

The Infantilisation of Elderly Australians: Age and the Social Dynamics of Disrespect

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Chapter 1 Introduction

Benjamin Franklin (1789) has famously been quoted as saying:

“Our new Constitution is now established, and has an appearance that promises permanency; but in this world nothing can be said to be certain, except death and taxes.”

This study has a fundamental disagreement with Mr Franklin. In this world, ageing is more certain than taxes. Even a baby who was born an hour ago has aged by that hour. The only way to avoid growing old is to die when you are still young.

Bytheway (1995) defines ageism as a set of beliefs based in biological variations amongst people and relating, in particular, to the ageing process. He remarks that ageism is manifested in the actions of corporate bodies and their representatives and that this results in views held about ordinary ageing people not consistent with views about other ordinary people. Ageism is prejudice against people based on their age.

Popular media is constantly bombarding us with anti-ageing and ageist propaganda. Current advertising campaigns tell women and men that they need to be ashamed of ageing. Olay (www.olay.com.au) a brand of Procter and Gamble, says there are seven signs of aging:

1. Lines and wrinkles
2. Uneven skin texture
3. Uneven skin tone
4. Appearance of pores
5. Blotches and age spots
6. Dry skin
7. Dullness

This advertising campaign targets six normal things that happens to normal people, and implies that these things should not be happening. These things are not even necessarily signs of being elderly, for example uneven skin texture and tone and the appearance of pores can happen to teenagers as they approach puberty. The seventh “sign” of ageing, “dullness”, is a pejorative comment on ageing and not something that happens to the skin of ageing people.

L’Oréal, a multi-national manufacturer of skin care products with its head office in France, suggests that women and men should buy their anti-ageing products “because we’re worth it”. The L’Oréal website tells potential customers that to grow old, automatically leads to rejection by society and that L’Oréal uses skin science to prevent societal rejection for the people who use their products (http://www.skin-science.com/int/en/topic/topic_sousrub.aspx?tc=SKIN_SCIENCE_ROOT^WELL_BEING_SKIN_DEEP_AND_DEEPER^SELF_ESTEEM&cur=SELF_ESTEEM) :

“In a fiercely-competitive and stressful world, all too ready to dismiss, snub, marginalize or even exclude those whose countenance fails to radiate vitality, energy and good health, cosmetics are taking on an increasingly noticeable social role. Life in society is perceived more and more as an ongoing process of emulation and competition, in which the image we project is central - be it in a professional, emotional or general social context. Society has problems accepting the erosion of the body. Protecting it and keeping it in good condition, and staying this erosion process, have therefore become the overriding goals of a ceaseless struggle.”

Maybelline (http://www.maybelline.com.au/ESSENTIAL_TIPS/Beauty_Cheatsheet.aspx) advertises that “Maybe she’s born with it, maybe it’s Maybelline” and on their website tells us how to “Save your skin from premature lines and wrinkles.”

If we need to be ashamed of and reverse the signs of ageing, then being old must be both “wrong” and “shameful”, and, therefore elderly people must be both “wrong” and “shameful”. If we regard the elderly as either “wrong” or “shameful” then we do not need to regard them or treat them with respect.

Definition of Elderly

Townsend (1979, as cited in Bytheway, 1995) has suggested that the study of age is based on a theoretical framework whereby age is conceptualised as a societal structuring dimension, thus the elderly are viewed as a definable societal group. Research using this framework reveals inequalities in income, employment, health, etc., and thereby places the elderly alongside the disabled, women and ethnic minorities, as groups which suffer from deprivation and prejudice. Categorising age into constructed groups, in this way, gives age groups both ideological meaning in societies and operational purposes (Bytheway, 1995).

Social context also determines the definition of “elderly”. In developed nations an elder is identified as someone who has retired and is usually over the age of sixty-five years (Kurrle et al., 1992) but some developed nations define a person as being elderly from as young as sixty years of age (Doe et al, 2009). Indigenous women in Australia are classified as elderly from the age of forty-five years due to their lower life expectancy in comparison to the life expectancy of non-indigenous women (McFerran, 2008).

In the 12 months to 30 June 2009, the number of people aged sixty-five years and over in Australia increased by 85,800 people representing a 3.0% increase. Thus, the proportion of the population aged sixty-five years and over increased from 11.0% to 13.3% between 30 June 1989 and 30 June 2009 (<http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0>). The ABS estimates that the number of people over 65 years in Australia in 2010 is 13.7% of the general resident population, which they estimate to be 22,523,225. Therefore, the resident population over sixty-five years in Australia, in November 2010, is estimated to be 3,085,682. This is an increase of 0.4% of the population in the last year (<http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0>). This means that 13.7% of the Australian population may be affected by disrespect and ageism.

Table 3.1: Persons aged 65 years or over, 30 June 2006

Age (years)	Males	Females	Persons	Males	Females	Persons
	Number			Per cent		
65-69	385,226	393,943	779,169	31.8	26.7	29.0
70-74	302,778	326,360	629,138	25.0	22.1	23.4
75-79	252,158	299,330	551,488	20.8	20.3	20.5
80-84	166,000	239,328	405,328	3.7	16.2	15.1
85 or over	104,337	217,654	321,991	8.6	14.7	12.0
Total 65 or over	1,210,499	1,476,615	2,687,114	100.0	100.0	100.0

Source: ABS 2007e. (AIHW, 2008)

Disrespect

Honneth (1990) describes disrespect as the denial of approval or recognition of another person. He suggests that negative experiences of disrespect and insult have turned the normative goal of securing human dignity into a driving force in history and furthermore, that various experiences of personal disrespect provide a moral driving force in the process of societal development (Honneth, 1990).

Honneth's (1990) theory of disrespect is derived from the concept of intersubjectivity which suggests that human beings have implicit knowledge that we owe our integrity and self-esteem to the approval and recognition of other persons. Honneth's (1990) theory is that a positive sense of self is acquired by intersubjective means and, therefore, insult and degradation impair a person's positive understanding of self. Furthermore, Honneth (1990) states that insult and degradation is injurious to the person and violates the sense of, and belief in, self. Therefore, experiences of disrespect and insult pose the risk of an injury which can cause the person's entire identity to collapse (Honneth, 1990).

Disrespect can also be in the form of physical abuse which takes away the person's autonomous control over their entire body. Denying a person's autonomous control of their own body cripples confidence in oneself and causes a psychological gap which gives rise to negative emotions. Being unable to complete an action leads to negative emotions of moral indignation, offense or contempt, if the action was a social norm and blocked by the other. If the action was not a social norm, and is blocked by the other, this leads to negative emotions of shame, guilt or anger (Honneth, 1990).

The issue of disrespect of the elderly has gained increased attention from social and gerontological researchers since the 1980's (Sung et al., 2010). Abuse against elders, however, was first identified in 1975 by British gerontologists. At that time it was labelled as "granny battering" (Baker, 1975, Burston 1975). The focus of the British reports was on elder abuse not on disrespect of the elderly and this led to extensive research into elder abuse in the United States in the late 1970s and 1980s. Several nations including Australia, Canada, China, Norway and Sweden began research into elder abuse in the 1980s and reported this to the United Nations. Although some nations, such as Argentina, Brazil, Chile, India, Israel, Japan, South Africa, Great Britain and some European countries, lagged behind and did not report such research until the 1990s (WHO/IPNEA 2002).

The United Nations declared 1999 the International Year of the Elderly. Issues surrounding the general treatment of elderly persons began to be discussed and addressed in that year as a problem of international concern (WHO/IPNEA, 2002). In spite of research and acknowledgement of the issue, elder abuse continues to this day to plague most societies, including our own (Kurrle and Naughtin, 2008). Issues around egregious abuse, such as violence and financial abuse, command the attention of most social science research about the maltreatment of older persons. The more subtle, everyday experiences of disrespect and infantilisation – which arguably are a precursor to these more notorious forms of abusive and violent behaviour – are less researched (Hockey and James, 1999). To name a seemingly benign example, the notion that the onset of later age constitutes the return to infantile dependence and immaturity, continues to resonate in social imagination and in Western discourse (Blatterer, 2007 and Hockey and James, 1999).

Definition of Respect for Elders

Elder respect as a concept is very general and it is, therefore, hard to generate empirical data and provide clear guidance for practice and research (Sung, et al., 2010) into respect for the elderly. Various studies have provided definitions for elder respect centred on paying attention to the person. It has been suggested that respect is taking a person seriously by paying careful attention to that person and having sympathetic consideration of the person's needs and wants (Sung, et al., 2010, Downie & Telfer, 1970, Dillon, 1992).

Other studies have suggested that respect is more than merely paying attention but that it additionally requires actions and behaviours that are deserved by the recipient (Gibbard, 1992). These actions and behaviours are intended to convey a sense of altruistic and benevolent regard for elderly people (Kunda & Schwartz, 1983). Various studies have identified the following types of respect towards elders: service and care respect (e.g. housekeeping, personal care), victual respect (e.g. serving food and drinks of the elders' choice), gift respect (providing gifts), linguistic respect (using respectful language), presentational respect (being courteous in appearance), spatial respect (providing elders with honourable seats), celebrative respect (celebrating birthdays), acquiescent respect (complying with elders' words), consulting respect (seeking advice), salutatory respect (greeting elders), public respect and ancestor respect (worshipping ancestors) (Silverman & Maxwell, 1978 as cited in Sung et al., 2010, Palmore and Maeda, 1985 as cited in Sung, et al. 2010, Mehta, 1997 as cited in Sung et al, 2010, Ingersoll-Dayton & Saengtienchai, 1999). These studies have suggested that respect for elders shows similar forms across cultures, but have failed to study Western cultures. They have also failed to provide details about interactions between the elder and the younger person providing respectful behaviours, and they have not provided the interpretation or desires that both parties had from the interactions (Sung, et al., 2010).

Different cultures perceive actions and behaviours differently, therefore, respect is a culturally based concept. For example, in Australia today ancestor respect is not a value that Australians hold as important, and acquiescent respect, or complying with elders' words, is also not considered to be an important sign of respect.

Research across the Globe

Research into the treatment of the elderly shows that disrespect occurs all around the world and in all levels of society, in developing and developed nations alike. Elderly abuse is reported in nations where respect for elders and familial piety is not an important aspect of culture. In Asian cultures, for example China, Taiwan and Korea, where respect for elders and familial piety were traditionally regarded as the way of life, disrespect of elders is reported as a problem of growing concern and that disrespect is leading to abusive situations for the elderly (Doe, et al., 2009).

WHO/IPNEA (2002) state that both South Africa and China have reported a lack of respect for elders as having a significant impact on elder abuse. It is not noted whether this is considered to be a general societal problem or whether it is regarded as a family issue. However, in Kenya disrespect of elders permeates society as a whole and leads to abuse, exploitation and neglect within the Kenyan Health Care system. Disrespect of the elderly has particularly been reported as a societal problem in a number of countries, for example, Canada, Lebanon, Kenya, Austria and Brazil. It is generally agreed that in these nations social values and attitudes of respecting the elderly have changed dramatically for the worse, especially in younger generations (WHO/IPNEA, 2002).

Se'ver (2009) suggests that Canadian and US populations are ageist and that these cultures marginalise and disrespect the aged which leads to high incidences of abuse, whereas Asian cultures respect their elderly and for this reason lower instances of abuse are reported. Asian studies, however, report that Asian countries are not as likely to acknowledge disrespect and abuse of elders because of the belief that the Confucian ethic of filial piety prevents disrespect and abuse of elders from occurring (Doe, et al, 2009). For example, an Adult Protective service was started in Korea in 2004 due to elderly abuse. In China, where filial piety and respect for elders is a cultural norm, elderly people who do not receive housing and food from relatives are regarded as being neglected and therefore caregiver neglect is commonly reported as abuse (Dong et al., 2008). Researchers generally report that a break down in the traditional value of respecting elders and in traditional ways of life is contributing to the rise in reports of elder abuse in Asian countries (Doe, et al., 2009, Dong, et al., 2008). Therefore, ageism and lack of respect for elders is having a significant impact on the increase in elder abuse in nations around the globe.

The definition of disrespect and abusive situations often changes according to cultural context. Brown (1989) studied relationships in a Navajo Native American Indian tribe. In Navajo culture mutual respect is important and therefore cooperative relationships and mutual helping patterns are regarded as the norm between elders and younger members of the tribe. Elderly Navajo people report neglect in much higher percentages (45.9%) than is usual in Western cultures due to cultural expectations. The researcher regarded 21.6% of the elders as having been financially abused whereas they did not report this abuse themselves because it was regarded as a cultural privilege and duty to share financial resources with their extended families (Brown, 1989).

In India and South Africa elderly widows are driven out of the villages because they are a drain on resources and in the United Republic of Tanzania five hundred elderly women are accused of witchcraft and murdered each year when something unusual or destructive occurs in the village (WHO, 2002). In these societies disrespect of elderly women with no family ties is a cultural norm and therefore, acts of violence against elderly women are not reported as abuse. Also, in India the elderly may be subject to disrespect and legal abuse. In India, daughters-in-law who feel they have been treated disrespectfully by their parents-in-law for their entire lives report that their dowries have been stolen and the elderly parents-in-law are immediately prosecuted. Elderly parents-in-law believe they are being reported out of a desire for revenge and they regard this as disrespectful and abusive (WHO/ IPNEA, 2002).

Research across the globe, as reported by the World Health Organisation, and other independent studies, concentrates on how the elderly are affected by abuse. Research focussed on disrespect and ageist attitudes towards the elderly is limited and there is a gap in this kind of research. Hence, the research that this study is undertaking is about how elderly Australians are generally impacted by disrespect and does not focus solely on abuse of the elderly.

Marginalised, Not Frail and Vulnerable

It is important to note that some research into elder abuse reproduces, rather than critically examines, the accepted assumption that elderly victims are vulnerable and frail, and that they are thus unable to fully participate in society (Hockey and James, 1993; Keyes and Brown, 2009). The main foci of that research are the psychological characteristics of elderly people and their carers. While research of this nature has provided important insights concerning individual dispositions, this has also meant that social and cultural contexts of disrespect of the elderly remain largely ignored.

Some theories on ageing are based around ageist attitudes and prejudices, for example Disengagement Theory which was formulated by Cumming and Henry (1961, as cited in Russell, 1981). This theory suggests that the progressive loss of social roles and relationships is a functional necessity because there must be equilibrium between society and individuals, and death breaks that equilibrium. Death is regarded as socially disruptive unless the elderly have disengaged from society and relationships before they die. In this theory "successful" ageing requires reduced activity and a decrease in effective involvement (Russell, 1981). Disengagement Theory promotes disrespect of elders who are regarded as a burden to be largely ignored so as not to disrupt the lives of the younger members of society.

Fine (2007, citing Clark and Spafford, 2002) suggests that older people who are in need of "care" are regarded as dependent and are therefore unable to exercise choice and control over their own lives, but that they need the carer to be responsible for them rather than responsible to them. Hockey and James (1993) suggest that elderly people in need of care are metaphorically regarded as being in their second childhood and younger people with disabilities lose their social status as adults if they become dependent in any way.

Personality Theory denies the necessity for sociologically-oriented explanations of "successful" ageing. It takes a life cycle approach and sees adjustment to old age as a result of the individual personality. Ageing is conceptualised as a developmental process, the outcome of which is reflected in individual coping styles (Neugarten, et al., 1968, as cited in Russell, 1981). Since Personality Theory takes a life cycle approach rather than a life course

approach it therefore, structures the elderly into a second childhood, with all the concomitant meanings of lack of personhood, inability to make decisions and inability to care for themselves.

Roberts (1993) wrote that "Financial abuse can be hard to prove as many elderly people do not take full responsibility for their cash or their pension book." Roberts was investigating abuse of the elderly, with emphasis placed on financial abuse, and concluded that elderly people were refusing to take responsibility for themselves. This kind of research perpetuates disrespect and ageist attitudes and does not make any progress in dispelling myths. Although, research into such egregious abuse of the elderly has brought these situations to the attention of society, there is a need for research which investigates disrespect and ageism and allows the elderly to have their voice without infantilising them.

While people who experience dependency may have parallel social experiences and structural positions, the actual way the classificatory process impinges on their lives can differ vastly. Some people manage to maintain their social and economic status in spite of increasing dependency. Some find their social status augmented rather than diminished, for example, campaigners for pensioners' rights. Thus, while society attempts to marginalise the elderly in real and symbolic terms by equating them with dependent children the elderly themselves, occasionally find ways of subverting this marginalisation (Hockey and James, 1993).

The ideology which attempts to keep the elderly in their place of dependence is Western ideology that says that primarily independent adults must be the ones who wield social, economic and political power (Hockey and James, 1993). It is, in fact, the Western self-sustaining cultural and socio-structural system which attempts to keep the elderly in symbolic childhood and thus, dependence and marginalisation.

Western Discourse/ Popular Media and the definition of personhood

Hockey and James (1993) cite many examples of popular media, including, cartoons, letters to editors, advertisements in newspapers, magazines and on television, and photographs, depicting elderly people as children or associating the elderly with childhood. They suggest that not only are the elderly infantilised in Western popular media but that Western discourse depicts the elderly either as "good girls and boys" or demonises the elderly as "dirty old men" or "old witches". Popular Western media is unable to find a middle ground wherein elderly people may be regarded as adults who are capable of contributing to society and making their own decisions and choices. It is suggested that this depiction of the elderly is then played out in society as a whole and the elderly are infantilised in a diversity of social practices and ideologies including health care and home situations, and through state legislation in political and economic spheres (Hockey and James, 1993).

Blatterer (2009) suggests that Western discourse links personhood with adulthood. He further postulates that Western discourse has established that adolescents need "pathways" to adulthood and that these "pathways" are intrinsically associated with work and consumption. Work and consumption, however, do not automatically turn adolescents who are working and buying products but are under the age of eighteen years, into adults. Furthermore, if the pathway to adulthood is intrinsically associated with work and consumption, then people with physical disabilities who are unable to work but are still able to make decisions and take responsibility for themselves are automatically excluded from adulthood. This exclusion may also be applied to the elderly retired population who are not regarded as having personhood and so not considered to be adults.

Western societies use descriptions of a child's body to provide the grounding for the metaphorical use of childhood in shaping experiences of dependency, whether by the elderly or by people with disabilities (Hockey and James, 1993). Furthermore, Western discourse displays an extremely powerful conceptual relationship between physical bodies and social identity (Hockey and James, 1993). For example, elderly people in nursing homes in the

1990s who were classified as frail would be referred to as “the little people” and addressed by their first names as opposed to the non-frail elderly who were accorded more respect and therefore, addressed as Mr or Mrs (Hockey, 1990, p. 100, as cited in Hockey and James, 1993).

Western cultures tend to devalue ageing and do not treat the elderly with esteem. Thus, elderly bodies are viewed as unwanted, ugly and unsightly (Hockey and James, 1993). Western discourse describes ageing in negative terms, therefore, dependency through age is given the metaphorical status of childhood in order to combat the repugnance that carers would have developed towards aged, dependent bodies (Hockey and James, 1993). As there are increasing numbers of fit, active and healthy elderly people, there is an increasing call to make distinctions between frail and unhealthy, and fit and active elders, based on bodily imagery (Hockey and James, 1993), which could lead to further ageism and prejudice.

Ageing also produces stigma and therefore, the elderly tend to devalue themselves and they experience devaluation in relationships with the non-aged. This, therefore, leads to significant relationships amongst “their own age group” (Russell, 1981: 75). Russell (1981: 108), suggests that people of all ages suffer from “institutionalised age-grading” at various stages of their lives, and in informal contexts tend to choose friends from amongst their own age group. Age segregation is regarded as a “voluntary” shutting out of those who would discredit one’s self (Fontana, 1977 as cited in Russell, 1981), however, in today’s society age segregation has more to do with the ageist attitudes of society and less to do with voluntary segregation due to the commonality of interests amongst the aged and the positive effects on self-esteem this provides.

Social Roles for the Elderly

Activity Theory proposed by Havighurst (1963, as cited in Russell, 1981) is the antithesis of Disengagement Theory and other theories that suggest the elderly cannot actively participate in society. This theory assumes that successful old age is one in which the individual is actively engaged in behaviours which compensate for the loss of previously held social roles. This means that the elderly need to have a high degree of social integration and involvement in social networks in order to experience high morale and life satisfaction. Integration is an extensively developed research tradition in social psychology and American Gerontology wherein measures of integration are based on frequency of social contacts, that is, participation in social life or, the maintenance of social contacts within an institutionalised framework of social positions or roles which may be either formal or informal (Russell, 1981).

Symbolic Interactionism is similar to Activity Theory and conceptualises ageing as a dynamic process responsive to structural and normative contexts of society as well as to individual capacities and perceptions (Russell, 1981). Symbolic Interactionism suggests that ageing outcomes reflect a reciprocal relationship between the individual and the social environment wherein the individual both contributes to and receives from their social environment. The construction of behaviour and activity depends on the interpretation and negotiated interactions between individuals and society. (Russell, 1981).

A number of these different theories on ageing, are structural statements that imply that the behaviour of individuals is either “good” for them or “bad” for them and use value laden terms such as “adjustment” or “high morale”. Such theories also deny subjective views on ageing as being valid, and the bridging concept between individual and society is the “role” the individual takes on or, is not allowed to take on (Russell, 1981).

Quality of Life

Although research projects into the effects that abuse has on the life expectancy and quality of life of elderly people are numerous, research into respect towards the elderly has not concentrated on this area and empirical data concerning the link between respect and quality of life is harder to find than on abuse and quality of life. Studies in the UK, US, Kuwait and

China show that elders who are subject to abuse are adversely and severely impacted in emotional and mental well-being and in physical well-being; while those who are abused financially are also severely impacted in their financial, medical and life-style needs (Alves and Wilson, 2008; Dong et al., 2008, WHO/ IPNEA, 2002, Al-Baho, 2003).

A study in New Haven, CT, USA showed that the mortality rates for elders who suffer abuse are significantly higher than those who do not suffer abuse. Thirteen years after the study began 40% of the group where no abuse or neglect had occurred were still alive, compared to 9% of the elders who had suffered abuse or neglect (WHO, 2002). Furthermore, Dong et al (2008) postulate that there is a relationship between elder abuse and neglect and Depression in elders, although they are unclear as to which condition causes the other. Al-Baho (2003), however, shows that Depression is prevalent amongst the elderly population in Kuwait who have been abused and that Depression is clearly associated with morbidity and mortality. Therefore, it is important to teach society to treat their elderly citizens with respect.

Studies have been conducted into how elderly people in nursing homes react to being treated with dignity. Hall, et al., (2009) found that elderly people in nursing homes experienced longer lives with better quality of life when they felt they were being treated with dignity. This study found that only 9% of deaths in nursing homes can be attributed to recognised terminal illnesses, while the remaining deaths may arguably be attributed to the elderly persons simply no longer desiring to live due to the disrespect they were experiencing.

Studies have shown that elderly people who feel respected experience greater satisfaction with life and feel they have a good status in society. This, then, enhances their sense of involvement in and contribution to family, community and significant others (Applegate & Morse, 1994; Ghush et al., 1996). When a society respects its elders, there is a positive attitude towards the elderly who are treated with propriety and integrated into family and society (Damon-Rodriguez, 1998 as cited in Sung et al, 2010; Sung, 2001).

Noelker & Harel (2000) found that the respect that elderly people receive from their caregivers and others has a significant impact on the quality of their life. Furthermore, the World Health Organisation has conducted studies that show that disrespect of the elderly leads to “a decreased quality of life for the older person” (World Health Organisation, 2002). Quality of life for elderly people has thus been found to be impacted by the amount of respect that the elderly person receives and whether or not the elderly person feels they are contributing to family, friends and society in some positive way, as a result of the respect they are receiving.

Research Question and Hypothesis

This study was concerned with the quality of life of the elderly respondents and asked the question: do elderly Australians feel they are disrespected and infantilised by contemporary Australian society? The hypothesis is that ageist attitudes and societal ideologies have a direct impact on the experiences of the elderly in contemporary Australian society and produce disrespect and infantilisation of the elderly. The alternative hypothesis is that elderly Australians do not experience disrespect and infantilisation in contemporary Australian society. The expectation of this research was that respondents' narratives would be about experiences of infantilisation, marginalisation, disrespect, ageism and lack of personhood.

The concept of disrespect toward the elderly raises issues of ageism and personhood. Bytheway (1995) suggests that organisations at all levels of society construct policies that encourage ageism and, therefore, ageism is a structural part of society. For the purposes of this study, ageism is not about a narrow context of one aspect of age and not associated with a limited range of ages. Ageism is regarded as a prejudice against any age or age group. The study is designed to leave the concept open to the respondents to discuss in whatever way and in whatever context they wish to discuss it.

In Australia, the concept of personhood/ adulthood is constructed around the ages of eighteen to sixty-five. From legal adulthood until you reach pensionable age and may, therefore, be consigned to the figurative scrapheap. People over the age of sixty-five are potentially regarded as being of diminished capacity and incapable of making their own decisions, caring

for others, or contributing to society in any meaningful way. In Australia, the paradigm of personhood is constructed in several ways. First, by the ability to function “efficiently” in the workforce, which within an Australian context means the neoliberal, economic rationalist ideal of being able to perform at peak level for more than ten hours per day. This, however, may not be a very good indicator of youthfulness. Psychologists such as Rosa (1995), suggest that excessive working hours lead to performance decrements at work-related tasks, behavioural problems and increases in accidents and injuries, not to increased efficiencies. The second way this paradigm is constructed is by biological capacity, including looks (“wrinkly”), diminished eye sight, and therefore, the increased use of spectacles, slight decreases in height, child-bearing and child-rearing capacity, how much sleep is needed, and other biological implications. Although, biological capacity may appear to be a good indicator of ageing, this does not take into account those people who are below the age of sixty-five and who are suffering from various forms of disability. Thirdly, the paradigm is constructed around relationships between people and society, for example, is the person caring for children or being cared for by adult children? Again, this may not be a good indicator of ageing because in 2004 17.5% of those who were unpaid carers were over the age of sixty-five (<http://www.carersweek.com.au/10/carers.html>)

Bytheway (1995) comments that ageism is an ideology, which is a shared set of beliefs and ideas which serve the interests of the dominant groups in societies. As such, ageism in Australia today keeps the elderly away from gainful employment, and so, increases the employment levels of the eighteen to forty year old age groups. Ageism also keeps the elderly away from decisions which affect social policy, unless they have held a prominent position in politics for many years, and keeps them firmly in “their” place, playing bingo and bowls and other such “age appropriate” activities. Ageism and ageist attitudes form an important paradigm in Australian society and culture, and in Australian society discourse is centred around the fit and able versus the frail and older citizens.

Chapter 2 Method and Results

Method

This study took a phenomenological and holistic approach (Crouch and McKenzie, 2006) which subsumed everyday experiences of infantilisation under the theoretical rubric of social dynamics of disrespect as proposed by Honneth (1990). The research paid heed to personal perceptions, interpersonal interactions and the social contexts that frame them, and as such, realism is the epistemological foundation for this study (Crouch and McKenzie, 2006). As the experiences narrated by the elderly respondents had a relational core I was sensitive to the respondents' own strategies in relational interactions, as conveyed by these respondents. Before the interviews began I told the respondents that they could seek counselling and/ or terminate the interview if they felt distress of any kind.

The study sought to understand how elderly Australians feel they are being regarded and treated by Australian society. The research attempts to formulate both the subjective and social meanings in the respondents' narratives and in so doing, accepts the respondents' accounts of their overall experiences as true (Crouch and McKenzie, 2006). The interviewer was merely recording the experiences of the respondents and did not seek to influence the respondents' answers in any way, and therefore, had no direct causal relationship with the narratives. The respondents' experiences, however, are set in a social context which is prior to their actions and are, therefore causally related to those actions (Crouch and McKenzie, 2006).

For the purposes of the interview, the respondents reviewed their lives in order to narrate experiences of disrespect, or respect. The respondents deliberated upon whether they are treated respectfully by society, family and friends, or not. One outcome could be that the respondents gain improved understanding and insight into the social conditions of their lives (Crouch & McKenzie, 2006). Due to the subject matter discussed between interviewer and respondents, there was potential for the respondents to feel distress during the recital of their narratives, so if the respondent appeared to be upset, the interview was paused so respondents could decide if they wished to continue, as previously discussed.

Specifically, this study aimed to analyse the social dynamics of infantilisation experienced by persons over the age of sixty-five. Since the voices of subjects were crucial to this research, I intended to conduct semi-structured interviews with ten individuals. The small number of respondents can be justified because the study aimed at richness and depth rather than scope/ representativeness (Crouch and McKenzie, 2006). Furthermore, Crouch and McKenzie (2006) argue that small sample sizes are valid for research where realism is the epistemological foundation. This research is a relatively limited study and therefore interviewing a very small sample size was the ideal method to employ in these circumstances. The length of the interviews depended on how much information the elderly respondent wished to relay.

Aiming for depth and richness of material, I identified narrative analysis as the most suitable method (Kohler-Riessman, 1993). I intended to undertake such an analysis of respondents' stories in order to understand the relational aspects of experiences of disrespect/ infantilisation. As I conducted the interviews I discovered that the methodology presented a problem with data saturation. The emerging themes became repetitious, with the data saturation centring particularly around the gender and health of the respondents. I therefore, limited the interviews to six individuals. Two of these individuals were males, two were females with no health issues who reported similar experiences to the males, and two were females with health issues who reported similar experiences to one another.

Respondents were found by Uniting Care, St Ives, the names provided by email, and I then rang the respondents to arrange a suitable time for an interview. In each interview, I

explained the reason for the study and asked the respondents if they had any stories they wished to tell, as is characteristic of the semi-structured interviewing method (Merton, et al., 1990). Interviews lasted between thirty minutes to an hour and were taped, transcribed and then compared with field notes for accuracy.

The respondents who did not wish to tell stories were asked semi-structured and open-ended questions: What is different about the way you feel today from the way you felt thirty years ago? What is different about the way you think today from the way you thought thirty years ago? What do you feel are the differences between the way you are treated today and the way you were treated thirty years ago? What kinds of language/ words are used by the people around you that make you feel you are regarded differently today from the way you were regarded thirty years ago? How do you feel society treats you today? How is that different from thirty years ago? How do you feel you are regarded by your grandchildren and their friends? What do you feel is different about how safe you feel when you are at the shops today from how you felt thirty years ago? These questions also led to narratives from the respondents as they considered stories to answer the questions and discussed these stories with the interviewer.

There were six respondents in all. Two of the respondents were male, healthy and of high socio-economic status. Two of the female respondents were healthy and of high socio-economic status, while the other two female respondents had health issues. One of these females was living independently with her husband and from a high socio-economic background, the other respondent was living in a high dependency hostel with limited financial support, but had come from a high socio-economic background when her husband was alive.

When I first contacted five of the six respondents they told me that they were aware of disrespect against elderly people but that they felt it had "not happened" to them and that they "couldn't complain". The sixth respondent informed me that she believed she could discuss "some of the difficulties of growing older" with me but that she "couldn't complain". All respondents were very willing to either respond to questions or narrate their own experiences. Some commenced the interview with stories of their own experiences and then wanted to be asked questions to help them work out some more stories they wished to tell me.

All respondents had had professional jobs during their pre-retirement lives. One male was a policy analyst for the government, the other male an engineer, three of the female respondents had been teachers, two high school and one primary, and the fourth female respondent had worked in a high school as administrative staff on a part time basis. Four of the respondents had lived in Berowra for more than forty years, one had lived in St Ives for more than forty years, and the other had lived in various places in Victoria and NSW as she moved around according to her husband's work placements.

There were, therefore, three distinct categories of respondents: males, females with good health, and females who reported ill-health. Although narratives are subjective and each respondent provided a subjective account of their experiences, the narratives for each category of respondent showed similarities in response to circumstances and some similarity in their feelings about circumstances.

In order to analyse the narratives of the respondents I used content analysis. I began the process of open coding (Bryman, 2004) where I examined and compared the data and formed concepts of what the respondents felt were important aspects of the treatment they receive. I then turned the concepts into categories which I believed best represented the real-world phenomena I had heard about in the interviews (Bryman, 2004). After performing the open coding I performed axial coding, or, further review of the data to find new ways to put it back together. During this process I wrote memos which further enhanced the coding process. After reviewing the concepts, categories and codes several times I was left with the final codes.

Results

Narrative analysis and content analysis of the narratives was used to obtain results for this study. Content analysis provided me with the following codes: public transport, insurance companies and ageism, memberships of clubs and churches, family relationships, other relationships, health, language and behaviour of young people, technology.

Family relationships (40 occurrences), other relationships (30 occurrences), memberships of clubs and churches (27 occurrences), and health (25 occurrences) were the prominent topics of discussion amongst the respondents, and had the most occurrences amongst the codes selected to analyse these narratives. Health was mentioned as the main issue that caused problems of disrespect from the public or family. While family relationships, other relationships, memberships of clubs and churches were the prominent topics mentioned in regards to respectful relationships and feelings of being valued and being able to contribute to family and society in some way. Public transport (7 occurrences), the language and behaviour of young people (13 occurrences) and modern technology (11 occurrences) were also mentioned as causes of problems or issues of disrespect. All six respondents discussed their dealings with modern technology as positive examples of current society (8 occurrences) but four of the respondents also had difficulties with the language used to convey meanings about modern technologies (7 occurrences). Public transport was discussed from both negative points of view about disrespect from the public and positive points of view about respectful treatment by the public. Insurance companies (7 occurrences) behaving in ageist ways and ageism from other people (1 occurrence) were also discussed by three of the respondents.

The male respondents reported no examples of disrespect, infantilisation or abusive situations. One male reported an example of discrimination by an insurance company but did not feel that this was disrespect aimed at him personally. He dealt with the situation by rejecting that insurance company's claims that his age precluded him from obtaining travel insurance and he found an alternative insurance company which did not discriminate against him due to his age. One of the healthy female respondents also reported discrimination by an insurance company who told her that she should no longer receive "whole of life" benefits after the age of seventy-nine years because "most people died before they turned eighty". She dealt with the discrimination by rejecting the claim of the insurance company "I'm not going to die at your convenience", and threatening legal action until the company complied with her claim.

One of the healthy female respondents reported an incident that when she was seventy-eight years old she was told by a Church member that she could no longer be Church secretary "for the sake of your health". She believed that this was an ageist attitude and after careful consideration explained to that individual that she had been hurt by the allegation that she was no longer performing her duties as Church secretary adequately, and that her health was certainly not a deterrent in contributing to the Church and performing duties in an efficient and above average manner.

Unfortunately, in the battle against ageism various groups of older people are often excluded (Bytheway, 1995). The scope of this study was limited to respondents found by Uniting Care, St Ives, and therefore, people outside of the Northern Suburbs of Sydney were excluded. Respondents from other areas of Sydney could have brought different narratives of experiences to the study, such as poverty and other aspects of ageing, which people in the northern suburbs of Sydney do not experience.

Chapter 3 Discussion

My hypothesis was that ageist attitudes and societal ideologies have a direct impact on the experiences of the elderly in contemporary Australian society and that the elderly would uniformly experience incidents of disrespect, infantilisation, and possibly, abuse. I was, therefore, expecting narratives from my elderly respondents centred around experiences of infantilisation, marginalisation, disrespect, ageism and lack of personhood.

Narrative analysis shows that all respondents were aware that the general discourse in Australian society suggests that the elderly are unable to contribute to society and, therefore they lack personhood, but the respondents felt that this discourse did not necessarily apply to them in their particular circumstances.

Bytheway (1995) suggests that society categorises age into constructed groups, due to this construction age groups have both ideological meaning and operational purposes within society. One of the female respondents who had no health issues suffered ageist prejudice from her fellow Church member because that person had accepted the constructed meaning that the elderly were no longer capable of contributing to society in a meaningful way because they suffered from poor health. This respondent felt that this was a prejudice and therefore did not feel that she had been either infantilised or abused as a result. She believed that the disrespect shown was not aimed at her personally, but that it was a generalised ageist attitude held by that individual.

The other female respondent with no health issues did not report any subjective feelings of being disrespected, infantilised or abused in any way. She reported minor incidents which could have been interpreted as disrespect or infantilisation by her daughters. However, both healthy female respondents interpreted incidents of disrespect as the behaviour of the person, or people, and not as a reflection on themselves or their personhood. Although this finding appears to directly contradict Honneth's (1995) theory that it is implicit knowledge that we find our own self-respect and esteem in the approval and recognition of others, I would suggest that both these female respondents have already determined their sense of self from long-established relationships that are based on mutual respect, recognition and understanding.

The female respondents suffering from health issues reported incidents of disrespect: one from a daughter-in-law which she interpreted as "but she never wanted me anyway"; and the other from young people in a train. The first incident was interpreted by the respondent as an action from the daughter-in-law having a direct impact on her self-esteem whereas the second incident was interpreted as poor behaviour by the young people and had no impact on the respondent's view of herself. This variation could be the result of the former respondent living alone in a retirement village after the death of her husband with a consequent move to a high dependency hostel due to a stroke, while the latter still lives with her highly supportive husband. The respondent who felt her daughter-in-law "never wanted me anyway" had lost her husband and therefore did not have that relationship to provide her with mutual respect and recognition of self. Disrespect due to ill-health could be a prejudice against disability rather than age and more questioning would be required to determine whether the disrespect experienced by the respondent was due to her age or her ill-health, but this was outside the scope of the study. Further research into disrespect caused by ill-health and disability would be enlightening about these kinds of experiences of disrespect.

Four of the six respondents reported extremely good relationships with subsequent generations and felt they were highly regarded by their children, including for one respondent, his nieces and nephews, and the grandchildren. They also reported close relationships with friends of their own and other generations. However, the two female respondents who have health issues did not report a lot of cross-generational interactions and did not report friendships outside of their own generation, but analysing both narratives this is more associated with their health issues than with a general societal expectation that they interact mainly with their own age group. Although deeper questioning may have elicited more

information about the female respondents' reasons for not reporting good cross-generational relationships, this was outside the scope of the study. Further research is recommended to explore the impact that health has on inter-generational interactions and would be beneficial to determine whether it is health issues, societal restrictions or a combination of the two, which cause a lack of inter-generational interaction.

Although Townsend (1979 as cited in Bytheway, 1995) suggests that age is a societal structuring dimension, four of the six respondents do not live according to this form of societal structuring. For these four respondents age is merely a measure of how long their life course has been so far. They are choosing to not define themselves according to age and therefore, age does not have a socially constructed meaning in their lives.

Russell (1981), suggested that people of all ages suffer from institutionalised age-grading at various stages of their lives, and in informal contexts tend to choose friends from amongst their own age group. Therefore, although generally, interactions for the elderly are expected to be with their peers, my respondents were mixing with a variety of age groups in social settings and family based interactions. This is probably due to the fact that each respondent had a Church affiliation, the demographics of the areas where the respondents dwell, and the socio-economic status of the respondents themselves. The Church affiliation could be due to the age group of the respondents but because four of the six respondents reported good cross-generational relationships with younger members of the Church groups, this may preclude the age distinction.

One of the male respondents volunteers to help run "Kids' Games" every year. This is an interdenominational Christian activity for children during school holiday times in Berowra. This respondent felt that he contributed a lot to the lives of these children and enjoyed his interactions with them and generally felt accepted and respected by the children participating in the "Kids' Games". He felt that he was communicating with the children effectively and that he had learned a lot about current technology and current uses of language as a result of these interactions.

Each of my respondents is "retired" from active participation in the workforce but not one of the respondents is "retired" from life, including the respondent who is living in the hostel due to her ill-health. They are all interested in keeping up with their communities and all are interested in contributing to society in some way.

Although the respondent who has had a stroke is living in the hostel and is not able to do very much she was very pleased to be interviewed because she believed that she was "helping out" and that this would be a contribution to society. She is also engaged in activities within her Hostel when her health permits, and has acquired a community garden plot in Turramurra which she is going to care for. This directly contradicts Cumming and Henry's (1961, as cited in Russell, 1981) Disengagement Theory. According to this theory not one of my respondents would be classified as successfully ageing. All six are still actively engaged in activities and involved in their communities.

All six respondents exhibit behaviour patterns which suit Havighurst's (1963, as cited in Russell, 1981) Activity Theory. Five of the six respondents have high morale and have successfully replaced the participation in the work force with participation in clubs e.g. Probus in Berowra (all four respondents living in Berowra belong to Probus), Gardening Clubs, Church and other community activities. The respondent living in the Hostel is also actively involved in her Church. Five of the six respondents have a very high degree of social integration and involvement in social networks, while the respondent living in the Hostel is not as socially integrated as she would like to be but keeps as actively involved in social networks as possible for her health. While, the scope of this study does not allow me to comment on the individual respondents' personalities or coping styles, the high degree of social integration and social network connection reported by all six respondents suggests that their behaviour may not be a coping style as expounded by Neugarten et al's (1968, as cited in Russell, 1981) Personality Theory but is active engagement (Havighurst, 1963, as cited in Russell, 1981). Each respondent talked about their lives and experiences in terms of a life course rather than

a life cycle. Not one of the respondents believes they have reverted to a childish state, as a life cycle would suggest.

Each respondent has kept as many social contacts as the time has allowed, for the four healthy respondents, or, as their health has allowed, for the two respondents who reported health issues. Therefore, they are still very integrated into society according to the integration tradition of social psychology and American Gerontology (Russell, 1981).

Results showed that each individual respondent was reacting to their ageing process according to their individual physical capacities as defined by their health, and their interpretations of the behaviour of the people they were interacting with on a regular basis. All respondents reported negotiated interactions between themselves and their communities when discussing their community involvements. Each respondent reported a reciprocal relationship between themselves and their social environment. This study therefore, indicates strong support between the elderly and their social environments, supporting Russell's (1981) Symbolic Interactionism.

Each respondent discussed, before the interview, the fact that they "couldn't complain" and five of the six respondents told me that they had not been disrespected or infantilised. This was despite the fact that during their narratives they reported stories of minor incidents of disrespect or age discrimination, and for one respondent, a major incident which clearly had upset her at the time, as she did not wish to discuss it in detail. This gives rise to the question: is this a generational belief that complaining is "wrong" and that they need to "save face" in some way by not discussing personal experiences of disrespect or abuse? It is a possibility that this generation as a whole is motivated by the need to preserve their dignity and the respect of others and that "complaining" or discussing problems, issues or the "bad" things that happen to them is detrimental to their image.

Further research is recommended to discover how much the desire to "save face" may have impacted the results of this study wherein the respondents failed to report significant disrespect or infantilisation out of a desire to "save face" with the interviewer who was regarded as a neutral observer outside the family. Goffman (1967) discusses the concept of "face" in detail and notes that people are primarily motivated by the desire to be well regarded by others as well as by themselves. Probing questions around the reasons why these respondents felt they "couldn't complain" may have produced results that showed whether or not these respondents were motivated by the desire to be well-regarded by their interviewer, when making this statement. However, probing around such a question was outside the scope of this study and was, therefore, not undertaken. Quantitative research using a random sample that is representative of this age group would need to be undertaken to determine whether "saving face" is a typical response which precludes discussing incidents of disrespect, among this generation.

Although the narratives of the respondents did not support the hypothesis that they would be reporting incidents of disrespect and infantilisation, the high degree of social integration and social activity of the respondents could explain the reason why they do not report feeling disrespected and infantilised by society in general, or the communities, friends and family around them, in particular. Honneth (1990) states that it is implicit knowledge that we owe our self-esteem and self-image to the approval and recognition of others. Each respondent had a supportive social network surrounding them and were actively engaged in taking part in those social networks. They are receiving approval and recognition from those social networks and therefore, when minor incidents occur in public, business or social settings which could be viewed as disrespect or infantilisation, these respondents draw on the approval and recognition they are already receiving and discount the disrespectful messages as not relevant to their self-images.

Despite the limited reporting of individual experiences, five of the respondents did discuss varying degrees of disrespectful or ageist behaviour from institutions, people they saw on trains, family members or Church members. The males reported no disrespect although one reported age discrimination by an insurance company. The healthy females reported minor disrespect from either family members or Church associations which they dismissed as not

having anything to do with themselves. The female respondents with health issues reported disrespectful behaviour from the public, which was dismissed by that respondent as not being relevant to herself, or from family members. I therefore, conclude that disrespect of the elderly in Australia as reported by my respondents, appears to relate to gender, socio-economic status and health and that it is not a general problem for all elderly people in Australian society.

Chapter 4 Conclusion

The literature suggests that elderly people in Western culture are not regarded as capable human beings who can contribute to society. They are regarded as frail, vulnerable people who are on a similar societal level as children. Even when filial piety is a strong value in a culture, abusive situations for the elderly are becoming more common because respect for elders in these cultures is gradually diminishing.

This study was undertaken to answer the question: Do elderly Australians feel they are disrespected by Australian society and does disrespect towards elderly Australians take the form of infantilisation? The study was a qualitative study which involved narrative analysis of the stories from a very small sample. The hypothesis was that ageist attitudes and societal ideologies have a direct impact on the experiences of the elderly in contemporary Australian society and produce disrespect and infantilisation of the elderly. I was expecting narratives from my elderly respondents about experiences of infantilisation, marginalisation, disrespect, ageism and lack of personhood. This did not transpire, and the alternative hypothesis was found to hold true for the narratives. However, the sample was both extremely small and not a random sample. Therefore, my respondents may not have been representative of the elderly population of Australia, and had I used other respondents the outcome may have been different.

While ageism, especially from large institutions such as insurance companies, was a theme in the narratives, marginalisation, infantilisation and lack of personhood were not common themes. Ill-health seemed to be a precursor to experiencing some disrespectful behaviour, but this could have been a prejudice against disability rather than age.

Although it was not proved in this study, the literature shows that Western discourse, in particular, infantilises and diminishes the elderly and this leads to increasing marginalisation of the elderly and disrespectful attitudes and behaviours towards them. These attitudes are pervasive both in Western societies and in popular Western media but they also occasionally arise in some research into abuse of the elderly.

Although societies are beginning to recognise that respect for the elderly is important to the health and welfare of the elderly citizens, and this may have already had the impact described by the respondents in this study, the literature shows that societies are a long way from dealing with disrespect effectively (Moraru, 2006). Thus, although elder disrespect, and in part elder abuse, is a consequence of the relationships between the elderly and their carers, there are also societal and structural disrespect which encourages this disrespectful and ageist behaviour. Educating youth to respect elderly people and depicting the elderly as capable and able to contribute to society in popular media, and thereby increasing respect for the elderly, should be a long term goal of societies and governments around the globe.

Further research is recommended based around Goffman's (1967) sociological concept of "face" and the desire of the elderly to "save face". Research is recommended to determine whether disrespect experienced by elderly people suffering from health issues is due to age or due to prejudice against disability. Further study is also recommended to ascertain the extent of disrespect, marginalisation and infantilisation of the elderly and how far it is associated with the gender, socio-economic status and health of the individual. Empirical data from quantitative studies, using random samples, to ascertain which elderly members of Australian society do experience disrespect and infantilisation needs to be collected and analysed in conjunction with qualitative data collected through interviews and personal narratives.

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Appendix