World Journal of Social Science Research
ISSN 2375-9747 (Print) ISSN 2332-5534 (Online)
Vol. 12, No. 1, 2025
www.scholink.org/ojs/index.php/wjssr

*Original Paper*

# AN AGEING SOCIETY WITH THE WORST VERSION OF AGEING

Dr Alejandro Klein[1*]

[1] Professor-University of Guanajuato, Associate Professorial Fellow-Oxford Institute of Population Ageing

[*] Dr Alejandro Klein, Professor-University of Guanajuato, Associate Professorial Fellow-Oxford Institute of Population Ageing

Received: August 15, 2025 Accepted: October 1, 2025 Online Published: October 9, 2025

doi:10.22158/wjssr.v12n1p60 URL: http://dx.doi.org/10.22158/wjssr.v12n1p60

***Abstract***

*This paper seeks to present some dilemmas surrounding the ageing society, considering that not even the minimum social imaginary has yet been created around an issue that implies changes in the cultural, economic and urban order, among others. Thus, the imminence of an ageing society is inversely proportional to the awareness of it. This has consequences that are both mutational and thanatic.*

***Keywords***

*ageing society, social awareness, thanato-mutational situation*

## Introduction

The 21st century has inherited the heavy burden of what to do and how to proceed with an ever-growing population of older adults that requires change, new perspectives and flexibility. But let us say this up front: the 21st century wants nothing to do with the ageing society. It neither recognises nor notices it, nor does it have or maintain any capacity to anticipate it.

To tell the truth, the ageing society generates no interest. Perhaps stupor or boredom. Because what "exists" in our society is what entertains, what "captures" the eyes, which is the very essence of the discipline of the rectangular screen called a mobile phone and, within it, the disciplining power of "networks".

This ageing society could be approached at first glance by three facts: that people will take an indefinite amount of time to die (which could be interpreted—although it is not the same thing—as people becoming practically immortal), that children will practically cease to be born and that population

growth will therefore cease to exist (which is the same as saying—if things do not change—that humanity has an extinction date) (Klein, 2024).

**Changes in an Ageing Society**

These indicators are the most obvious and superficial, but an ageing society involves more than that: an unprecedented change in all aspects of society. Paradoxically, however, there is a reverse movement: the greater the degree of change (and it is changing), the less public debate there is on the subject and the less or no action is taken by governments and states (Atchley, 1989).

Thus, in a way that deserves our attention, as the ageing society advances, it becomes increasingly invisible in public agendas, social policies and people's daily lives...

We therefore propose the hypothesis that, to the extent that it is rendered invisible, and its crossroads are not addressed, raised awareness of, and resolved, an ageing society becomes a mutational-thanatic society, incapable and powerless to advance the necessary changes. so that what should be semantised as a desired change becomes a feared scenario, with society stereotyping itself around the terror of imminent collapse, that is, the feeling that confusion can govern us or spread at any time and in any place and in an inevitable way (Klein, 2024).

In other words, because there is such fierce resistance to accepting an ageing society, it is impossible to understand that the changes that are imposed will have to do with an ageing society. Hence, because it is denied and avoided, it leads and will continue to lead to thanatopolitical situations that will increase confusion and uncertainty.

This mutational-thanatic society will become more entrenched when the unprecedented, bold and creative decisions that must be taken (urgently) in the face of an ageing society are not taken. That is what we are seeing: doubt, hesitation, ambiguity and denial. Ultimately, we understand that this paralysis will lead to situations where a sense of collapse will begin to take hold as a feared and terrifying scenario (Levy, 2009).

**A Disconcerting Situation**

Indeed, an ageing society is still a disconcerting society. In this sense, we have not yet created even the minimum social imaginary that would allow us to glimpse the full meaning of what it will be.

Certainly, human beings are not prepared for these changes. But it does not help that the solutions to an ageing society are currently found solely and exclusively in the realm of postponement: more years of work, a higher retirement age. These are misguided solutions, but perhaps they offer some comfort by creating the feeling that at least something is being done (Oliver, Eckerman, & Machalek, 1980).

It is true: there are no preconceived formulas that "solve" the "problems" of an ageing society. In some cases, we must be bold; in others, we must dare to suggest things that are not politically correct; and in

still others, we will simply reject solutions, do nothing, and postpone the inevitable once again. An ageing society will therefore experience situations of collapse, violence and confusion, depending on the awareness that is acquired or the will that is maintained to face its challenges (Davis & Collier, 2017).

Demographic changes, the irreversible trend towards survival and the relentless decline in births are, for most people, merely data and predictions that do not materialise as a social change called the ageing of society. Everything that predicts, forecasts and points to an ageing society is split off and dissociated from the ageing society itself. People are not prepared and will not be prepared, no matter how convincing the data, censuses, and statistics may be (Roszko-Wójtowicz, Przybysz, & Stanimir, 2025).

Therefore, there will be an ageing society, but society will not be aware of it. A society that is ageing simultaneously with a society that will categorically assert that it is not an ageing society. If we analyse it carefully, this ignorance is more than ignorance: it is a social split that will imply a radical ignorance of society about itself. A spaltung in psychoanalytic terms.

As a result of this situation, none of the necessary measures will be taken, ageism will be uncontrollable, and no one and nothing will take care of the elderly. Therefore, there will be an exponential growth in the number of elderly people begging around the world, on street corners, asking for alms or simply driven mad by hunger, deprivation, heat or cold. Why? Because they will be radically invisible, eradicated, absent in terms of social acceptance, even though paradoxically they will be more visible, present and real than ever (Roszko-Wójtowicz, Przybysz, & Stanimir, 2025).

The few, the fortunate, will have the means to hire immigrants to care for them. The others, the majority, will wander around senile in deplorable conditions of impoverishment. A triumph of ageism without awareness of ageism...

**An Ageing Society with the Worst Version of Ageing**

Violence against old people will increase, perhaps in an uncontrolled and clandestine manner. To complicate matters, as today's adults are choosing not to have children, tomorrow’s older adults will have no one to care for them, at least in terms of affection, compassion and tenderness (Klein, 2024).

On the other hand, as we have pointed out, the ageing society also has to do with the currently irreversible decline in the population replacement rate. But let us say that this situation does not generate social alarm either, but rather an intense and profound unease in terms of a generation incapable of sustaining stable roles of fatherhood and motherhood, of projecting itself into the future and, therefore, incapable of sustaining any ancestry, descendants or inheritance (Gupta, 2022).

Couples no longer want to have children, nor do they understand the meaning of having them, or they have only one child, thus burdened with a terrifying messianic and narcissistic edge. It is necessary to insist: this is not a biological problem of gestation. It is an absolutely unprecedented structure of

generational arrest and paralysis.

We thus have a decision made by a generation caught up in the unprecedented astonishment of what is being done and not understood, which consolidates a third situation surrounding the ageing society: the anguish of no longer understanding, related to a world in which nothing is understood. Nothing can be explained anymore. And where no one asks questions anymore, let alone the necessary and pertinent questions (Klein, 2024).

Let us emphasise the following once again: the ageing society does not seem to be giving rise to a gerontocentric society. Quite the contrary. There will be a multitude of centenarians, a multitude of grandparents who have become adolescentised by the possibility of generational confrontation with their own grandparents, and a multitude of overwhelmed parents who are unable to be parents or to be parents and enjoy it.

And in the extreme, if there is no fully legitimised and recognised ageing society, its masking substitute will be implemented: the mutational-thanatic society, the result of the pathological denial of the former.

Perhaps we could suggest the hypothesis that, ultimately, the focus of ageism is not older adults, but rather the ageing society itself, with the irreversible changes, mutations and enormous burden of novelty that this entails. As we have already said, this issue remains invisible on the social and political agenda, attracting no attention and generating no public debate. Therefore, the ageing society continues to occupy the place of a feared and persecutory social scene, rather than a possible or achievable one (Štefánik, Domonkos, Horvát, Hvozdíková, Lichner, Miklošovič, & Radvanský, 2013).

Thus, any possible progress related to the ageing society would be inseparable from raising awareness of the scapegoating of older people in the current social structure. In other words, raising awareness that they operate less as an age group and more as a stigmatised group on which emotions and ghosts are projected, falling into the category of the unthinkable, the unspeakable, the socially unmentionable, around the threat of helplessness, panic and anxiety of society as a whole (Davis & Collier, 2017). But are we succeeding?

**Gerontology, Demography and Public Policy**

Gerontology, demography and public policy have all vied for dominance in the field of ageing. But this is misguided: in an ageing society, the problem is not socio-health-related (gerontology), demographic (demography) or political (public policy). Each of these three disciplines attempts to provide solutions: improving quality of life, encouraging birth rates, redistributing public resources.

With the best of intentions, they are profoundly mistaken in determining that there are problems that need to be solved. But we are not dealing with problems, in the sense that the ageing society is not a problem to be solved, but a new social, economic and cultural reality without any precedent whatsoever (Mouffe, 1999).

Demographics is mistaken because an ageing society does not refer to simple quantitative processes but to altered qualitative ones, as we have already seen. The approach of social policies aimed at older adults is also mistaken. These policies are commendable and well received, but unfortunately, they depend on governments and budgets that are always changing. Rather, it seems that we must begin to talk about state policies and, even more so, about constitutional rights established through a constitutional gerontological programme of rights for older adults (Irving, Davis, & Collier, 2017).

It could be assumed that this constitutional gerontological programme should include at least one chapter on care and protection, another on the eradication of ageism and the establishment of non-retributive pensions (or whatever they may be called), guaranteeing access to decent standards of living.

In short: at least the achievement, somewhere, of a renewed social pact in terms of pride and dignity.

**A Critical and Unambiguous Gerontology**

Gerontology errs in continuing to cling to two inadequate, not to say anachronistic, paradigms: grandfather-centrism, when we should be moving towards great-grandfather-centrism, and friendly, pedagogical dissemination, when we should be moving towards a rebellious and forceful attitude.

Gerontology takes as its model an older adult who is apparently between 60 and 65 years of age, when demographic trends indicate that the fastest growing population group is between 80 and 90 years of age, not to mention the irreversible growth of the centenarian group (Leeson, 2009; Baek, 2016).

Traditional gerontology is therefore creaking under these theoretical and conceptual limitations, and it certainly creaked under the ageist and segregationist policies that were taken against older adults in the recent COVID-19 episode, which took gerontology completely by surprise. Likewise, the COVID-19 lockdown also revealed another sinister aspect of this ageism: the temptation of the concentration camp: isolating, confining, and gathering older adults in cities just for them, buildings just for them, in holiday resorts just for them. A project for the elderly that reveals sinister undertones (Gray, Kitson, Lobao, & Martin, 2023).

Gerontology insists on remaining pre-COVID-19 gerontology, when in reality we must build post-COVID-19 gerontology. That is, a critical gerontology, not a naive or confused one. Therefore, gerontology should make a great effort to redefine its paradigm, review its theoretical foundations, and deepen its intervention methodologies (Morrow-Howell, Galucia, & Swinford, 2020).

In this way, in addition to an interdisciplinary and multidisciplinary gerontology, a critical gerontology must be outlined that does not focus strictly on either decrepitude or the paradigm of healthy ageing, that is, not only on health and disease processes, but also on how to sustain lifestyles and possibilities in terms of empathy, dignity and respect.

**Conclusions**

It thus seems that we are still a long way from a social pact of dignity and genuine respect for older adults that goes beyond and is more effective than a play on words, which is nothing more than empty redundancy.

This is to point out that perhaps a methodological, operational and conceptual error has been made in relation to this issue. Demographers, social workers, psychologists, health workers, political scientists and others have understood that an ageing society implies working with and from older adults. Perhaps this is not necessarily the case (Lawton & Nahemow, 1973).

Because if we take the groundbreaking and renewed version of older adults, their capacity for emancipation and empowerment means that they probably do not need anyone but themselves to generate social and identity experiences. Of course, they do need a State that recognises and upholds the social debt owed to people who have worked and contributed to it through taxes and social security (Gray, Kitson, Lobao & Martin, 2023; Warner, Homsy, & Morken, 2017).

We therefore propose that, in view of the difficulties of traditional pedagogical gerontology, we begin to outline what we might call an operational, awareness-raising gerontology. In this way, we suggest a strongly interdisciplinary action plan that not only acts at the level of individuals and groups, but also at the level of governments and states (Marques, Mendonça, De Tavernier, Hess, Naegele, Peixeiro, & Martins, 2020).

Not only proposing, but also strongly promoting policies (and, if possible, constitutional policies) (at the national, provincial, municipal and other levels) based on a shared vision of the future and specific objectives that raise awareness about the ageing society, its challenges and possible policies for action. In such a task, academic and social leadership is important, as is the existence of plans and better institutional frameworks. And this operational awareness-raising action must be accompanied by strong positioning, as I have already pointed out, on social media, in the streets and perhaps even in different types of demonstrations (Kymlicka & Norman, 1997; Kalache & Kickbusch, 1997).

Of course, we must move away from a naive gerontology, and that is why a more operational, more forceful, more active presence is being proposed (Kaplan & Sánchez, 2014).

This approach has addressed uncomfortable and controversial issues surrounding the society in which we live. A society caught between an ageing society and a mutational-thanatic society. A diprosoponic hybrid with two faces for now. The current totalitarian cultural wave, which in the name of political correctness casts a threatening shadow over our critical and emancipatory capacity for thought, should not find us complicit or yielding to the ethics of scientific inquiry or to the dilemmas that arise in this 21st century and in the centuries to come.

**References**

Atchley, R. C. (1989) A continuity theory of normal aging. *The Gerontologist*, *29*, 183-190.

Gray, M., Kitson, M., Lobao, L., & Martin, R. (2023) Understanding the post-COVID state and its geographies. *Cambridge Journal of Regions, Economy and Society*, *16*, 1-18.

Gupta, A. (2022). From the Welfare State to the Welfare Society: A Shift in Paradigm. *Indian Journal of Public Administration*, *68*(1), 62-74. https://doi.org/10.1177/00195561211058770

Irving, J., Davis, S., & Collier, A. (2017). Aging with purpose: Systematic search and review of literature pertaining to older adults and purpose. *International Journal of Aging & Human Development*, *85*, 403-437.

Kalache, A., & Kickbusch, I. (1997). A global strategy for healthy ageing. *World Health*, 4-5.

Kaplan, M., & Sánchez, M. (2014). Intergenerational programs and policies in aging societies. In S. Harper, K. Hamblin, J. Hoffman, K. Howse, & G. Leeson (Eds.), *International Handbook on Ageing and Public Policy* (pp. 367-383). Cheltenham: Edward Elgar Publishing.

Klein, A. (2024). Family ties and psychosocial processes in an ageing society. *Comparative Perspectives*. Switzerland: Springer Publishing Company.

Kymlicka, W., & Norman, W. (1997). El retorno del ciudadano. Una revisión de la producción reciente en teoría de la ciudadanía. *Agora. Cuaderno de Estudios Políticos*, *3*, 5-40.

Lawton, M. P., & Nahemow, L. (1973). Ecology and the aging process. In C. Eisdorfer & M. P. Lawton (Eds), *The Psychology of Adult Development and Aging* (pp. 619-674). Washington, DC: American Psychological Association.

Leeson, G. (2009). Demography, Politics and Policy in Europe. En: Ludlow, Peter (org.) *Setting EU Priorities 2009*. Ponte de Lima: The European Strategy Forum, 102-124.

Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science*, *18*(6), 332-336. https://doi.org/10.1111/j.1467-8721.2009.01662.x

Marques, S., Mariano, J., Mendonça, J., De Tavernier, W., Hess, M., Naegele, L., Filomena Peixeiro, F., & Martins, D. (2020). Determinants of ageism against older adults: A systematic review. *Int. J. Environ. Res. Publ. Health*, *17*(7), 2560-2590. https://doi.org/10.3390/ijerph17072560

Morrow-Howell, N., Galucia, N., & Swinford, E. (2020). Recovering from the COVID-19 Pandemic: A Focus on Older Adults. *Journal of Aging and Social Policy*, *32*(4-5), 526-535. https://doi.org/10.1080/08959420.2020.1759758

Mouffe, Ch. (1999). El retorno de lo político. *Comunidad, ciudadanía, pluralismo, democracia radical*. Barcelona: Paidós.

Oliver, D. B., Eckerman, J. M., & Machalek, R. S. (1980). Tracing the historical growth of gerontology, *Educational Considerations*, *8*(1), 2-9.

Roszko-Wójtowicz, E., Przybysz, K., & Stanimir, A. (2025). Unequal ageing: the quality of life of senior citizens in the EU before and after COVID-19. A multidimensional approach Front. *Public Health*, *28*(13), 1-16.

Štefánik, M., Domonkos, T., Horvát, P., Hvozdíková, V., Lichner, I., Miklošovič, T., & Radvanský, M. (2013) *Modelling the Economic Potential of the Silver Economy*. Brussels: Centre for European Policy Studies (CEPS).

Warner, M. E., Homsy, G. C., & Morken, L. J. (2017) Planning for aging in place: Stimulating a market and government response. *Journal of Planning Education and Research*, *37*, 29-42.