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Aging without agency: Theorizing the fourth age

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This article looks at the "fourth age" as a manifestation of the fragmentation of "old age". We argue that the fourth age emerges from the institutionalization of the infirmities of old age set against the appearance of a third-age culture that negates past representations of old age. We outline the historical marginalization of old age from early modern society to the contemporary concentration of infirmity within long-term care which makes of old age an undesirable "social imaginary". As "old age" fades from the social world, we liken this to the impact of a "black hole" distorting the gravitational field surrounding it, unobservable except for its traces. Within this perspective, the fourth age can be understood by examining not the experience itself but its impact on the discourses that surround and orientate themselves to it.

Keywords: fourth age; third age; black hole; event horizon; nursing homes

Introduction

In 1941, concerned with the impact of growing numbers of "senescent individuals" on the nation's economy, the US Public Health Service's National Institute of Health announced the establishment of "a new unit for research in gerontology, *the problems of aging* … direct(ing) attention particularly upon the normal processes of late maturity, approximately the period between 40 and 60 years of age".[1] Over a half century later, these age parameters seem curiously out of date as well as missing a crucial point about what aging means in contemporary society. Shifting the age brackets ever upwards in line with increasing longevity is no longer sufficient. Old age itself seems to have changed and in so doing, frustrates any attempt at chronologically defining its onset. In spite of this, what old age means still confronts researchers and the need to theorize the "problems of aging" links the concerns of the 1940s with those of today.

Within contemporary gerontology, the idea that there is just one old age has been challenged by the growth of what may be termed "third-age studies" distinguished by their focus on contingency, diversity, and difference. A number of authors have contributed towards this cultural shift (e.g., Blaikie, 1999; Featherstone & Wernick, 1996; Gilleard & Higgs, 2000; Katz, 2005; Weiss & Bass, 2002). In theorizing a third age, they have drawn attention to some of the more significant changes to age and aging thrown up by developments within contemporary social and cultural practices. The commodification of the body, the development of anti-aging strategies, and the increasing differentiation of mass consumer society all illustrate how later life has been transformed as a field of agency and choice.

Excluded from this discourse has been any deeper articulation of what has been brought into, if not existence, then at least contrasted relief – the "fourth age" (Twigg, 2006). The fourth age, in this rough formulation has been termed a social space marking the end or collapse of "the third-age project" where power, status, and citizenship can no longer be enacted by those who are most identified by it (Gilleard & Higgs, 2000, p. 162). The "cultural turn" however has failed adequately to address what is seen as a condition of old age now juxtaposed to an agentic "later" or "post-working" life. Nor has it resolved what, if anything, separates old age from infirmity and chronic illness. While many writers have tried to bring coherence to the manifold experiences of aging by drawing together the communalities of the aging experience, they have avoided addressing the significance of the divide between the third and fourth ages. This division remains an unresolved tension in their work. It is also a tension for those working within the field of mental health for older people because it also describes many of the origins of the contradictions that practitioners deal with on a day-to-day basis.

The fourth age is important as a cultural and structural component of aging but it is not constructed around the same coordinates as those of the third age. It is not simply the terminus of the third age, nor some kind of third-age anti-matter – the unsuccessful but necessary counterpart to successful aging. One way of approaching this issue is to consider the fourth age as a kind of social or cultural "black hole" that exercises a

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powerful gravitational pull upon the surrounding field of aging. The purpose of this article is to develop this idea, and by (re)theorizing the fourth age, give it a more cogent status within gerontology, a status beyond that of an under-theorized residual social category.

The third age and its shadows

Gilleard and Higgs have argued that the third age should be interpreted as a cultural field developed most extensively in post-working life and not a "new" stage of life or a particular social stratum within the aged population (Gilleard & Higgs, 2005). While individuals from particular, iconic birth cohorts may participate more completely than others in this field, individuals from every cohort vary in their involvement. Consumption practices provide much of the logic governing this field and the socializing influences of post-war mass consumer society determine much of its habitus. Part of the definition of the third age is its active exclusion of "old age" and "agedness". In that sense the cultural and structural boundaries of the third age may provide, through a process of antagonistic reciprocity, the structural boundaries for the "fourth age". But this active exclusion of agedness reflects as much as it determines the fourth age, appearing as a kind of distortion in the mirror of the third age. We argue that social gerontology needs to become aware of the role of the fourth age as a "social imaginary" (a largely unstructured and inarticulate understanding of social situations (Taylor, 2004, p. 25) of deep old age, if it is to fully understand the changing circumstances of aging.

Before we pursue this further, we must be aware that not all of the actions of older people can be covered by the interpretive frameworks of the third and fourth ages. Not participating in the third age – whether for material, social, or more personal reasons – does not automatically consign an individual to the fourth age. Access to the third age and the acquisition of, to use Bourdieu's term, its habitus, varies for historical and socio-structural reasons. Habitus in this sense means a set of dispositions that define particular cultural practices or lifestyles (Bourdieu, 1986, pp. 169–175). The lack of third-age habitus does not determine entry into the field of the fourth-age identity nor instill a fourth-age habitus. That such fourth-age habitus are impossible, we shall demonstrate later. Our point here is that significant parts of adult life at any "life stage" are conducted as part of the "everyday round", maintaining a moral identity within particular family or social networks and getting by without much reference to consumption-oriented distinctions or broader cultural aspirations. It is when people are no longer "getting by", when they are seen as not managing the daily round, when they become third persons in others' age-based discourse, within others' rules, that they become subjects of a fourth age. At this point an "event horizon" is passed, beyond which the everyday round cannot situate a frame of reference from which individual agency is interpreted. It is the combination of a public failure of self-management and the securing of this failure by institutional forms of care that a key boundary is passed. Even then, it is not just these particular conditions that create the objectification of agedness, but the interpretations that are used to define this event horizon, the meanings attached to what lies beyond it, and the consequences that these interpretative structures have on life outside the fourth age that together give it its significance.

When Laslett wrote his seminal book on the third age *A Fresh Map of Life*, he sought to rescue the third age from what he termed the "ignominy" of the fourth (Laslett, 1989, pp. 3–5). For Laslett, this was a period of decline and decrepitude that particularly affected those who lived beyond their mid-eighties (Laslett, 1989, p. 41). Laslett periodized the fourth age within the lifespan of individuals, while he located the third age within the history of society. The fourth age was not a matter of collective achievement made possible by social, cultural, and economic developments but an inevitable end that could at best be marginalized to the edges of life. While we share Laslett's view of the third age as a socio-historical phenomenon situated in the confluence of particular social and historical trends, rather than treating it as a periodized segment of the lifespan, a "late middle age" (Twigg, 2004) or as a class fragment, the continuation of "two nations" in retirement (Bury, 1995; Evandrou & Falkingham, 2000; Titmuss, 1958), we argue that it should be seen as a cultural field shaped by the experiences of people who grew up and are now growing old within mass consumer society (Gilleard & Higgs, 2005; Higgs & Gilleard 2006). In describing the third age as a cultural field, we are referring to the development of generational lifestyles whose origins can be traced to 1960s youth culture with its emphasis upon choice, autonomy and self-expression. As this generation has grown older, it has carried these dispositions over into later life.

What helped to define this field is the rejection of that which is old because it is old. The old seemed to represent much of what out of date in the new post-war society and this mentality continues to resonate in a generation which even now still hopes to die before it gets old (Strausbaugh, 2002). The third age draws much of its dynamic from this "generational schism", which was presented publicly and privately as a break with the "older" pre-war generation and which created a reluctance to identify with that which was "old" or "aged". This resistance to be the social categorization of old age has become a central habitus of the third age, one that continues to be nourished by expanding markets for anti-aging products and lifestyles (Gilleard, 1996; Hurd Clarke & Griffin, 2007).

A key premise of our argument is that the third age is a cultural field presaged upon the agency of its participants. Non-participation in that field, not choosing not to participate but simply not knowing

or following its rules is not in and of itself a key attribute to the fourth age. Non-participants in the third age may well exercise agency within other domains of life that are removed from the market and the media. They are like observers of a game, possessing some familiarity with its rules but remaining, whether by choice or circumstance, non-participants, non-players.

The fourth age is not about not participating in this cultural field. It is a more distinct phenomenon, a more unfathomable space within society, created by different logics and shaped by different practices. The institutionalized health and social-care practices that have helped demarcate the event horizon serve as a portal to an important symbolic space that shapes and renders at times more desperate the habitus of the third age. Adopting Charles Taylor's terminology, the fourth age can be seen as a particular "social imaginary" through which modern society's unstructured and inarticulate sense of the world is given meaning. The fourth age functions as a social imaginary because it represents not so much a particular cohort or stage of life but as a kind of terminal destination – a location stripped of the social and cultural capital that is most valued and which allows for the articulation of choice, autonomy, self-expression, and pleasure in later life.

Historical origins of the fourth age

As we have intimated, the conditions for a fourth age are constituted by the practices of those who represent the public good. In the process of securing a place for old age, the modern nation state established practices and institutions that removed or restricted the agency and choice of the impotent poor, preventing alternative ways of being old that were deemed too much, too uncivilized for society to tolerate. The expansion of state governance was accompanied by a parallel growth in what Norbert Elias referred to as "the civilizing process" in Western society (Elias, 1978). Neediness left unmanaged called into question the state's capacity to represent itself as sovereign of all its subjects. But the need for the state to concern itself with issues of lack and neediness was also determined by ideas concerning what is indecent and intolerable for a well-governed society. Public signs of poverty and lack became more noticeable as they became less tolerable. Beginning in the eighteenth century, new statuses and new communities were created for those deemed incapable of civilizing themselves through the mainstream institutions of work, school, and the family. As one German reformer put it, "old age and incurable diseases ... were [seen as] evils which also called for assistance" (von Voigt, 1796, cited in de Schweinitz, 1961, p. 93). These newly ascribed identities were constructed by the practices of others, the Poor Law guardians whose task, as representatives of state and society, was to protect both the individuals themselves and society at large from the indecency of their lives (Brundage, 2002).

The historical representation of old age in modern Western society could be said to have undergone a gradual transformation from a fundamentally moral perspective associated with the ordering of the ages and stages of life to a more collectively organized identity, based upon the position, status and resources allocated to those considered "aged" within society. While the early Christian church treated old age as a spiritually valued stage of life (Burrow, 1988; Sears, 1986), the expansion in state power in the late middle ages led to new administrative structures changing the way in which poverty and the poor were viewed. Issues of poverty and neediness that had previously been deemed "sacred" became "secular" concerns (Beier, 1986; Markus, 1990). One consequence was to shift the earlier moral categorization of old age to a socially constructed one – represented in the first instance by formalizing provision for the aged as part of the deserving poor (Gilleard, 2002).

While aged beggars seemed eternal fixtures of the early medieval landscape (Elias, 1978, p. 208), things started to change as new urban centers appeared. Although there had been earlier attempts to address the issue of the aged poor, it was not until the sixteenth century that Henry VIII's parliament specifically legislated for the welfare needs of the aged and impotent poor in England (Slack, 1995, p. 6; Trattner, 1974, p. 8). From this point on, there was a slow but steady expansion in the provision of welfare for this new grouping of the poor. Indoor relief accelerated during the industrial revolution. In France, old age was recognized by the state as a distinct social category in the eighteenth century when systematic provision was created in hostels and hospitals for the care of the aged infirm (Bois, 1994; Gutton, 1988). Accompanying these developments was an interest in demography, actuarial science, and the delineation of national age structures (Bois, 1994). National censuses were established in a number of countries in the early nineteenth century and by its close the "problems of old age" were firmly on the political agendas of most Western countries (Baldwin, 1992; Nield, 1898; Spender, 1892).

With the introduction of universal old-age pensions in the early twentieth century, the emphasis upon "undeserved impoverishment" was replaced by a focus upon physical infirmity and its management and remediation. Whereas the aging inhabitants of the nineteenth-century poorhouse were by no means all infirm or sick, their "medical" needs had generally been woefully neglected (Smith, 1990). After the Second World War, retirement had become an established part of the lifecourse, separating the working from the non-working population (Harper & Thane, 1989). Once a universal pensions system had been implemented, the "problem" of "old age became a central issue within the health care system" (Conrad, 1998, p. 133). The post-war welfare state articulated

new distinctions within the ranks of the aged poor, distinguishing the aged with primarily social needs from those whose needs stemmed from sickness and infirmity. For the former, there was the prospect of better pensions or a place in the new residential homes for the elderly where they were to be treated more as honored guests than workhouse inmates;[2] for the latter there was the prospect of medical assessment and rehabilitation in "proper hospitals" and, if that failed, being nursed in long stay (geriatric or psychogeriatric) continuing care wards (Brocklehurst, 1974; Warren, 1943, 1946).

In this manner, the institutional structures framing the fourth age first emerged. By the time of the post-war welfare state, policies addressing old age were institutionalized as either issues concerning social security and income maintenance, or issues concerning sickness and infirmity. The institutional outlines of an incipient fourth age retained much of what had been most feared from the new Poor Law era, namely enforced indoor relief (Thane, 1999) but added to it a deeper neediness that went beyond that located within a framework of poverty and social need. This is the social imaginary of a fourth age, in Laslett's terms an "unwanted condition of half life" whose "onset and hence… duration should be put off for as long as possible by appropriate behavior during the Third Age" (Laslett, 1989, pp. 20, 154).

Although the institutional segregation of indoor poor relief had been austere, it retained the idea of individual agency in its acceptance of separate spheres of life for inmates (cf Cuttle, 1934; Taine, 1971). But when old age shifted from occupying a marginal position in the main healthcare systems of the nineteenth and early twentieth century to one that was increasingly central after the Second World War, this institutional framework began to change. As the memory of Poor Law indoor relief subsided, along with its particular terrors, the dominant institutions offering permanent relief for those no longer physically or mentally able to look after their own needs became the long-stay hospital and nursing home. Marjorie Warren, the pioneer of geriatric medicine, had promised to release hundreds if not thousands of old people from their incarceration within the workhouse infirmaries. By "active" rehabilitation, old age was to be rescued from the margins of society and, through the agency of "hospital" medicine, returned to a real and valued position within society (Warren, 1943, 1946).

From the 1960s onwards, medical assessment and remediation of excess disabilities became central elements in the discourse of British geriatric medicine. What had begun as a debate about the aged poor was now a debate concerning the skills necessary to distinguish the normal features of old age from the unnecessary and abnormal accompaniments of agedness. This debate provided the core rationale for geriatric medicine, transforming avoidable/preventable chronic sick pathways through later life into healthier, more benign, and natural ones. Infirmity was neither a natural nor an inevitable consequence of being old; it was accidental, the consequences of material and social neglect, the remediable consequence of age-associated health inequalities. Geriatricians were to be the new judges of who was old and who was sick, and amongst the old and sick, who was remediably and who irremediably infirm (Hodkinson & Jeffreys, 1972; McAlpine, 1979; O'Brien, Joshi, & Warren, 1973; Stout, 1979).

The immediate outcome was a progressive rise in the number of people occupying nursing home and residential home beds and an increase in "bed blocking". Rather than reducing the numbers of aged poor, the new professional discourse lead to an expansion of their numbers (Bridgen, 2001). As a result of the failure of hospital geriatric medicine to reverse this position a new approach was ushered in, the era of the community geriatrician whose task was to develop new borderlands of anticipatory care, tackling the "geriatric problem" before it reached the hospital (Millard & Higgs, 1989; Williams, 1991). Designed to pre-empt progress into an institutionalized "fourth age", the new precautionary (community) care actively sought out those showing signs of an incipient fourth age. Monitoring the health of old people at home, which had begun in the 1960s (Williamson et al., 1964), gathered pace as the numbers of people over 65 years in long-stay institutional care continued to rise (Sinclair, 1988, p. 249).

The success of the new precautionary care has proved difficult to establish (van Haastregt, Diederik, van Rossum, de Witte, & Crebolder, 2000) but the effect of this professional refocusing upon "old folk at home" cast a shadow over the emerging field of the third age. The post-war paternalism towards "old folks at home" has in more recent times, been outflanked by the demands of an "individualized" second modernity of risk management, with its emphasis on self-management of disease and the expectation of universal precautionary self-care for everyone in and approaching later life (Barlow, Turner, & Wright, 2000; Higgs, Leontowitsch, Stevenson, & Jones 2009; Lorig, 2003). While in earlier times the fate of ending one's days in the workhouse cast a shadow over the working class, ending one's days in a nursing home has become a fate more universal in its coverage. It is now a more personalized risk. Moreover, if all are at risk, everyone must look out for themselves. Health promotion and precautionary self-care, as aspects of the "citizen consumer", have insinuated themselves into the third age, distorting and disturbing its liberatory message.

A decline from public to privately funded long-stay provision for old people in England was evident in the mid-1980s (Hansard, 2003). Similar shifts from public to private long-term care provision have taken place through much of the Western world. Countries, such as Denmark and Sweden which once epitomized the collective provision of welfare have seen their public

long-stay provision turned into individual private nursing homes (Sundstrom, Johansson, & Hassing, 2002). Continuing care hospital beds have shrunk dramatically as an increasingly varied market has been created, offering long-term care at home as well as in a home (Turrell, Castleden, and Freestone, 1998). Various cost-management solutions have been used to restrict and reduce hospital bed usage. In 1992, local authorities in Sweden were charged for each extra day that anyone over 65 remained in hospital after discharge was agreed. As a result, 10 years on, "there are around 60–70% fewer geriatric wards in Sweden" (Wanless, 2002).

The increase in the size and density of the aging population when combined with reductions in the public provision of long-term care has changed the nature of long-term institutional care. Fewer nursing home residents are able to self-manage basic activities such as bathing and dressing (Bowman, Whistler, & Ellerby, 2004; Decker, 2005). A progressive concentration of infirmity has taken place within the nursing home sector making long-term care an alienating prospect for what may be as many as one in three people who reach age 65 (Liang, Tu & Whitelaw, 1996; Liu, 2000; Murtaugh et al., 1990). Predicting who will be that one in three implicates almost everyone, as medicalized disabilities rather than making socio-economic status the principal determinants of nursing home admission (Bharacha, Pandav, Shen, Dodge, & Ganguli 2004; Wolinsky et al., 1993). The fourth age is represented as neither a moral and final stage of life, nor as the cumulative consequence of maintaining a materially unsecured position in society. Rather it is the result of personal bad luck.

Accompanying this interpretive change is the abandonment of reversibility in the status of a fourth age. When the *Lancet* surveyed the state of the chronic sick in the Victorian workhouses of England, it claimed that "If, as we assert ought to be the case, all the infirm were medically treated, there would be a very large percentage of recovery and consequently an important saving of the rates" (Lancet, 1866, p. 9). Similar claims of potential reversibility were made by other Victorian reformers who believed that "they [workhouse inmates] are indigent in their old age after a life of toil because they have been robbed of the fruits of their labor by the class from whom our guardians and magistrates are mostly drawn" (*The Clarion*, 17 September 1892). Whatever the successes of the social and medical reformers of the first modernity in creating "rationalized" institutions, the result in a second modernity has been the creation of a position of institutionalized irreversibility – an "event horizon" of historical contingency – for the fourth age.

The fourth age and its event horizon

The appearance of a fourth age, we have argued, has been contingent upon developments in health and social policy during the course of the twentieth century. If the cultural field of the third age has emerged from the social contestations around lack and old age, the fourth age may seem the bitter fruit of that victory. Unlike the habitus associated with the third age, the fourth age cannot sustain a set of dispositions or support new forms of symbolic differentiation. It is undesired by, and distasteful to, all those subject to its pull. These distortions in the mirror of the third age are more than the concerns of "third agers" finding themselves at the receiving end of services labeled as "geriatric medicine" or "care of the elderly"; they also act as a fundamental ontological challenge. The irreversibility of nursing home placement, the disappearance of any personal exchange in the processes of admission, and the "deprivatization of experience" that results from admission (Gubrium & Holstein, 1999) create an immense negative force upon both the third age that surrounds but remains imperceptive of it and the general attitude to old age. In short, the fourth age acts as a metaphorical "black hole" of aging.

In astronomy, a black hole creates a massive gravitational pull that sucks in everything that comes within range including light itself. This generates the phenomenon of the "event horizon" which is a point where light disappears completely. Any light emitted from beyond this horizon can never reach the observer. To many people in or approaching "later" life, the position of those in the fourth age can be likened to that of an object that has strayed too close to the event horizon and has now gone over it, beyond any chance of return. Equally, no light shines back once the event horizon is traversed. In the absence of any reflexive return it becomes impossible to separate what is projected into it and what occurs within it. The fear of the fourth age is a fear of passing beyond any possibility of agency, human intimacy, or social exchange, of becoming impacted within the death of the social, a hyper-reality from which there is no reality to return. This fear is not confined to those in the third age nor is it exclusive to contemporary society's citizen consumers. The social imaginary of the fourth age contains a universal ontological quality. As de Beauvoir remarks "every society... dreads the worn-out sterility, the decrepitude of age" (de Beauvoir, 1977, p. 46) and this is what makes it more than either the particular institutional organization of frailty or the "perspectivism" of the third age.

However, in extending this metaphor of the black hole, we seek to establish an interpretive frame for old age that differs both from the classical distaste for bodily aging and the early modern stigma attached to the pauperization of age. The fourth age here represented as a black hole carries with it the notion of passing beyond the social world, beyond both its comforts and its contradictions. For observers, influenced in varying degrees by the commodification of their life world, the fourth age offers no opportunity to create a status or articulate a lifestyle; nor is there reason to trust that previous agentic choices will ever

be honored or acted upon (Higgs & Gilleard 2006). Borrowing a phrase from Zizek, this is indeed "the desert of the real", a place where our greatest fears reside but which can only be addressed by allusion and metaphor (Zizek, 2002).

Attempts to measure this space within society fail to assuage its power. Just as relativity theory has failed to resolve the dilemmas posed by quantum mechanics, so also the attempts of geriatricians and gerontologists to calibrate frailty, the efforts of policy analysts and health economists to assess the equivalencies of different forms of long-term care as well as the aspirations of third-sector advocates to give voice to the disempowered cannot contain the forces of abjection that emanate from the fourth age. The "mass" of a black hole can only be apprehended through its effects on objects that surround it. In a similar fashion, we suggest that, the cultural perturbations created within the third age are the nearest approximations to what cannot itself be fully grasped.

If reflexivity is the marker of modern social relations empowering the agency of the third age, then the fourth age is marked by its negation. There are no chosen choices in the fourth age. What may appear as choices – in terms of food, clothing, or activity – are the attributions of choice created by others' actions, a hyper-reality of choice. As with the event horizon where light emitted from the outside disappears, so also the intentions of carers and professionals generated from outside the fourth age get lost within it. The discourses of care and concern create their own interpretive frameworks that never receive the confirmation of mutuality and reciprocity.

The seeming mindlessness and immobility attributed to the fourth age is just that. However difficult it may be to grasp the "real" effects that any individual has upon another, the abjection of the fourth age is such that struggles to establish a conscious social exchange seem too intractable, beyond any possible resolution other than death and grief. All that is evident are the various "civilized" exchanges of professionals and carers, whose discursive reality exists within the context of the agreed understandings that inevitably lie external to the fourth age itself. While such discourses are rendered sensible by the institutional structures that generate them – the normative frameworks of professionalized care – the objects of that discourse play little role in any part of them.

Such a conclusion may seem unpalatable to those who devote considerable energies to tending to the needs of the fourth age. Our intention is not to decry or seek to diminish the essential humanity of those in the fourth age. Still, we believe that treating the fourth age as a metaphorical black hole disturbing all within reach of its gravitational pull – however imperceptible the source of its immense mass may be – opens up new possibilities of understanding within social gerontology that transcend the disembodied enumeration of the morbidity and mortality of the older population. It may also throw light on why the efforts of so many researchers and practitioners to provide a positive rendering of the fourth age and its needs have not reduced its stigma or normalized its status.

Conclusion

Fifty years on since the National Institute of Health set up its new unit, the problems of aging remain unsolved. What has changed has been the problematization of age itself. Paralleling the extension of life, the securing of retirement, and the progressive reduction in late life disability evident during the past decades of the twentieth century, there has been a progressive concentration in the depth of disability of people admitted into institutional long-term care. Increasing affluence across the life course, greater individualization in later life, and the de-institutionalization of the life course have established the third age as a cultural field capable of sustaining multiple meanings and numerous opportunities for choice, autonomy, self-expression, and pleasure in later life. Such progress is offset by the "othering" of old age – the shadowlands of disability, diminishment, and death represented by Peter Laslett as a "fourth age". It is here that many of the activities that are familiar to mental health professionals take place. Despite its naming as the fourth age, there have been few attempts to understand what it is, let alone to theorize it. This article seeks to make a start, considering the fourth age not as a particular age cohort or distinct phase of life, but as a metaphorical black hole, which while incapable of being fully grasped or measured nevertheless exercises a profound impact on the cultures of aging.

Ending one's days in a nursing home has become a prospect for significant numbers of those reaching 65, but it is no longer seen as the consequence of improvidence or indigence. Instead it has become reflective of a totalizing infirmity pared of all other significance. No longer the fate of the poor, or a choice to be considered by the leisured classes, the nursing home has become a new space – a new void – within society. It exists as an institution that, although less perceptible, remains every bit as terrifying as the workhouse and its infirmaries, while the universalization of this risk and the irreversibility of the process give the nursing home a significance it scarcely possessed some 25, let alone 50 years ago.

The new significance attached to the prospect of admittance into a nursing home has not created any new understanding of old age. Rather it has helped create a new social imaginary, the fourth age, where choice, autonomy, self-expression, and pleasure collapse into a silent negativity. Considered in this way, we have argued that the fourth age becomes a phenomenon that cannot be studied directly by trying to "recover" or "represent" the nursing home experience but which can be detected indirectly, as if in a

mirror, from the images, practices, and discourses of those surrounding it. Its meaning can be gauged from the advertisements for nursing homes; from the discourse concerning the appropriate governance of long-term care, the policy debates, and the training manuals; the work habits of those who service it; and the precautionary care practices expected of people in later life in order to steer clear of it – shadows in the mirror that those enjoying the third age half see and half turn away from. Only by studying what happens to the light cast upon the fourth age can we understand what otherwise lies beyond reflection and beyond enlightenment.

Notes

1. Reported in the Notes section of the *American Journal of Psychology*, 1941, *54*, 133.
2. In 1950, the Ministry of Health proclaimed "The workhouse is doomed. Instead local authorities are busy planning and opening small comfortable Homes where old people ... can live pleasantly and with dignity. The old 'master and inmate' relationship is being replaced by one more nearly approaching that of a hotel manager and his guests" (Ministry of Health, 1950).

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