75+); 'old people do not get respect in society' (18% difference among those over 75); and 'retirement is a time of leisure' (14% difference among those aged 52–59). Finally, it is notable that for most statements, differences between the wealth quintiles become greater as age increases (e.g. for 'old age is a time of ill health', 'old age is a time of loneliness', 'as I get older, I expect to be able to do the things I've always done', and 'old people do not get

respect in society’), while in only one case do they clearly become smaller (‘retirement is a time of leisure’) (Figure 11.3). Considered together, these results suggest that wealth is more influential on older people’s perceptions of ageing than on younger people’s, and that it mostly affects perceptions related to respect, leisure, health deterioration and loneliness (Table 11A.7).

**Figure 11.3. Agreement with the statement ‘Retirement is a time of leisure’, by age and wealth**



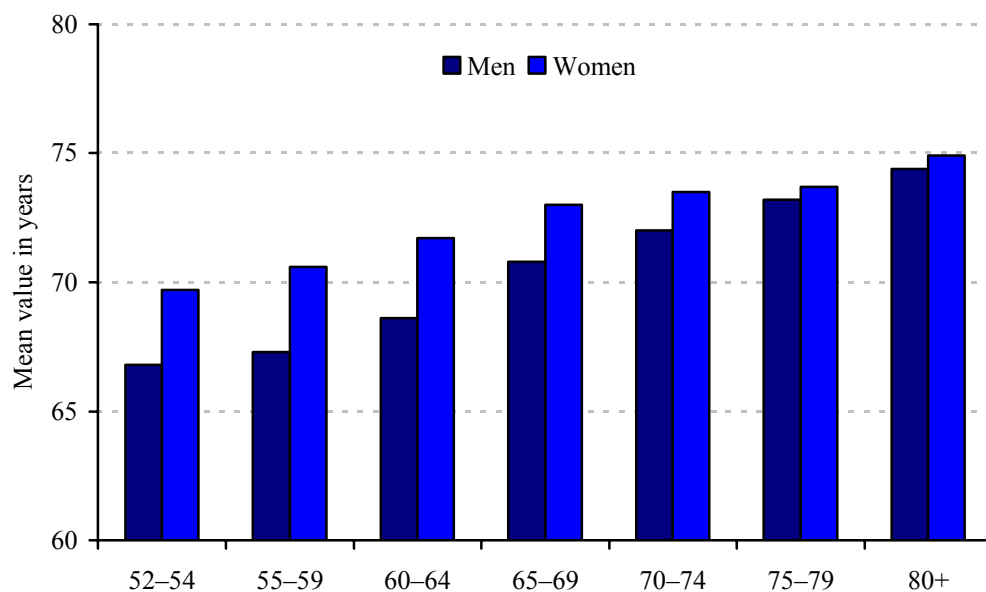
## 11.4 Perceptions of when old age begins and middle age ends

In this report we are also interested in studying the factors that relate to the chronological threshold of the beginning of old age. We found that actual age is a strong correlate of respondents’ perception about when old age starts. The mean age at which respondents believe that old age starts is 71 years. There are considerable age differences in defining the beginning of old age: the youngest respondents (50–54) perceive old age as starting at the age of 68, while those in the oldest group (80+) believe it starts at 75 years.

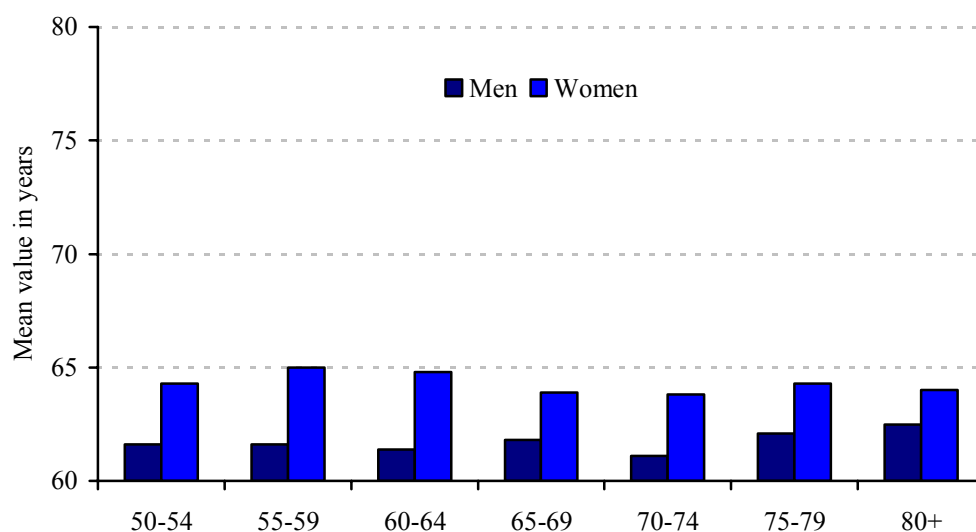
Sex, too, relates to perceptions about the chronological beginning of old age: the mean for men is 70, while for women it is 72. Across age groups, women perceive old age as starting later than men of their age. The greatest gap between men and women is 3.1 years and is observed in the youngest age group (50–54). Then, the difference decreases with age and becomes negligible (only 0.3 years) among those 75 years and over (Table 11A.8 and Figure 11.4).

Moreover, perceptions about when old age starts are associated with wealth. In most cases, the wealthier the respondents, the more likely they are to say that old age starts later. The wealthiest respondents (top quintile of wealth) think that old age starts at the mean age of 72 years (men) and 74 years (women), while the poorest respondents (bottom quintile of wealth) think that old age

**Figure 11.4. The mean value of the perceived chronological beginning of old age, by age and sex**



**Figure 11.5. The mean value of the perceived chronological end of middle age, by age and sex**



starts at 68 years (men) and 71 years (women) (Table 11A.9). Another variable that relates to respondents' perceptions of when old age begins is self-perceived health. They are associated in a linear way independent of sex and actual age. The healthiest men and women (those with excellent or very good health) report, respectively, that old age starts at 71 and 73 years, while the equivalent values for those with fair or poor health are 68 and 71 years for men and women, respectively (Table 11A.10).

Apart from the chronological beginning of old age, this report is also interested in examining the factors that relate to perceptions of the

chronological end of middle age. 'Middle age', like 'old age', is a subjective concept based on a number of attributes that an individual or society ascribes to people. Our analysis shows that age is not an important correlate of the self-perceived chronological end of middle age; the greatest differences observed between any of the age groups, in both men and women, is just longer than a year. On the contrary, sex does relate to people's perceptions about the end of middle age: women systematically report higher mean values than men. The mean value for the chronological end of middle age is 63 years (for both sexes). Men aged 50–59 perceive middle age to end at 62 years and at 62.5 when they are 80 or more. The respective values for women are 64.3 and 64 years. The greatest observed sex difference regarding the self-perceptions about the end of middle age is 3.4 years, observed in the 55–59 and 60–64 age groups (Table 11A.11 and Figure 11.5).

The breakdown of perceived chronological end of middle age by wealth shows that the latter influences the former independent of sex and actual age. The wealthier the respondents, the more likely they are to report that middle age ends later. The wealthiest male respondents (top quintile of wealth) report that the mean age at which middle age ends is 64 years and the wealthiest female respondents that it is 66 years, while the mean age reported by the poorest respondents (bottom quintile of wealth) is 60 and 63 years for men and women, respectively (Table 11A.12). Self-perceived health also relates to respondents' perceptions of when middle age ends, independent of their sex and actual age of respondent. Healthier respondents are more likely to say that middle age ends later. The healthiest respondents (those with excellent or very good health) report that middle age ends at 63 and 66 years, respectively for men and women, while the respective values for those with poor or fair self-perceived health is 60 and 63 years (Table 11A.13).

## **11.5 Self-perceived age**

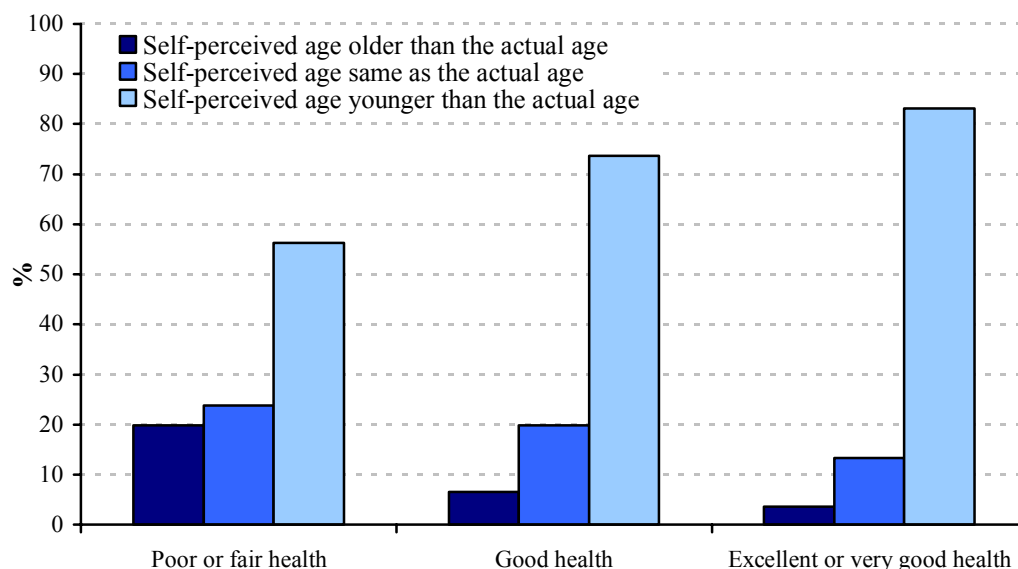
Table 11A.14 suggests that actual age influences self-perceived age, as the gap between these two is wider among the older groups than the younger. It also shows that the sex differences in self-perceived age (how old people feel) are quite small. Men feel slightly older than women across all age groups, apart from the oldest (80+). The greatest sex difference in self-perceived age is observed among those aged 70–74, where men's mean self-perceived age (63 years) is two-and-a-half years older than women's. However, the sex difference decreases after this peak and in the over-80 group, women feel older than do men of the same age (Table 11A.14).

Table 11A.15 shows that there are some wealth differences in self-perceived age, but there is no economic gradient. On average, wealth seems more consistently to influence women's perceptions of their age than men's. Nevertheless, the observed wealth differences in self-perceived age across the three age groups are wider in men than in women, e.g. in the intermediate age group (60–74), the difference between the wealthiest and the poorest men is a little over 3 years, while in women it is just one-and-a-half years. Another salient observation is that among those aged 52–74, it is the poorer men and women who report the highest 'felt' age, but this is not true for those over 75. Finally, it worth mentioning that our data indicate that the age differences in

self-perceived age become greater across wealth quintiles, i.e., in the poorest men, the difference in self-perceived age between the youngest and the oldest is 15 years, while the same difference for the wealthiest men is 21 years. Thus, it seems that there is greater variation in self-perceptions about age in the wealthier parts of the population than in the poorer (Table 11A.15).

Table 11A.16 shows that the vast majority of respondents feel younger than their actual age. Also, it highlights that more women than men feel younger than their actual age, across the age groups. The greatest sex difference in the proportions of people feeling younger than their actual age is observed among those aged 60–74, where 6% more women than men feel younger than their actual age, while the smallest is observed among those aged 75 or older (just 2%). Age also influences people’s perceptions of their own age: the youngest respondents report less frequently that they feel younger than their actual age. Also notable is the increase in the proportion of respondents who feel younger than their actual age between the youngest (52–59) and intermediate (60–74) groups (Table 11A.16). Table 11A.17 confirms the conclusions drawn from Table 11A.15, showing that there are considerable wealth-related differences in self-perceived age between the poor and the wealthy respondents but these do not take the form of a gradient. The only linear associations observed refer to those who feel the same age as their actual age and only among those under 75 years of age (Table 11A.17).

**Figure 11.6. Self-perceived health, by self-perceptions about age**



Self-assessed health was found to be strongly related to how old respondents feel. Respondents who feel younger than their actual age have far better self-perceived health than those who feel older than their actual age. The rates of those who feel older than their actual age drop across the three health categories (as we move from poor or fair self-perceived health to very good or excellent), while the opposite is true for those who feel younger than their actual age. In total, one-in-five of those reporting poor or fair self-perceived health feel older than their actual age, while only 4% of those in excellent or very good feel older than their actual age. But the association between self-

perceived age and self-perceived health becomes even more interesting once we account for age. Self-perceived age and self-perceived health relate positively to each other in a linear way across all age groups; feeling younger than actual age relates to better self-perceived health, irrespective of the actual age of the respondents. This is a major finding which calls for further research on self-perceived age as a correlate and or predictor of health (Table 11A.18 and Figure 11.6).

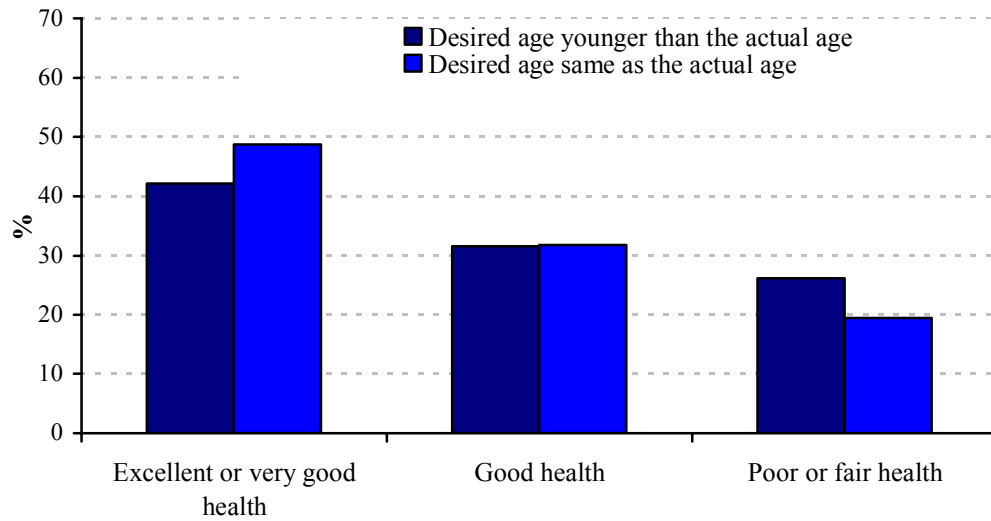
## **11.6 Desired age**

The mean desired age for the entire sample is 42.4 years old, which is approximately 23 years younger than the actual mean age. Table 11A.19 indicates, as expected, that both the mean desired age and the discrepancy between actual and desired ages increase as respondents get older. Moreover, it shows that men want to be younger than women. The mean desired age for men is just under 41 years, while for women it is 44 years. This sex difference is observed across all age groups and tends to be slightly greater among those aged 65 or more than among those under 65 (Table 11A.19).

The association of wealth and mean desired age is interesting because the poorer the participants, the younger they wish to be, both men and women. The differences between wealth quintiles in desired age are greater for men than for women. Mean difference in desired age between the poorest and wealthiest men is 7 years, while for women it is less than 3 years (Table 11A.20). But the findings from this table should be seen in conjunction with those of Table 11A.22, which shows that wealth only affects the mean desired age and not the proportion of respondents who desire to be younger than their actual age; this is because there is no economic gradient in the proportion of respondents wishing to be either younger than or of the same age as their actual age. This suggests that wealth mostly affects the perceptions of age of those who would prefer to be younger and not those of the entire population (Table 11A.22). Table 11A.21 suggests that the proportion of respondents who want to be younger than they are increases with age. This finding complements the results of Table 11A.19 by suggesting that age does play a significant role in the formation of age preferences – older respondents tend to report more often that they would prefer to be younger. The highest proportion of respondents who want to be younger than they are is among those aged 75 or more, while as regards the potential sex differences in desired age, slightly more women than men want to be younger (1% overall difference). The difference between men and women is greatest in the 75+ group, where 89% of men, compared with 93% of women, want to be younger (Table 11A.21).

Desired age relates also to self-assessed health. Their association, in general, is negative; people who prefer to be younger have worse health than those who prefer to be their actual age. Eighty-three per cent of respondents rating their health as excellent or very good report that they do not wish to be a different age than they are, while the proportion of those rating their health as poor or fair who wish to be the same as their actual age drops to 56%. But desired age seems to relate to self-assessed health, up to the age of 75 years (Table 11A.23 and Figure 11.7).

**Figure 11.7. Self-perceived health, by age preference (the age the respondents wish to be)**



## 11.7 Conclusion

Our analysis shows that ageing is not a negative experience for the vast majority of middle-aged and older people in Britain. Only one-in-twelve respondents report that their experience of ageing is negative. Also, their perceptions of ageing are generally positive. The majority of the respondents believe that retirement is a time of leisure and that old age is not necessarily a time of loneliness. Only one-in-five respondents are bothered by the idea of growing older. Nevertheless, our respondents do have concerns about old age, such as the expected worsening of their health and the lack of respect for older people in society. Age, sex and wealth are all found to relate to perceptions and experiences of ageing; but not in clear and consistent ways. Pre-retirement age (52–59) and being 75 or older seem to be associated with more negative perceptions regarding ageing than other stages of life. As regards perceptions of age, it is their connection with self-perceived health that should be noted. Those respondents who feel younger than their actual age are healthier and those who desire to be younger are less healthy. However, these associations are expected to be mediated by age, sex and wealth, and are definitely worth exploring further.

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