

MUSING

Alterity and Intersectionality: Reflections on Old Age in the Time of COVID-19

Sonia Kruks

Department of Politics, Oberlin College, Oberlin, OH 44074, USA.
Corresponding author. sonia.kruks@oberlin.edu

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There was a day in March 2020 when I discovered I was old. There had, of course, been quite a few previous intimations of impending old age, but they had not “really” defined my being for me. Some years earlier, I had been surprised when people started to offer me their seat on a crowded bus or train. At first, I politely refused the seat; later, I decided that I would accept such invitations because declining seemed ungracious, and because accepting would encourage this thoughtful behavior from which “others” would benefit. Recently, as my feet have begun to ache more, I have sometimes been happy to accept a seat on my own account. There have been other intimations too: some physical indications, such as needing a brighter light in order to read and stiffness in my knees. There have also been signs that my cultural, intellectual, and professional world, a world in which I have been deeply embedded, is passing: Students now live in an online media world that is alien to me, and a few of my colleagues have made it known that they find my research interests on Simone de Beauvoir a bit old-fashioned (I don’t agree with them, of course). But none of this actually defined me for myself as “old.” Surely, still an unremarkable, white, late-middle-aged woman, I did not think I “looked my age.” Surely, I had not yet become a member of that detested “foreign species” (as Beauvoir put it) whose presence lurks within us all and that I, like most of us, so vehemently sought to deny.

But then, on that day in March, as the COVID-19 death toll began to mount in Britain (where I was temporarily living at the time), the firm instruction came over the TV news: the “elderly”—a euphemism for the old, and I use the latter term advisedly—were a “high-risk” category.¹ They were especially at risk of death from the virus, and they were to self-isolate; they were to avoid going out or mingling with others (except in extreme emergency) for at least the next twelve weeks. Neighbors and friends were urged to offer help to these self-isolating oldies, seeing if they needed shopping done or errands run, and generally keeping a kindly eye on them. My first thought was that I should check on the old couple down the road. But then came the crashing realization: the old was me! Now seventy-three, I was one of those “high-risk” individuals who, far from helping others, was being told I needed help from the healthy young. My chronological age, which had not thus far corresponded with my own sense of self, was suddenly thrust upon me from without: it became a defining fact of my existence that has henceforth suffused my experiences of daily life.

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At least in the early days of the epidemic, as the daily death figures mounted (and before the numbers became too overwhelming), they were announced by officials accompanied by the message, presumably meant to reassure the general public, that those who died “were elderly and had underlying conditions.” What was I to make of this reassurance? Clearly it was not intended for me. It was not at all reassuring. Was I, I wondered, one of those with “underlying conditions”? Well, I had a bit of high blood pressure, slightly elevated blood sugar, but surely “no,” I didn’t really have dangerous underlying conditions, did I? But then, did that matter? My age itself, it seemed, was the main “underlying condition,” and the reassuring messages were definitely not intended for me or other old people. To the contrary, they were excluding us from “the public.” They were saying to the rest of society, “there’s not too much to worry about; it’s not you who will die but only the elderly. Just those oldies will die.”

These messages initiated a significant shift, from an apparently caring concern about the well-being of the old to our exclusion from the “normal” adult population. But then, a further and more alarming shift began. As concern developed about the lack of available intensive care beds and ventilators, questions of “triage” began to be debated. Now, it seemed, I belonged to an expendable group: simply on the basis of their age, some argued, older people should be denied needed treatment.² Calculations offered about the “maximization of the number of life-years saved” by reserving equipment only for younger patients would justify automatically denying treatment to those over a certain age.³ Although age was not publicly admitted to be the exclusive criterion for excluding people from treatment, *de facto*, such policies began to be enacted. In parts of England, in April 2020, ambulance crews were instructed not to transport the “frail” elderly and people who were in care homes to hospitals, and family physicians were told to urge their older patients to sign “do not resuscitate” orders (Calvert and Arbuthnott 2021, 262–91). Although arguments might be made for prioritizing younger patients if medical resources are scarce, still the general social and existential message being conveyed here was all too loud and clear: we who are old are, *by definition*, expendable. Our lives, we were being told, have little value. But, although my personal discovery that I am old, an unwanted, superfluous “other,” was triggered by such messages during the early stages of the COVID-19 epidemic, my discovery is hardly unique. Indeed, the epidemic has but heightened the “normal” exclusion of the old from the rest of society.

Not surprisingly, many of the not-old are indifferent to the far greater risks that the old face from COVID-19, and, over the ensuing months of 2020, the young especially had little regard for their safety. Students congregating on beaches, younger people pressed together, unmasked, outside bars, and so forth cavalierly ignored the risk their behavior posed for old people. Indeed, such lack of concern was also loudly trumpeted (no pun intended) yet again by Donald Trump. Seeking to play down the number of COVID-19 deaths in the US, he (re)tweeted, at the end of August 2020, the claim that deaths due to COVID-19 were really only 9,000 (instead of the CDC estimate of nearly 200,000) since “most of the deaths are very old Americans [sic] with co-morbidities.”⁴ While, as COVID-19 infections peaked in Utah in late October 2020 and ventilators became scarce, Greg Bell, president of the Utah Hospital Association, was quoted as saying, “At the end of the day, some senior person, versus some healthy young person probably would not get the nod”: old age is apparently the sole criterion to be used in allocating resources.⁵

Aging is a biological process. Although the contributions of social-constructionist theory, discourse analysis, deconstruction, and governmentality studies are

immeasurably important for understanding how systems of oppression, including old-age oppression, function, one cannot get away from the fact that all bodies age.⁶ Indeed, the COVID-19 death rates are themselves brutal evidence for this. By the end of 2020, with vaccinations still scarcely available, about 80% of all COVID-19-related deaths in the US were of people over the age of sixty-five, yet this age group comprises only 16.5% of the population.⁷ There are, of course, considerable divergences in how death rates are calculated (and sometimes obscured). Predictably, COVID-19 is not, as was originally said, an “equal opportunity” disease, since death rates are also higher for younger people among socially disadvantaged groups, notably African American, Native American, and Latinx groups, and (often overlapping categories) low-paid “essential” and “gig” workers who cannot “stay home.” However, it is clear that COVID-19 was (and still is) a life-threatening disease above all to the old. Indeed, although infection rates were much higher among minority groups of all ages, the great majority of deaths among Black and Latinx populations were of people who were also aged over sixty.⁸

There is, then, an inescapable truth to the correlation of old age with high vulnerability to COVID-19. But what is egregious is the effect of this correlation in heightening the (already ubiquitous) exclusion of the old, in consolidating their status as what Beauvoir calls “the Other.” In her path-breaking study of old age, *La vieillesse* [1970] (titled either *Old Age* or *The Coming of Age* in English translation), Beauvoir argues that how modern society perceives and treats its old members is indicative of the failure of its entire system and values; she is surely right (Beauvoir 1970, 568–70; 1972, 542–43).⁹ Beauvoir had earlier elaborated the notion of “the Other” in *The Second Sex* with regard to women. “Man,” she argued there, defines the norm of “the human,” in relation to which woman is constituted as a deficient being (Beauvoir 1949/2010, 6). Woman is a strange, ambiguous creature, somehow at once human and yet less than human: “the Other.” Beauvoir’s account of how women’s otherness, or alterity, is perpetuated in modern society, how it shapes their “lived experience” and forecloses their freedom, remains a key resource for feminism. It has also had far wider-reaching significance. For, although her account of women’s alterity has been criticized for its lack of attention to diversities of race and class, her fundamental insights have been fruitfully re-elaborated and deployed to address such differences. Her work continues to offer key conceptual resources to explore the intersecting, mutually implicated alterities experienced by those whose race, ethnicity, gender, sexuality, social class, and/or abilities do not conform to the dominant norms of present-day Western societies.

However, old age remains a glaring omission from most such intersectional analyses, even though “youth” continues to be as much a hegemonic norm as masculinity and whiteness, and is the norm against which the old are constituted as “the Other.” In *Old Age*, as in *The Second Sex*, Beauvoir pioneered a new path of social critique, but it is still not as well-trodden as it should be. The book provides an extensive account of how old age is constituted and experienced as another persistent site of alterity, and it describes the diverse aspects of cultural and material oppression that can ensue. However, as Beauvoir observes, the alterity of the old still is normally cloaked in silence. “That is exactly why I am writing this book,” she writes in the introduction, “to break this conspiracy of silence” (Beauvoir 1972, 2, translation modified; 1970, 8).¹⁰

How one “becomes a woman” and how one “becomes old” are far from identical experiences, although they meld in various ways for those who become old women. Gender—race and ethnicity, as well—are labels generally “given” at birth and that people bear as integral to themselves throughout the course of life. Their social consequences and personal implications alter over time but, for most people, they

will remain continuous aspects of their existence.¹¹ However, we do not live the length of our lives as “old.” Although we are aging continually, old age is *sui generis* in that it is a new aspect of our existence that comes upon us as we make the discovery that this is what we have now “become.” In addition, old age is *sui generis* in that, absent early death, it is a universal, embodied experience. Irrespective of how different we are in other ways, and whether we be socially privileged or marginalized, we will all discover that our bodies change as we age: Joints stiffen, reflexes slow, lung function diminishes, and so forth. But though such bodily changes are unavoidable, other alterations are not. For, what could be avoided is the alterity of the old. They do not have to be subjected to the mutually reinforcing structural and cultural phenomena that debar them from the general life of society, demean them, and often condemn them to poverty.

As Beauvoir writes, against the norm of the “active adult,” the old in our society are seen as a “foreign species.” This species is frightening. It is an object of horror and aversion that may arouse “biological repugnance,” so that “in a kind of self-defense we push it far away from ourselves” (Beauvoir 1972, 217, translation modified; 1970, 231). Yet, from early adulthood onwards, and even as we seek to deny it, we know that this species already dwells within us. Thus, its members, insofar as they are visible, are harbingers not only of our own debility and death but also of our own impending outcast and debased social status. Accordingly, the old are often the butt of media and popular culture representations that range from condescension, to ridicule, to sometimes downright cruelty. In the kind of self-dishonesty that Beauvoir calls “bad faith,” we attempt to put the greatest distance possible between us and those we see as “old”: it is they who are “the Other,” not we.¹²

It then follows that, as the tables turn and we start to become numbered among the old, our own long-dreaded old age initially comes to us not from our declining bodies (although they undeniably decline) nor from our foreshortened time perspective (although death may be felt approaching more immediately) but rather from others: “Within me, it is the other, that is to say the person I am for others, who is old” (Beauvoir 1972, 284, translation modified; 1970, 302). And “it is normal that the revelation of our old age should come from others since it is the other within us who is old” (Beauvoir 1972, 288, translation modified; 1970, 306). Furthermore, because we have long shared in the general aversion to what we are becoming, shame and self-disgust (compounding already existing shame for some groups) are components of the discovery that we are old. In a profound self-alienation, we become also “other” to ourselves.

For as long as possible we refuse to accept that this designation belongs to us; it is what Beauvoir calls an “unrealizable.” She describes a period of “oscillation” in which we waver between an “inner certitude” that we are the “same” person we always were and the new “objective reality” of old age that is being thrust upon us from without. With a kind of “outrage,” she writes, we discover that “we must assume a reality which is indubitably us ourselves, even while it reaches us from without and remains for us ungraspable” (Beauvoir 1972, 290, translation modified; 1970, 308–9). When people began to offer me their seat on the bus, there was a sudden shock as I encountered the “objective” evidence that I was old. But even though I apparently now “looked my age” (at least to some people), I still did not believe that what they saw applied to the “real” me. However, on that day in March when the old were told to self-isolate, the oscillation was over: I now belong not only to a clinically “at risk” category but to the despised social category of the “old.” This also means that I now belong to a category of people whose exclusion from the “public,” from “adult” social life is seen as normal.

During the initial period of general lockdown for COVID-19 in the spring and early summer of 2020, when those who could work from home were told to do so, when schools and many businesses were closed, and most social gatherings were prohibited, much concern was expressed by public officials and in the media about the damaging psychological effects of this enforced isolation on “people.” The lack of the daily routines that usually take people into social spaces and into contact with others, whether for work or for many other purposes, was seen as creating an “abnormal” and stressful situation. This situation was liable to produce profound emotional disturbances, resulting in depression, anxiety, anger, alcoholism, and so forth.¹³ However, in the plethora of earnest self-help advice about how to deal with these conditions, what was not noted is that such isolation is deemed “normal” for a great many old people. Many live shut in, perhaps caring for a debilitated partner or else alone; some are housebound by their physical condition or simply have nowhere “outside” to go; others sit or lie alone in rooms in care homes where they receive only brief, perfunctory visits from staff or perhaps (prior to the COVID-19 epidemic) from a family member. Those who live with their adult children in multigenerational households or have wider kinship networks may fare better.¹⁴ But even then, many suffer from being ignored or isolated, perhaps even abused.

Chronological age does not in itself define being old. Even so, for practical purposes, Beauvoir designated sixty-five, then the age of compulsory retirement in France, as marking the onset of old age in modern society. There is considerable merit in this demarcation since, for many people, retirement marks a definitive rupture in their lives.¹⁵ In the West, “productive” paid employment is strongly identified with being a worthy member of society, and (as feminists still need to point out) unpaid “work” in the home is not recognized, and to be “unemployed” and on “handouts” is still stigmatized. When employment has been menial and low-paid its termination may be a release from drudgery, but even then it most often leads to social exclusion as well as poverty.

Since Beauvoir wrote *Old Age* in 1970, life expectancy has (at least until very recently) continued to increase in the US and other Western societies, and one hears cheery, if exaggerated, expressions such as “sixty is the new forty” or even “seventy is the new fifty.” Indeed, social gerontologists and “aging studies” experts often now make a distinction between two groups: members of the “third age” and those in the “fourth age.” Those in the third age, also called the “young-old” or “late middle-aged,” may be retired but (at least, in non-COVID-19 times) still remain to some degree socially visible. They are contrasted with members of the “fourth age,” also referred to as the “old-old,” the “frail elderly,” or those in “deep old age” (Twigg 2004; Thane 2005; Calasanti, Slevin, and King 2006; Marshall 2015). The latter are the severely debilitated, housebound or care-home bound, who are in need of extensive assistance to meet their basic bodily needs. It is their condition that inspires the most horror and revulsion, and they are frequently treated as helpless objects.

In contrast to the terrifying debility of the fourth age, third-agers are encouraged, even while still being regarded as other, to think of themselves as vibrant “active adults” who, as long as they don’t “let themselves go,” remain respected social participants. However, “the other within” continues to lurk even as they make vain efforts to suppress it. As Beauvoir says, the social status of those who are old is always granted to them by others (Beauvoir 1972, 85; 1970, 94). Higher status may, of course, be granted to a few of the old (most often, wealthy, male, and white), at least until the fourth age: They are those whose privilege, wealth, or power can buy them respect “in spite of their age,” or

else who are admired for being “truly remarkable for their age.” However, they are the exceptions that prove the rule, for to tell somebody that they “look their age” is very rarely a compliment once young adulthood is passed. And the positive-seeming remarks often made to third-agers, such as “you don’t look your age!” or “you don’t look a day older!” (as somebody I had not seen for a decade recently said to me at a conference) are backhanded. For what they actually mean is, “although you do look old, I won’t choose to call you that.”

Yet, paradoxically, at the same time that they are “the Other” and are deemed superfluous, segments of the old have become important as markets for numerous products and services. In addition to medical services, fourth-agers (at least the wealthier ones) fuel an enormous, commoditized “care home” industry, while third-agers also drive a vast array of industries linked to the goal of “successful aging,” of “staying young.” The marketing (especially, but not exclusively, to white, middle- and upper-class women) of highly disciplinary regimes of correct diet, exercise and health-care—specialized advice books, health supplements, “keep fit” and yoga classes, and so forth—holds out a promise of deferring old age. In addition to such bodily disciplines, appropriate clothing and “beauty care,” perhaps cosmetic surgery for a price, are also required to keep “successful” third-agers “young.” And, of course, it is essential to “stay active,” to “keep busy” even if one’s activities might have become little more than pastimes, mere efforts to evade boredom.

However, successful aging makes one’s failure to “age well,” when it occurs (as it surely will in time), appear to be one’s own fault. In putting responsibility on the individual, it also disregards the many factors—from genes, to pollution, to poverty, to race—that may shape the debilities of late old age (Ehrenreich 2018, esp. 162–80. See also Baars 2012, 58–74; Marshall 2015, 55–59). Thus its concomitant message, which attunes excellently with the ethos of neoliberalism, is that society has little responsibility to address the well-being of the old.¹⁶ Of course, to care for one’s own well-being (and also that of others) and to be meaningfully engaged in the world are important goals for all human beings and at all ages, including (for as long as possible) in old age. However, since its core message is how to stay young, successful aging not only sets individuals up for personal failure but also reinforces the general culture of aversion to old age. Aiming to defer its dread arrival to a later point in time, successful aging is accompanied by the persistent subtext that to have become one of the old (but “no, no, one really isn’t *that*—yet!”) is indeed to have joined, in Beauvoir’s words, a “different species.”

In our market-driven, cost-accounting society, the old are not merely seen as superfluous but also as an unjustifiable economic burden. Although many of them may do unpaid “caring” labor (perhaps looking after grandchildren, their own partners, or other needy individuals), from a “productive” point of view they are deemed useless: “simply scrap [*pur déchet*],” as Beauvoir baldly put it (Beauvoir 1972, 6, translation modified; 1970, 13). This is apparent not only in the discussions and tacit practices of “triage” during COVID-19 but also in the barrage of accusations now being made against the “baby boomer” generation: that they add to the social costs of medical care unduly and that—since too many of them are now living too long—they are bankrupting Social Security and pension schemes to the detriment of future generations.¹⁷ While if, perversely, they persist in remaining economically active, still employed during the “third age,” then they are stealing the jobs of the young. Thus, although rendered largely invisible as individual, flesh-and-blood human beings, the old remain visible as a shadowy, anonymous mass. They are a lurking “Other” that threatens the well-

being of the “society” of which they are no longer a part. They are the topic of much abstract statistical analysis and debate by economists and public policy experts, and they are subject to extensive, objectifying research by medical and social gerontologists and by aging studies experts.

Counter to this mainstream, however, is also a strand of critical analysis within aging studies. This seeks to challenge the dominant objectifying approaches, and it draws significant conceptual resources from feminist theory (for example, Gullette 1997; Woodward 1999; Twigg 2004; Gullette 2013; Marshall 2015) or, sometimes, from post-colonial theory (for example, van Dyk 2016; Zimmerman 2016). Some of these thinkers still tend to treat the old as a single, monolithic category,¹⁸ but others insist that, although the oppressions of old age are *sui generis* they must also be examined in their complex intersections with other structures of oppression. Thus, for example, Toni Calasanti and Kathleen Slevin argue from a feminist perspective that “old age does not just exacerbate other inequalities but is a social location in its own right, conferring loss of power for all those designated as ‘old’ regardless of their advantages in other hierarchies.” The oppressions of old age, they continue, exist “across lines of such inequalities as race, ethnicity, sexuality, class, or gender. The point at which one becomes ‘old’ varies with these other inequalities” (Calasanti and Slevin 2006, 5). In a similar vein, Neal King argues that the “cumulative disadvantage” that accrues to those whose economic exploitation is shaped by their race, class, and/or gender becomes most sharply visible when the forms of (often unpaid) labor, the patterns of consumption, and relations of dependency (public and personal) of the old are examined (King 2006, 47–74). Sue Westwood, writing as recently as 2019, still points to the urgent need for more intersectional approaches to old age: Although some studies now explore old-age experiences within specific subgroups, she notes that this work continues to remain locked in separate “silos.” Thus, intersectional study “in relation to ageing as a whole” remains lacking, and the heterogeneity of old age continues to be obscured (Westwood 2019, 4).

But if feminist theory has become something of a resource for critical aging studies, how, I now started to wonder, is old age addressed in feminist theory itself? I must confess that, although I have been writing about questions of gender and embodiment, of identity, of difference for many years, I had not thought to ask myself this question, and (except for one short discussion, see Kruks 2012, 81–89) I have not addressed old age in my previous work. I started to scan my bookshelves, perusing the several decades-worth of work in women’s studies and feminist theory that sit upon them. This perusal revealed that, with some rare exceptions (and these more often address late middle-age; see especially Pearsall 1997; Walker 1999), the lives of older women, irrespective of class, race, ethnicity, sexuality, or ability, have long been—and still are—strikingly absent from feminist theory. Ironically, although critical aging theory draws on feminist theory, the reverse is not the case!

Over time, feminism has become ever more attentive to both experiential and structural differences among women, and recently there have been some important reconfigurations of feminist politics and theory to address transgender politics and the Black Lives Matter movement. Engagements with the emergent areas of decolonial and queer theory have also opened up important challenges and new vistas for feminist theory. Yet, a few exceptions notwithstanding, what Beauvoir calls the “conspiracy of silence” about old age still persists here, as in society at large. As a consequence, feminist theory tacitly reinforces the alterity of the old. There is scant discussion of old bodies in the now-voluminous treatments of embodiment in feminist theory. Likewise, old age is

an absent category in general theoretical analyses of power and privilege, of marginalization, of intersectionality. How, for example, old age may heighten the harms of poverty, the burdens of being of color, of being nonheterosexual, or of having a disability is rarely explored in feminist scholarship.

I am certainly not the first to point to the troubling omission of old age from the concerns of feminism in general or feminist theory in particular. This omission is itself very old.¹⁹ Second-wave feminism emerged in the 1970s in significant measure as a revolt of young women against the constrained lives and values of their mothers' generation, and its critiques often carried a hostile dismissal not only of old ways but also of older women. Yet as long as forty years ago, Audre Lorde presciently warned, in "Age, Race, Class, and Sex," that "the 'generation gap' is an important tool for any repressive society" (Lorde 1980/1984, 117). She continued: "if the younger members of a community view the older members of the community as contemptible, or suspect or excess, they will never be able to join hands and examine the living memories of the community, nor ask the all important question, 'Why?'" (117).

In the interim, a few voices have, from time to time, been raised, indeed, angry voices, calling attention to the exclusion of the old (or, more often, of the late-middle-aged) from feminism and feminist scholarship. For example, at a National Women's Studies Association (NWSA) conference in 1985, Barbara MacDonald accusingly asserted: "I open your feminist publications and not once have I read of any group of younger women enraged or marching or organizing legal support because of anything that happened to an old woman" (MacDonald 1986, 20). More than a decade later, Margaret Gullette warned that "it is not true, and never was, that the movement can focus on gains for younger women on the understanding that they automatically translate into gains for the same women as they age" (Gullette 1997, 237). Yet more recently, Toni Calasanti and Kathleen Slevin bluntly stated that "an inadvertent but pernicious ageism burdens much feminist scholarship and activism" (Calasanti and Slevin 2006, 1).

However, such calls for attention to old age continue to be ignored. Most troublingly, old age is not being addressed within the paradigms of intersectionality that now predominate in feminist theory—where old age cries out to be addressed. Let me give some examples. I recently received the updated mission statement of the Association for Feminist Ethics and Social Theory (FEAST), which announces the society's intent to address "new understandings of ethical and political concepts and concerns" regarding many "underrepresented and marginalized women." These groups are then listed as including "BIPOC, Third World, disabled and LGBTQIA" women—but old women are nowhere mentioned (or are we all presumed to be subsumed within the category of "disabled"?).²⁰ Similarly, an overview of recent books on intersectionality reveals the ubiquitous invisibility of old age. For example, old age is alluded to but twice (and only very briefly) in the multitude of readings assembled in *Intersectionality: A Foundations and Frontiers Reader* (Grzanka 2014). It is not considered in *Intersectionality* (Collins and Bilge 2016), and in *Categories We Live By: The Construction of Sex, Gender, Race, and Other Social Categories* (Ásta 2018) old age is not discussed among "Other Social Categories." Likewise, in a special issue of *Signs*, "Toward a Field of Intersectionality Studies," the issue editors refer, in their introduction, to intersectionality as a "nodal point" for examining "dynamics of race, gender, class, sexuality, nation, and other inequalities" (Cho, Crenshaw, and McCall 2013, 788), but old age is not considered. "Intersectionality," they write, "has traveled into spaces and discourses that are themselves constituted by power relations that are far

from transparent” (789). True, indeed! That old age is a site of pervasive oppression is obscured—and thus tacitly reinforced—by their own silence here.

If feminist theory is effectively to fulfill its mission as a body of critical theory that bears on current oppressions and may inform resistant political practices, then it urgently needs to extend its remit to examine old age. For old age is both an oppressive social location in itself and a site where other intersecting oppressions are also at play. Many of the issues of central concern to feminism and feminist theory, including the power differentials and alterities of race, class, gender, sexuality, ability, nationality, and so on and their intersections do not disappear in old age but are often exacerbated in age-specific respects. To give some examples: Heteronormativity can still profoundly affect old people, but in particular ways. Care homes for the “elderly” do not comfortably accommodate gay or lesbian couples; and to be old and transgender can be extremely fraught, especially in situations where bodies must be exposed to caregivers and medical personnel. Mainstream feminine beauty norms present the ideal woman’s body not only as white but also as young, and old women often suffer greatly as they are seen (and see themselves) as falling away from the norms of youthfulness as well as femininity. As Lynne Segal, a long-time feminist activist, wryly observes, “As feminists we had consciously disdained the dictates of the youthful beauty culture. It was easier to do so when we were young ourselves, and hence less vulnerable to being viewed as intrinsically outside its radar. Yet we still remained unprepared for the dismay, fears, anxiety, even for many the sudden horror, which the aging woman can experience on looking into the mirror and seeing a face she cannot accept, yet one uncannily familiar” (Segal 2013, 12).

Furthermore, old women still remain vulnerable to sexualized violence while also being more at risk for other forms of gendered violence, such as muggings and “care-giver” abuse. For old women of color, racialized violence also remains a threat. It hardly needs to be added that the cumulative effects of their prior lower earnings (itself also an effect of social class, race, and nationality, as well as of time spent child-bearing and rearing) often drastically reduce women’s incomes and other resources in old age. Although not all women are poor, the “feminization” of women’s poverty in old age is so widespread as to be a truism, and this is especially the case for the many women who are single.

The complicity of feminist theory in the “conspiracy of silence” does more than contribute to the exclusion and alterity of the old, however: It also inhibits theoretical work itself. For both theoretical as well as practical considerations of such issues as vulnerability, power, justice, or freedom are impeded if they do not address the specificities of life in old age. Additionally, old age raises its own questions for discussion concerning possibilities for political resistance and change. Unlike the young, and even the middle-aged, the old are not, for the most part, about to get “off the pavement and into the street” (Gullette 1997, 241): one does not see many old people on women’s marches or in Black Lives Matter demonstrations, for example. Nor are the old as likely to come together in common work or social spaces from where they could organize together politically. Thus, perhaps yet more strongly than other oppressed groups, the old need solidarity from others—and for this to develop, the “conspiracy of silence” must be challenged. But how? Here questions are raised about the possibility for what María Lugones calls “world’-travelling” (Lugones 1990), but now among those who also inhabit different age-worlds. For even if good faith efforts are made, how far can the oppressive experiences of old age be grasped by those who are not (yet) living them?

How, indeed, may the old themselves grasp one another's multiply different yet also similar experiences?

There are no easy answers to such questions, and I will not attempt to suggest responses here. Instead, by way of an ending that I hope will invite conversation to begin, I return to Beauvoir. Beauvoir begins *Old Age* by narrating the story of how, when the young Siddhartha left his palace for the first time, he was amazed to see a strange, hobbling creature on the road: an old man. Unlike most people, he immediately recognized himself in the man, saying "I myself am the future dwelling place of old age" (Beauvoir 1972, 1; 1970, 7) Beauvoir urges us to do likewise, and her pioneering phenomenology of old age is a major contribution toward breaking down the "conspiracy of silence" about the old and enabling them to be heard by those who are younger. Instead of fleeing the old in horror, endeavoring to cast "them" into obscurity as a "foreign species," we must struggle (even though we may often fail) with the difficult task of trying to recognize that we are them and they are us. "Let us recognize ourselves in this old man, this old woman," Beauvoir writes: "We must do so if we want to take up our human condition in its totality. Once done, we will no longer accept the misery of the last age with indifference. We will feel that we are ourselves involved: we are" (Beauvoir 1972, 5, translation modified; 1970, 11–12).

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Notes

1 There is much euphemistic avoidance of the terms *old* and *old age* as, for example, in talk of "seniors," "elders," "the elderly" or "the aging." We "age" throughout the course of our lives and, in Western society, we are continually age-classified in one way or another (for example, as teenaged or middle-aged; as "millennials" or "generation Xers."). The time of its onset is indeterminate, but *old age* is a sui generis period of life that needs to be called by its own name.

2 As research on vaccines and treatments proceeded in 2020, most clinical trials chose to exclude people over sixty-five from their study samples (Helfand et al. 2020).

3 On "life-years saved," see Feinstein et al. 2020. As vaccines started to be available, but were still in very short supply, the issue of "life-years saved" was again debated. For example, Peter Singer claimed that "the objective we should aim for is to reduce years of life lost." See Bazelon 2020.

4 *New York Times*, August 30, 2020.

5 Quoted in Spells 2020.

6 Thus, I agree with Susan Wendell that "it is wildly optimistic to imagine that social justice, a healthful environment, and medical advances can eliminate most of the illnesses and physical limitations of middle and old age. Some of the most privileged middle-aged and old people get sick now; spreading their level of privilege to everyone in the world, could it be done, would not be sufficient" (Wendell 1999, 135).

7 According to CDC data for "All deaths involving Covid," in late December 2020, more than eighty percent of deaths were of people aged sixty-five and over (https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#SexAndAge).

8 Members of minority groups were dying both at much higher rates and at younger ages than white people. But although the age-adjusted death rate for Black people was 3.6 times that for whites, most of those who died were also aged sixty-five and over. See Ford, Reber and Reeves, 2020; Zelnor et al. 2021. By mid-2021, with vaccination now widespread among the old, a higher percentage of deaths was occurring

among younger people, especially those in minority groups with low vaccination rates. However, according to CDC data, 62% of deaths attributed to COVID-19 were still of people aged sixty-five and over during the month of July 2021 (https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#SexAndAge).

9 I prefer to use the blunter and more accurate British title, *Old Age* rather than the US title, *The Coming of Age*. Pagination is the same in both English-language editions.

10 Kathleen Woodward observed in 1999 that *Old Age* was still almost entirely ignored in feminist scholarship on Beauvoir, an indication of how “ageism” was also “entrenched within feminism itself” (Woodward 1999, xi). Little has changed in the last two decades, although there is now a small but high-quality specialist literature on the book. Notably, see the many excellent chapters in Stoller 2014. See also Miller 2001; Deutscher 2003; 2008; 2017; Lennon and Wilde 2019.

11 There can, of course, be exceptions here, notably for people who transgender or, sometimes, for those who “pass” at some stage in their lives.

12 Those with disabilities are also frequently seen as threatening, and they may similarly incite hostility. Although old age must certainly not be confused with disability, aversion to those with disabilities and to the old are in many ways allied, and it can be useful to think about them comparatively. See Overall 2006 for a comparison.

13 Isolation obviously was (and remains) compounded for many by job loss, acute financial anxieties, and other worries such as lack of childcare. But since these are less easy to address with “self-help” advice, they tended to be mentioned less frequently.

14 Greater kinship support may exist within some minority groups. For examples of positive family support in old age for Black Americans, see Johnson and Barer 2003. However, it is also of note that, in 2018, 41% of African American women aged sixty-five and over lived alone (ACL 2019).

15 Although Beauvoir pays little attention to women or minorities, a great deal of her portrayal of old age still remains broadly relevant for all social groups. She focuses on men, she says, because they participate more fully in public life and paid employment than women do and so suffer more from the social exclusions that accompany old age. Such assumptions were already becoming problematic in 1970, even in France. Today, many more women work outside the home and participate in public life, and they may also experience the deleterious effects of abrupt retirement that Beauvoir describes. Moreover, and as she had argued in *The Second Sex*, old age presents specific oppressions for women as their sexual “attractiveness” disappears and, for many, their maternal role ceases (Beauvoir 1949/2010, 619–37). See Stoller 2014 for some excellent co-readings of *Old Age* and *The Second Sex*.

A great strength of Beauvoir’s analysis, however, is her acute attention to how social class intersects with old age. She stresses the ways that poverty exacerbates the ills of old age for many, and she links the egregious treatment of the old in France with their previous, life-long exploitation and alienation. (See also the transcript from her film, made in 1974, about the dehumanizing conditions in public care homes for the old. Beauvoir 2012, 339–69.) That Beauvoir does not address the ways in which old age is imbued with racism for members of ethnic minorities cannot but strike present-day North American, British, and other readers as a lack, but it is not surprising as information about the lives of members of minority groups—of any age—was scarce in France when she wrote. Indeed, it still is today: For example, in the name of universal citizenship, the French government is not tracking rates of COVID-19 among minorities.

16 As Barbara Ehrenreich pithily remarks, “the successful aging literature insists that a long and healthy life is within the reach of anyone who will submit to the required discipline. It’s up to you and you alone. . . . Nor is there much or any concern for the material factors that influence the health of an older person, such as personal wealth or access to transportation and social support. Except for your personal trainer or successful-aging guru, you’re on your own” (Ehrenreich 2018, 165). For a more celebratory view of what they call the “new aging,” see Chris Gilleard and Paul Higgs: “The ‘new ageing’ as practice, narrative and as experience has made it more possible than previously for the body in later life to become a site for the expression of identities and lifestyles that are other than aged, other than old” (Gilleard and Higgs 2013, 31).

17 For an overview and rebuttal of arguments that the old have a social “duty to die,” and for a cogent critique of what she calls “age rationing” and—more bluntly—“generational cleansing,” see Overall 2003, esp. chs. 2 and 3. See also Segal 2013, esp. 39–73, for a discussion of attacks on the “baby boomer generation.” Glenda Laws notes that, when they were young, the baby boomer generation also complained that

the previous generation, who had benefited from the New Deal and the postwar GI bill, had done so at their expense (Laws 1995, 117).

18 Gullette's work, for example, is little attentive to differences in race and class. Harm-Peer Zimmerman, following Gayatri Spivak, asks "Can the aged speak?" but presents the aged as an undifferentiated "colonized" subject in his response (Zimmerman 2016). Similarly, Silke van Dyk argues that the "young gaze" is analogous to the "white gaze," but does not consider the ways in which age and race are also different or how they may inflect each other (van Dyk 2016).

19 For example, only one essay claims to describe the experiences of "the aging woman" in Robin Morgan's early and iconic anthology *Sisterhood is Powerful*. The essay is not, however, about old women but about experiencing oneself as already "obsolete" in early middle age, and the author identifies herself as being forty-three (Moss 1970, 170). This essay is typical of much of such feminist work as there is on "aging": the focus is on the midlife experiences of disrespect and dismissal that already attend women long before old age arrives. Indeed, Margaret Gullette framed her influential book, *Declining to Decline*, which is often cited as being about "old age," as a call to arms against what she called "middle-ageism" (Gullette 1997).

20 The statement can be found at <https://www.afeast.org/mission/>.

References

- Administration for Community Living (ACL). 2019. *2018 profile of African Americans age 65 and over*. Washington, D.C.: U.S. Department of Health and Human Services.
- Ásta. 2018. *Categories we live by: The construction of sex, gender, race, and other social categories*. Oxford: Oxford University Press.
- Baars, Jan. 2012. *Aging and the art of living*. Baltimore: Johns Hopkins University Press.
- Bazelon, Emily. 2020. People are dying: Whom do we save first with the vaccine? *New York Times Magazine*, December 24.
- Beauvoir, Simone de. 1949/2010. *The second sex*. Trans. Constance Borde and Sheila Malovany-Chevallier. New York: Knopf.
- Beauvoir, Simone de. 1970. *La vieillesse*. Paris: Gallimard.
- Beauvoir, Simone de. 1972. *Old age*. Translated by Patrick O'Brian. London: André Deutsch Ltd. and George Weidenfeld and Nicolson. The US edition of the same translation is titled *The coming of age*. New York: G. P. Putnam and Sons, 1972.
- Beauvoir, Simone de. 2012. A walk through the land of old age. Trans. Alexander Hertich. Introduction by Oliver Davis. In *Political writings*, ed. Margaret A. Simons and Marybeth Timmermann. Urbana and Chicago: University of Illinois Press.
- Calasanti, Toni, and Kathleen F. Slevin, ed. 2006. *Age matters: Realigning feminist thinking*. New York: Routledge.
- Calasanti, Toni, Kathleen F. Slevin, and Neal King. 2006. Ageism and feminism: From "et cetera" to center. *NWSA Journal* 18 (1): 13–30.
- Calvert, Jonathan, and George Arbuthnott. 2021. *Failures of state: The inside story of Britain's battle with Coronavirus*. London: Mudlark.
- Cho, Sumi, Kimberlé Williams Crenshaw, and Leslie McCall. 2013. Toward a field of intersectionality studies: Theory, applications, praxis. *Signs: Journal of Women in Culture and Society* 38 (4): 785–810.
- Collins, Patricia Hill, and Sirma Bilge. 2016. *Intersectionality*. Cambridge, UK, and Malden, Mass.: Polity.
- Deutscher, Penelope. 2003. Beauvoir's *Old Age*. In *The Cambridge companion to Simone de Beauvoir*, ed. Claudia Card. Cambridge, UK: Cambridge University Press.
- Deutscher, Penelope. 2008. *The philosophy of Simone de Beauvoir: Ambiguity, conversion, resistance*. New York: Cambridge University Press.
- Deutscher, Penelope. 2017. Afterlives: Beauvoir's *Old Age* and the intersections of *The Second Sex*. In *A Companion to Simone de Beauvoir*, ed. Laura Hengehold and Nancy Bauer. Hoboken, N.J.: Wiley Blackwell.
- Ehrenreich, Barbara. 2018. *Natural causes*. New York: Twelve.
- Feinstein, Max M. et al. 2020. Considerations for ventilator triage during the COVID-19 pandemic. *The Lancet*, April 28.

- Ford, Tiffany, Sarah Reber, and Richard V. Reeves. 2020. Race gaps in COVID-19 deaths are even bigger than they appear. Washington, D.C.: Brookings Institution, June 16.
- Gilleard, Chris, and Paul Higgs. 2013. *Ageing, corporeality and embodiment*. London and New York: Anthem Press.
- Grzanka, Patrick A., ed. 2014. *Intersectionality: A foundations and frontiers reader*. Boulder, Colo.: Westview Press.
- Gullette, Margaret M. 1997. *Declining to decline: Cultural combat and the politics of the midlife*. Charlottesville: University of Virginia Press.
- Gullette, Margaret M. 2013. *Agewise: Fighting the new ageism in America*. Chicago: University of Chicago Press.
- Helfand, Benjamin K. I. et al. 2020. The exclusion of older persons from vaccine and treatment trials for coronavirus disease 2019—Missing the target. *JAMA Internal Medicine* 180 (11): 1546–49.
- Johnson, Colleen L., and Barbara M. Barer. 2003. Family lives of aging Black Americans. In *Ways of aging*, ed. Jaber F. Gubrum and James A. Holstein. Malden, Mass.: Blackwell.
- King, Neal. 2006. The lengthening list of oppressions: Age relations and the feminist study of inequality. In *Age matters: Realigning feminist thinking*, ed. Toni Calasanti and Kathleen F. Slavin. New York: Routledge.
- Kruks, Sonia. 2012. *Simone de Beauvoir and the politics of ambiguity*. New York: Oxford University Press.
- Laws, Glenda. 1995. Understanding ageism: Lessons from feminism and postmodernism. *The Gerontologist* 35 (1): 112–18.
- Lennon, Kathleen, and Anthony Wilde. 2019. Alienation and affectivity: Beauvoir, Sartre and Levinas on the aging body. *Sartre Studies* 25 (1): 35–51.
- Orde, Audre. 1980/1984. Age, race, class, and sex. In *Sister outsider*. Freedom, Calif.: The Crossing Press.
- Lugones, María. 1990. Playfulness, “world”-travelling, and loving perception. In *Making face, making soul: Haciendo caras*, ed. Gloria Anzaldúa. San Francisco: aunt lute books.
- MacDonald, Barbara. 1986. Outside the sisterhood: Ageism in women’s studies. In *Women and aging*, ed. Jo Alexander et al. Corvallis, Ore.: Calyx Books.
- Marshall, Leni. 2015. *Age becomes us: Bodies and gender in time*. Albany: SUNY Press.
- Miller, Sarah Clark. 2001. The lived experience of doubling: Simone de Beauvoir’s phenomenology of old age. In *The existential phenomenology of Simone de Beauvoir*, ed. Wendy O’Brien and Lester Embree. Dordrecht: Kluwer.
- Moss, Zoe. 1970. It hurts to be alive and obsolete: The ageing woman. In *Sisterhood is powerful: An anthology of writings from the women’s liberation movement*, ed. Robin Morgan. New York: Random House.
- Overall, Christine. 2003. *Aging, death, and human longevity*. Berkeley: University of California Press.
- Overall, Christine. 2006. Old age and ageism, impairment and ableism: Exploring the conceptual and material connections. *NWSA Journal* 18 (1): 126–37.
- Pearsall, Marilyn, ed. 1997. *The other within us: Feminist explorations of women and aging*. Boulder, Colo.: Westview Press.
- Segal, Lynne. 2013. *Out of time: The pleasures and the perils of aging*. London and New York: Verso.
- Spells, Alta. 2020. Care rationing could be the next step for overwhelmed hospitals in Utah. *CNN.com*, October 26.
- Stoller, Silvia, ed. 2014. *Simone de Beauvoir’s philosophy of age: Gender, ethics, and time*. Berlin and Boston: de Gruyter.
- Thane, Pat, ed. 2005. *A history of old age*. London: Thames and Hudson.
- Twigg, Julia. 2004. The body, gender, and age: Feminist insights in social gerontology. *Journal of Aging Studies* 18 (1): 59–73.
- van Dyk, Silke. 2016. The othering of old age: Insights from postcolonial studies. *Journal of Aging Studies* 39 (December): 109–20.
- Walker, Margaret Urban, ed. 1999. *Mothertime: Women, aging, and ethics*. Lanham, Md.: Rowman and Littlefield.
- Wendell, Susan. 1999. Old women out of control: Some thoughts on aging, ethics, and psychosomatic medicine. In *Mother time: Women, aging, and ethics*, ed. Margaret Urban Walker. Lanham, Md.: Rowman and Littlefield.
- Westwood, Sue. 2019. Introduction. In *Ageing, diversity and equality: Social justice perspectives*, ed. Sue Westwood. London and New York: Routledge.

- Woodward, Kathleen. 1999. Introduction. In *Figuring age: Women, bodies, generations*, ed. Kathleen Woodward. Bloomington: Indiana University Press.
- Zelner, Jon et al. 2021. Racial disparities in COVID-19 mortality are driven by unequal infection risks. *Clinical Infectious Diseases* 72 (5): e88–e95.
- Zimmerman, Harm-Peer. 2016. Alienation and alterity: Age in the existentialist discourse on others. *Journal of Aging Studies* 39 (June): 83–95.

Sonia Kruks is the Robert S. Danforth Professor of Politics Emerita at Oberlin College. Her research interests lie at the intersections of existential phenomenology with feminist and other political theory. She is the author of *Simone de Beauvoir and the Politics of Ambiguity* (Oxford University Press), *Retrieving Experience: Subjectivity and Recognition in Feminist Politics* (Cornell University Press), *Situation and Human Existence: Freedom, Subjectivity and Society* (Unwin Hyman/Routledge), and the *Political Philosophy of Merleau-Ponty* (Harvester Press/Humanities Press). She serves on the advisory board of *Simone de Beauvoir Studies* and the editorial board of *Sartre Studies International*.