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# From the editor

## AGING AND AGEISM

Consider the context that surrounds explorations of the topic of aging. You will not have to search too far for clues, nor will you require a prolonged consciousness-raising session. Think for a few moments about the age ranges of your own closest friends. How much time do you spend with people 10 or 20 years older or younger than yourself who are not part of your family? What is your response to hot flashes, your own or another's? How do you feel when you enter a nursing home? How often do you go there? How do you respond to "advice" given to you by an adolescent? By a person over 90? How old do you think you need to be to plan for your retirement? If you do not want to go to a nursing home, where will you live in old age?

Regardless of how positive an individual's attitude toward aging is, most will encounter several questions like those above with some degree of discomfort or anxiety. This is not intentional or malicious. It is built into the fabric of our society and influences every individual's patterns of thinking and action based on perceptions about age. While many negative ideas about age surround growing older, ageism reaches far beyond the realm of the elderly. Age is a primary factor in western constructions of what it means to be human, reflected in the very notion of "developmental theory." Age is a pervasive factor in value judgments about people; children are judged to be too young to exhibit certain traits or behaviors, the choices of adolescents are often judged

to be "immature" and therefore not worth much. Young adults are often judged against certain standards of behavior based on expectations of what is "responsible citizenship." And so it goes. This is ageism.

Considering the context of ageism, it comes as no surprise that the "scientific" enterprise and health care interactions are fraught with similar effects. Reliable and valid knowledge about aging is woefully lacking. What is taken as knowledge is laced with assumptions, stereotypes, and presuppositions that are grounded in widespread ageist attitudes. Health care practices, in turn, are limited by the inadequacies of this knowledge, and by the practitioner's views of the experience of aging.

The articles in this issue of *ANS* (13:4) illustrate one important means for confronting the limits of generally held understandings and attitudes: these authors have grounded their scientific and intellectual work in nursing knowledge about health. The result is a dramatic shift that begins to confront the limits of traditional knowledge about aging. In this issue you will find philosophic ideas, methodologic possibilities, and suggestions for future directions grounded in a nursing perspective. Nursing has a golden opportunity for the "golden years"—to develop new insights and new knowledge based on a world view that values people, regardless of age. It is my hope that as a reader, you will find new directions informed by new awareness of possibilities.

—*Peggy L. Chinn, RN, PhD, FAAN*  
*Editor*