Old and dependent
The construction of a subject position for politics and care

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Introduction

In a thought-provoking essay, Améry (1968) describes ageing as a conglomeration of symbols and associations which, all together, indicate decrement and the end of an era. Ageing in that sense does not describe a continuous process of time passing within a life-course perspective; rather, ageing demarcates the boundaries between the young and active on the one hand, and the old, passive and dependent on the other:

When we have passed the prime of life, society forbids us a self-image for the future, and culture becomes a burdensome culture which we no longer understand, which rather gives us to understand that, being the scrap iron of the mind, we belong to the waste dumps of the era. In the process of ageing, finally, we have to live with dying, a scandalous imposition, a unique humiliation we have to bear, not with humility, but as the humiliated.

(Améry 1968, p. 148; tr. Weicht)

In times of demographic changes in the Western world, most importantly ageing societies, the structuring concept of age, as well as the boundaries between young and old, functions as one of the main categories among which social struggles manifest themselves. An increasingly older population leads to pressures related to social security and pension systems, the availability of labour and the provision of care. All of these areas shape the connotations of the process of ageing but are, likewise, strongly informed by the associations with ageing themselves. In this chapter, I present some of the semantic processes through which ageing and old age gain their specific symbolic meaning, which, as a consequence, informs other social practices.

A broad literature on the discursive constructions of old age and the (socio)linguistics of ageing investigating several fields can be found (Coupland 2009; Rozanova 2010). In this chapter, I want to focus on an example that is only obvious on first sight – the field of ageing and care (see also Weicht 2015). While the relationship between care and ageing might seem logical, the specific points of demarcation and construction are often hidden under
Old and dependent general assumptions and associations. Furthermore, the field of care makes it possible to trace the specific steps through which a semantic construction of ageing takes place and which, eventually, informs policy-making.

Going beyond its function as a social structure, the idea of ageing represents individual and collective challenges and threats, which are continuously translated into political problems and demands. Like all discourses, the discourse on ageing is experienced as both a social and psychological process. Wetherell & Potter (1992) explain that in order to make sense of the world around us, people draw on different repertoires or resources, which can be described as predefined attitudes and ideologies that build a common moral framework. In the political context, this means that debates and, consequentially, political decisions and legislation need to be framed within existing discursive contexts, drawing on existing semantic resources. A politics of ageing is thus inevitably based within the internal logics of the concept of ageing and old age. The particular use of language limits and delineates political possibilities, on all levels of decision-making processes. Verloo (2005) demonstrates how the framing of political issues can be identified and analysed in several intersecting domains, such as the diagnosis or the prognosis of the problem. Any political formulations or considerations require a language to talk about the issue under question, so discourses function as an ‘internalised structuring impetus’ (De Cillia et al. 1999). In a simplified way, it could be stated that politics and political interventions need one identifiable subject group, one clearly defined concept and one thoroughly defined problem. The construction of an imagined client group, or an imagined target group, builds the basis for (social) policies, as, for example, Wilinska and Henning (2011) demonstrate, and ‘particular “identity categories” function either as legitimating or disciplinary within discourses of entitlement and disentitlement’ (Taylor 1998, p. 333). Policies about and for the elderly undoubtedly need the category of the elderly. In turn, however, politics and policies shape the very category of the elderly. The analysis of the semantic practices and the use of language therefore allow a focus on the interrelation between structure and action (see Fairclough 2001) in which language-use functions here first as the tool of construction and categorisation and, second, as an ideal focus for an analysis of the very construction. With van Dijk (1991) it could be stated that through language the macro-level of society is translated into the micro-level of everyday routines and vice versa. The general public, as well as policy-makers, try to implement what is considered ‘the proper thing to do’ (Williams 2004, p. 17). What is right and wrong, which policies are necessary, justified and desirable, and whether or not politics should intervene or act in the first place, are all questions that are framed using a particular language. Investigating the language used to negotiate ageing and care in society offers then the possibility to understand the very framework in which policy-making takes place.

In analysing the semantic construction of ageing and care, I utilise Reisigl and Wodak’s (2001) analytical steps, moving from the identification of referential and predication strategies to a discussion of the related argumentation strategies, drawing on empirical case studies (see Weicht 2015), which investigated the discourses on ageing and care in two European countries, Austria and the UK. In both countries, elderly care is predominantly provided informally, usually by family members, and only supplemented by formal care arrangements. However, due to demographic changes, both countries face enormous challenges to continue this kind of care provision, and social policies are put in place to either support informal carers and enable increasing possibilities for market-organised care (in particular in the UK), or to allow marketised care options in people’s households by fostering the employment of migrant care workers (particularly in Austria). The empirical material consists of different genres in different discursive fields, which together should
enable sketching the mechanisms of textual chains. In the concrete context, this means that a public outcry (for example, about the unbearable future challenges of organising care for older people) is followed up by some (journalistic) analysis, which in turn is complemented by people’s personal narratives and stories and, finally, the negotiations for specific legislation in that field. Importantly, these textual chains do not necessarily reflect a chronological order; rather, I want to point to the similarities in constructions, and how different perspectives and genres apply the same concepts, drawing on the same language. Specifically, I will present some examples from both countries, which stem from the same time period, (2006–2007) reflecting the use of language in the media (here, I draw on an analysis of national newspapers), everyday discussions (I organised focus groups in both countries) and the political debate (I draw on data from parliamentary discussions). The role of the media in this context is, as Aldridge (1994, p. 18) reminds us, ‘to set the news agenda in terms of both topics and discursive framework’ and the media help to define what is both acceptable and socially thinkable (Aldridge 1994, p. 35; see also Richardson 2007). Focus groups, consisting of 4–10 participants from various backgrounds, ages and relationships to care and ageing, offer data of how individuals talk about care and ageing and so collectively make sense of a particular topic. With the aim of discussing textual continuities and similarities in different genres, focus-group data offer a possibility to investigate how:

the public sphere influences […] individuals’ views on politics and society and how, conversely, the ideas crucial to the ‘social’ (individual) level penetrate […] into politics, into the media and into other constituents of the public sphere.

(Krzyżanowski 2008, p. 169)

The pool of empirical data is finally complemented by data on the political rhetoric (Reisigl 2008), which shows how both subjectivities and argumentation strategies are influencing the political discussion and thus shape the frames and possibilities for policy-making.

In the following sections, whose structure is informed by Reisigl and Wodak (2001, p. 45ff), I raise in particular the following questions: How are older people named and referred to, and what traits and characteristics are attributed to them? In this section, I want to specifically analyse the language used to describe the imagined category of the elderly that is used in both public discourses and legislation negotiations. Second, which arguments are presented to justify and/or legitimise a particular treatment of older people, both politically and publicly, and how are these arguments structured linguistically? And finally, which conclusions should be drawn by the public and by politicians, resulting from the structure of the discursive construction of these arguments?

**Naming the elderly: Referential strategies**

As mentioned earlier the concept of ageing describes much more than a continuous process of time passing over the life-course. Taken-for-granted categories such as child, adult, youth, middle age or old age mark and describe particular stages during life, which entail specific associations (Coupland et al. 1993). Ageing thus demarcates categories and establishes boundaries; the concept is linked to symbols, associations and metaphors. In particular, ageing allows the creation of a dichotomy between the young on one side and an ageing population on the other. Dichotomies are a fundamental and powerful tool to distinguish people and to create in- and out-groups (Weicht 2015). The construction of dichotomies, which is representative of most areas of social life (see Jenks 1998) not only constructs
different groups, but associates those with moral rules and normative judgements. As Derrida (1981) shows, taking up de Saussure’s (1972) insight that dichotomous categories, such as good and evil, depend on each other, the meanings of these binaries are not neutral, but created within moral and social hierarchies. In the context of ageing and care, this means that being old, being dependent and being passive are all contrasted with the positive ideal of youth, activity and independence. Associations and imaginations of these dichotomous categories (and related categories such as home/institution, private/public etc., see Weicht 2015) are therefore not linked to materialist, objective differences but stem, as Gal (2004, p. 261) shows, from semiotic processes. In that sense, the elderly person represents a specific image which is, to a certain extent, dissociated from the actual chronological age. Elderly people are positioned in opposition to other groups, such as the young, the economically active, carers or family members. Drawing on linguistic categories described by van Leeuwen (1995) and also applied by Reisigl and Wodak (2001) I present in the following some of the main referential strategies by which older people are named, described and thus established as a group.

**Aggregation**

Aggregation, that is, the presentation of people as numbers or unities, fulfils several functions. First, it allows the reduction of a diverse group to easily graspable figures and concepts. Second, aggregation already suggests the construction of a particular societal problem or challenge. And third, by presenting impressive (in most cases particularly high) numbers the path is already laid for the call for immediate (political) reactions. In the context of ageing, this can be exemplified with the following quote from a popular Austrian tabloid newspaper:

> More than 300,000 Austrians need care – often day and night. And this number is rising quickly!  
> *(Kronen Zeitung 15 August 2006)*

Van Leeuwen (1995) emphasises that when ‘hard facts’ and statistics are presented, an imagined group of human beings is replaced by a statistical category. This establishment of challenging ‘facts’ is furthermore related to metaphors describing and mitigating an objective crisis situation, as for example the Austrian newspaper *Die Presse* (10 August 2006) puts it: ‘Social dynamite […] People are ageing more healthily’. Terms such as ‘demographic time-bomb’ or the ‘explosion of the number of people in need of care’ (*Kronen Zeitung* 10 May 2007) relate the presented numbers to an inevitable collapse of a societal system and depict (apocalyptic) consequences for the future – a process that, in the context of ageing, can be found in several national circumstances (see Mullen 2002). Statistics and apocalyptic scenarios are in turn extremely influential in shaping people’s ideas and opinions about a certain subject matter. Since numbers tend to appear as unchangeable truth, they frame a group (here: the elderly) as already a problem, as Andy’s comment in a focus group indicates:

> Andy: there are going to be fewer and fewer young people, who will have to work for more and more older people. How should that work out? In my opinion, at some point, that can’t work out any longer. And this point comes closer and closer. […] and at some moment it’s collapsing.
Collectivisation

In the extracts above, older people are reduced to numbers or statistical categories; they themselves remain, however, without qualifications and identities. Moving from the macro-scale of societal developments and challenges to the micro-level of individual encounters and narratives, this feature becomes more apparent. A process of collectivisation, meaning the establishment of one collective group and category of ‘the elderly’, which can be characterised in a certain way and associated with particular traits, wishes and opinions, can be found in both descriptions of individual experiences and more generalised accounts. The following focus-group exchange starts with a personal story, but draws immediately on the formation of a particular distinction between the young and the old:

Pamela: Because of the way that families have changed completely, they don’t get an opportunity, to get used to old people […]. I mean my son came up for his Granny’s 100th birthday party, and he had his lunch with her, […] which I thought was a nice way before the party. He had to get back, and he said afterwards, it was awful, you can shoot me before I get to that stage, because…
Larry: Because he, I imagine, he hadn’t had the experience
Pamela: He hadn’t experienced that
Larry: That environment
Pamela: He hadn’t experienced that environment. But they had their lunch in a separate area; it wasn’t in the main dining room. He was just talking to his granny, and she […] for an old person she’s extraordinary. But he hasn’t got
Will: because he doesn’t get into contact with old people, presumably in his job?
Pamela: He doesn’t, no.

Old people are seen as a particular category of people who are fundamentally different to other members of society. Someone needs to ‘experience’ older people, in order to understand them; to not be scared or appalled by their presence and characteristics. This feature, in which the elderly person is presented as the quintessential other can also be found in Wilińska’s (2010) identification of a normative ‘age order’. Through collectivisation, clearly drawn positions are established, which not only inform people’s day-to-day understandings, but, as resources, build the prerequisites for (social) policy-making.

Problematisation

In relation to the discursive strategy of aggregation, I have already mentioned the possibilities for creating an image of problems and challenges related to an undefined, but clearly demarcated, group. References to natural disasters (‘the ageing tsunami’) or martial language (‘the demographic time-bomb’) shape the image of a challenge that dramatically hits (the rest of) society. But also, here, the macro-level is accompanied by a process of problematisation on the micro-level. The established group of the elderly is identified with causing difficulties, problems and challenges both for society in general and their families or carers in particular. In the following three extracts from different focus-group discussions, the category of the older people (in particular older people in need of care) is associated with character traits that have negative impacts on their surroundings:
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Hilde: But older people, of course, also turn more and more difficult [...].
Mona: Some really become aggressive.
Hannah: And they can be really nasty and mean.

It is important to emphasise that not only are negative traits and actions described, but that they are associated with the established group of the elderly in general. The statements move beyond a particular personal narrative or experience and stand for the elderly as a category and group. Personal situations and relations are expressed as general truths and vice versa. The language of describing older people in relation to problems caused makes it possible for everyone to join the discussion and draw on their own experiences, as shown in the following extract:

Walter: He’s always been like that [...] He’s always been like that. [...] he doesn’t know himself differently. He doesn’t know at all how mean he is.
Barbara: No, no, it is also because of the illness.
Walter: Dementia comes on top of that, on top of that.
Barbara: The illness, it’s causing a lot as well. And [...] it changes constantly. I see that as well, especially with people with dementia, one time they’re aggressive, and really egomaniac. [...] and also blame the others as well [...] and then they fall into misery.

Below I will also discuss the referential strategy of somatisation, which identifies a group with illnesses and malfunctions of body and mind. What is important here is the link between these illnesses (which also stand for a whole group and not just for individually experienced cases) and the consequences for the speakers’ group, representing the young, the active, the family members and the carers. The other (the elderly) thus causes a challenging impact on the self.

Relational identification

These relationships, which are already put in focus by the emphasis on problems for people’s surroundings, are also a significant semantic feature on their own. Related to the aforementioned strategy to strip older people of their own agency and to avoid representing them as actors in their own right, a process of relational identification takes place in which the use of personal pronouns, for example, in discussions about ‘our’ elderly people, becomes a striking facet. Similarly, newspaper articles often feature references to close family relations with terms such as grannie, nana, or grandpa. Importantly, these nominations do not necessarily refer to concrete and specific family relations, but express more generally the situation of older people within their respective family contexts. Additionally, they become family members to society as a whole, which also already establishes certain connotations of responsibility and obligation. Marion replies during a focus-group discussion to the question of which option of care is preferable:

Marion: Of course, psychologically, I think it is more ideal if it was the family, being there for her [...]. Because, [...] the family knows what the elderly person needs. [...] My mother, my grandmother doesn’t need to talk. I know what she wants.

This frequently expressed sentiment that ‘the family knows best’ establishes an inevitable link between the older person’s life, condition and circumstances and his/her family and
relatives. Because they are established as family members, others (here: the speakers) know what is best for them. This referential strategy culminates in another association and representation that depicts older people as similar to children. In the following focus-group extract it becomes apparent that family relations are here not referred to as concrete, specific familial bonds; rather, the elderly person is identified with generally well-established family dynamics, in particular, the parent–child relationship:

Barbara: And on the other hand, somebody has given me this recommendation [...] that you can indeed also scold the ill person a bit, and also the person in need of care [...] and not having to always do everything for them, and having to give in. Because they forget it, that you have told them off, this they forget again anyways, but somewhere, something remains with them, that it isn’t entirely fine, what they’re doing [...] So you can really once, of course not all the time, but you can really once also have a strict word with them.

Vanessa: And they, I think, like small children, test the boundaries.

Barbara: That’s it, yes, that’s it, yeah. [...] 

Walter: Yes, that’s it. It is like, that you can really say, they become small children again. [...] 

Adam: And children test the boundaries, how far they can go, but the old people do it as well.

Being identified as children is a common feature, which Shakespeare (2000, p. 15) discusses in relation to disabled people, where he finds a dichotomy constructed ‘between dependent, vulnerable, innocent, asexual children and competent, powerful, sexual, adult citizens’. Likewise, older people are infantilised, disempowered and, at the same time, by being identified as similar to children, the responsibility for them is linked to other family members.

**Physical identification and somatisation**

Featherstone and Hepworth (1990) argue that for humans, each other’s bodies are usually absent in everyday discourses, but that in relation to certain periods in life which are, not least semantically, marked by decay and decrement (Coupland et al. 1991), the body comes back into focus. In some of the nomination strategies above, older people’s illnesses and malfunctions of the body already functioned as a description device by which a particular identity and subjectivity is shaped. The old, vulnerable body becomes the physical expression of decay, passivity and dependency (Oakley 2007; Weicht 2011). This focus on the vulnerable body also abstracts from concrete and specific malfunctions or limitations and rather stands for an association with particular images and stereotypes:

Hence, the very embodiment of a particular ‘dated’ body image can itself devalue the old person’s social image independently of the perception of the actual physical effects of ageing manifest in such features as sagging flesh, wrinkling, greying hair or restricted movement, and further help to reinforce the negative stereotype.

(Featherstone & Hepworth 1990, p. 253)

Apart from physical functions, people’s mental capacities and performances (such as communicative skills) are an important component of the construction of the group of the elderly. One illness that marks the idea of decrement, both bodily and mentally, is dementia,
which not only causes people difficulties in day-to-day encounters, but also challenges notions and experiences of personhood and is thus constructed as a loss of the self (Tanner 2013). Particular bodily malfunctions (such as incontinence) stand for a reference to the body as decay. John, in a focus-group discussion, describes his experience of a care home:

John: And then slowly, you start getting a picture. I suppose if I go into a care home and if I – if I smell, unfortunately can’t but say urine, that immediately puts me off […] if I go into that place.

The smell of urine stands for the association with bodily malfunctions (in the context of incontinence see also Mitteness & Barker 1995) which, in turn, encompasses a description of old age. Stripped from any agency, stripped from any individuality, the older person is defined by particular features of a malfunctioning body.

Demarcating the group: predication strategies

Discursive strategies are almost always used to establish in- and out-groups and to ‘demarcate the boundaries’ of those groups (Reisigl & Wodak 2001). In the context of ageing and care, this happens particularly through predication strategies that describe ‘the elderly’ in a particular way and which connect ‘the elderly’ to certain characteristics, attributes and circumstances. Starting with the nominations and other referential strategies, it has already become apparent that a dichotomy is created between the young, active, independent speaker on the one side, who defines, on the other side, the old, passive and dependent elderly. Linguistically, older people are referred to by passive sentence constructions, as for example in a report in the Austrian newspaper, Der Standard (29 August 2006), ‘the elderly people […] are kept as fit as possible by the committed staff’.

Other descriptions use formulations which express that things for elderly people have to be arranged by others and link this passivity to the more general notion of decline. The elderly person is sketched and described in a passively vegetating state of sadness, as exemplified by a commentary in Kronen Zeitung (30 May 2007):

I think of the many old people who, often alone, without family, lonely and unhappy, remain without support in their houses. Who don’t have anyone who organises help for them. It’s not that important whether they have ‘dementia’ in a medical sense. They don’t have the energy to keep their apartment tidy, to do the shopping. Also, trips to the doctor don’t happen as nobody is organising those. Let alone a walk or even an excursion. That’s all gone.

Van Leeuwen (1995) in this context points out that ‘[a]s the power of social actors decreases, the amount of emotive reactions attributed to them increases’ (van Leeuwen 1995, p. 88). The description of older people as suffering, lonely and unhappy represents a prime example for this attribution. Passivity is thus linked with powerlessness and requires therefore interventions by others (carers, families, the state). Furthermore, van Leeuwen (1995) distinguishes between transactive actions (actions through which others are affected) and non-transactive actions. Older people are explicitly described as not being able to ‘affect’ or to ‘act’ but, on the contrary, are dependent on others’ actions and interventions. Additionally, the power of social actors, van Leeuwen (1995, p. 87) argues, is also mitigated by attributing cognitive rather than affective actions to them, as the following focus-group exchange exemplifies:

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Lisa: I think it’s very difficult to preserve a person’s dignity, and sense of worth, when they become, less, yeah, a bit helpless. And I think they need to be aware that they are treated with respect for them, and for their dignity and their pride, uh, in as gentle way as possible. And an understanding way. And I also think it’s important, to help them keep their sense of purpose in life. When so much, gradually goes from them. That they need to feel wanted.

Carol: And a helpful citizen.

The other in this example is responsible for thinking about preserving the older person’s dignity and sense of worth. While the old person is feeling helpless (an emotive action) the other needs to act in an understanding way (a cognitive action). As the elderly are mainly presented as a particular, largely homogenous group, differences in degrees of passivity, dependency or vulnerability are furthermore avoided and ignored (see Weicht 2011, 2013). This becomes even more apparent when looking at subject positions of elderly people constructed as active, independent and fit. In the following focus-group exchange, two participants who are part of a voluntary group linked to a church discuss one of their church members:

Patricia: Our favourite lady at the moment is 98
Nathan: They are all favourites
Patricia: Yes, but this one’s even more. [laughs]
Nathan: She said she wants to go to Australia
Patricia: Next year
Nathan: For a holiday. At 99
John: It’s amazing
Patricia: And she came in the other week and she said ‘I’m a bit worried’, I say ‘Why, what’s the matter?’ She says: ‘I’m beginning to feel my age’ [all laughing] and I: ‘I’d worry about it when you start acting your age’, [all laughing] because she doesn’t act her age at all.

It is interesting to note that while in the beginning the expression is rather infantilising, the description of the person in question changes substantially to present an active position. While active subject positions are a rarity in the description of the elderly, in particular in the context of care, this nuance allows an even stronger demarcation of the actual group of passive elderly. By picking out and praising those older people who are ‘still’ active, the general dichotomy between active and passive is reproduced and emphasised. Identities and references relating to successful and/or so-called healthy ageing reproduce the boundary constructed (Gilleard & Higgs 2011; Rozanova 2010). In the literature, this separation is often described as the split between the third and fourth age (Gilleard & Higgs 2011) in which the former refers to the active, independent elderly and the latter to those characterised by passivity, infirmities and shortcomings. In line with the referential strategies described, the dichotomy between passive and active clearly situates the earlier-presented elderly people within the symbolic realm of passivity and dependency. For these older people, so the argument goes, interventions by the active, that is, the speakers and those addressed, are required.

Because we have to take care of them: argumentation strategy

The use of terminology in referential and predication strategies has, as I have pointed out, often already implied particular responsibilities for others, or normative assumptions about
particular treatments. In the analysis of the following argumentation strategies, I will demonstrate how the referential strategies are translated into clear demands for both political and societal reactions. Based on the categories established above, the existence of the dependent elderly people presents, first, a problem for ‘us’, to which we should, second, respond out of gratefulness and reciprocity. How ‘we’ should treat older people is, third, based on natural preferences that require, fourth, loving family care. These argumentation strategies need to be understood as interrelated *topoi* (describing ‘conclusion rules’ that connect the argument to a necessary conclusion; see Reisigl & Wodak 2001), which, together, present one coherent argumentation for both the general public and the political decision-makers.

**Topos of responsibility**

A striking aspect of the discourses on ageing and care is that older people themselves are usually not given their own voice. In the media, they hardly feature in articles or other contributions as individual agents, and their needs, wishes and desires are all defined and shaped by others. In line with the earlier described referential strategies, which do not establish older people as agents in their own right, this present *topos* requires communal responsibility and answers by ‘us’ for ‘them’. *Because we (the speakers) are established in opposition to the passive, dependent elderly, we are in charge of the required answers to societal and individual demands and challenges.* A newspaper headline illustrates the argumentation strategy in which ‘we’ as the speakers are active and responsible for ‘them’, the passive, dependent elderly:

> How can we say we are civilised when we treat our elderly no better than prisoners?  
>  
> *(Daily Mail 23 January 2007)*

This first argumentation, that ‘we’ are responsible for caring for ‘them’ and for arranging society in a way that treats ‘them’ well, is then furthermore based on particular reasoning that establishes relationships between the different groups, but also demarcates the differences between the active and the passive.

**Topos of gratefulness**

It has been established that through the language used to describe older people they have been constructed as requiring help, support and care and that we, the active, are responsible for offering this support. The *topos* of gratefulness bases this claim within a construction of reciprocity over time. The terms recurrently used refer, for example, to *elderly people who need care, those who have built up the country and made the country what it is now* *(Kronen Zeitung 20 July 2007).* *Because elderly people have done something for ‘us’ in the past they ought to be cared for.* This positive reference to older people could, according to Binstock (2005), be described as ‘compassionate ageism’, in which a particular group’s actions are, however, firmly situated in the past.

In a commentary in the *Guardian* newspaper on children exploiting their parents, another argumentation strategy representing this *topos* demonstrates several features already indicated. First, family relationships are a central focus. Second, elderly people are described as passive victims, who are difficult to deal with. Third, and this in turn establishes the argumentation of children’s responsibility, they are described as victims of the very people they have brought up and raised:
But it appears that children are the main culprits. How can they be so callous? Their parents are sitting ducks, of course. They tend to trust their children and can’t imagine that they would want to do them any harm. [...] It seems incredible that they should allow greed to override their natural affection for, and duty of care towards, the men and women who brought them into the world and nurtured them through childhood.

(The Guardian 23 February 2007)

The *topos* of gratefulness thus works again on both a macro-societal-level as well as the individual-family-level. Personal and societal care and responsibility are established as necessary and logical answers to the actions older people have performed in the past.

**Topos of natural preferences**

How should this care then be designed, and who is in charge of shaping the particular interventions? Unsurprisingly, and in line with the earlier-presented arguments, these very facts are established by ‘us’, the young; those who are not in a position to require care at the moment. Importantly, however, these decisions are framed as logical, natural and obvious preferences, which certainly entail the idea that everyone wants to stay at home (see Ceci et al. 2012; Lawson 2007). *And because everyone wants to stay at home, politics ought to enable care at home.* The following extract is taken from an Austrian parliamentary speech about the (then-illegal) employment of migrant care workers in people’s households:

> Please imagine: You, me, in a care home – and from there on to the graveyard. Many would say: I don’t want that. All of us would probably react like that. At home instead of the care home! That’s what the majority of Austrians wish for. 82 percent say I only want to go to a retirement home if nothing else is possible. They only wish for one thing: to stay within their own home for as long as possible. [...] At home instead of a care home! – That should be possible for all those who want it!

(Gertrude Aubauer, ÖVP, 29 November 2006)

Through the establishment of such fixed and unchanging preferences, policies can be presented as logical, obvious and unquestionable answers to the challenges.

**Topos of loving care**

This final step in establishing an integrated argumentation strategy of how ageing and care should be dealt with, comprises many of the aforementioned semiotic strategies. In particular, it links the establishment of natural preferences to the relational identification and the emphasis on affective needs and desires. While responsibilities are clearly established (‘we’, the active, need to provide for ‘them’, the passive elderly), the language used suggests that this support and care should be provided out of love, ideally within families and in people’s private homes. *Because we have a natural affection to care for our relatives, this care should take place informally in people’s private houses.*

This nostalgically idealised concept of caring is related to a natural disposition to care for ‘our’ elderly. The language used here often points to affections and dedication, which ‘our’ generation, however, has lost, due to the current conditions and requirements in society.
This ideal has important political consequences since it pushes responsibilities to care away from a bureaucratic, professionalised context, towards the private family sphere. Gordon Brown, then UK prime minister, used this *topos* in a guest article in a daily newspaper:

> It is far more a matter of love than of duty – caring that expresses itself in the priceless gift of sustained and dedicated support for people close to them.  
> *(Daily Mail 21 February 2007)*

Political responsibility for older people who require care is thus fulfilled by allowing and fostering families’ caring potentials. Ageing and care are, in this context, fundamentally situated within an apolitical realm, as also expressed in another statement made during the Austrian parliamentary debate on migrant care workers:

> This topic is way too sensitive to talk about it polemically. It’s a concern for family and social policy which we all – please! – must more than take to our heart, and we should also seriously negotiate about it.  
> *(Ridi Steibl, ÖVP, 29 November 2006)*

A dichotomy is created between care, family and affection on one side and the state, professional interventions and political actions on the other. Ageing and care are talked about in such a way that the political sphere is seen (and sees itself) as antipode to the fulfilment of the natural preferences and requirements of older people. In that sense, not only caring, but also ageing in general, is situated outside the political realm and thus stripped of most of its responsibility.

**Concluding remarks**

In this chapter, I have demonstrated that the language used to talk about ageing and care creates a strong dichotomy of the passive, dependent elderly being in need of care by the active, independent young. The semiotic construction of ‘the elderly’ then calls for particular care arrangements which then, in turn, reproduce the language used. Ultimately, ageing is constructed as an abstract challenge that hits both individuals and society from the outside. The challenge itself is, however, not a primarily political issue; rather ‘we’ have to do the one specific right thing for ‘them’, according to natural, logical preferences. The constant demarcation between the groups allows the establishment of clearly identifiable responsibilities and duties. Politics then only secures the circumstances for the logical answer to the obvious humanity.

Williams (1996) therefore urges the researcher to deconstruct categories in order to understand the meaning for both policy-makers and individuals. The language used to refer to individuals and groups, and to individual and societal challenges and problems, shapes the cognitions and actions of everyone in society and thus also (social) policy (Rudman 2006). By shaping policies according to the existing concepts and categories, these discursive strategies are reproduced and, in that, policies play an important role in the definition and reiteration of social issues (Biggs 2001). Discourses defining the meaning of old age suggest (through argumentation strategies) certain political answers. A politics beyond, or in contrast to, the constructed subject positions and discursive strategies simultaneously requires discursive interventions to open the space for other societal challenges, subject positions and political demands.
References

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Old and dependent