

JUST A NUMBER? : An exploration into concepts of ageing

Participatory Action Research into the Interrelationship of concepts of ageing, ageism and quality of life in relationship to elder abuse and neglect.

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Abstract

Whilst ageism has not been found to contribute to acts of elder abuse and neglect it is believed that it underpins such acts. Studies have found that self-image declines in later life however no connection has been made to the possibility that self image and stereotypes are self-reinforcing. The role of self-identity, quality of life and the exploration through discussion of ageism, stereotypes and elder abuse and neglect highlighted some avenues for primary prevention measures.

INTRODUCTION

The purpose of this research was to explore opportunities for programs or activities that could be implemented at community level toward the prevention of elder abuse and neglect. For this reason a participatory action research methodology was employed.

The focus groups were more representative of the 65-75 age group so a baby boomer perspective was not heard; however the anticipated effect of the graduation of this demographic was discussed by the participants. The research has therefore explored the concepts of ageing, ageism and quality of life in respect to elder abuse and neglect held by older persons (65 years and over) and also explored the expectations of older people in regard to a "boomer effect". In line with the principles of action research this enables the next spiral of research (Kenny, 1999).

Inviting local perspectives has provided actual statements (Creswell, 1998) in rich detail, that track the experience and concepts on ageing by focus group members, both as part of a demographic and as individuals over a period of time, (Schensul & LeCompte, 1999).

The decision to focus on protective factors rather than interventions in relation to elder abuse and neglect met with the stakeholder's (Uniting Church, St Ives) ethos and elements of community development research (Kenny, 1999); seeking information; community member involvement/authenticity; opening up awareness/vision and pragmatism.

METHODOLOGY

Purposive non-probability sampling from a predominantly homogenous population was the basis of the methodology (Babbie, 2007). Group participants were recruited from existing groups (Payne, 2004). Two focus groups were recruited one from the St Ives community (not necessarily resident but participating in community activities in the post code area 2075) and the other sample group were members of the Uniting Church, St. Ives congregation.

A series of focus questions were developed for the purpose of guiding the conversation (Morgan & Keueger, 1998) through "grand tour" questions utilising "mini-tour" questions to explore further (Stringer & Dwyer, 2005).

RESULTS

It is possible that as a result of convenience sampling the number of female participants influenced the discourse on ageing, since research shows that women view ageing more positively than men (AC Nielsen, 2006; Olejnik & LaRue, 1981). 69% of the congregation group and 77% of the community group were female. However, in exploring stereotypes and ageism the influence would have been minimal in accordance with

findings by Kite, Deaux & Miele (1991) that age stereotypes over-ride those of gender difference which tend to diminish in later life.

The twenty-two focus group members were recruited from congregation and community groups, therefore all focus group participants can be considered to be actively engaged in community activities which may have influenced their viewpoints concerning the importance of social engagement.

The topics discussed fell into four themes

- Concept of Ageing
- Quality of Life
- Elder Abuse and Neglect
- Opportunities for community activities incorporating protective factors for elder abuse and neglect.

During discourse on the concept of ageing and contributing factors to quality of life the prevalent pattern was positive ageing.

"I don't feel the least bit old....there are some things that I just can't do but I don't feel old...."

"I feel much the same as I've ever been...."

"I think a lot of us feel a certain younger age...around 60 or something"

The main contributory factor to quality of life or "ageing well" universally was seen to be some form of social engagement. Activities mentioned were diverse, ranging from physical, intellectual, social, spiritual or volunteering. This contradicts the structural functionalist disengagement theory (Cumming & Henry, 1961) that postulated society and older individuals should mutually disengage in preparation for the ultimate disengagement. Katz (2000) viewed activity for its own sake as a mechanism for reflecting wider social values, personal opportunities to

exercise control and providing opportunities for acts of resistance to stereotypes.

Personal disclosures were minimal during discussions on what constituted "ageing poorly" and participants took a broader approach. The key themes that arose were disability and isolation.

"Not being able to do anything with anyone else – now that's what I call no quality of life."

"What they need is something that will encourage them to do something."

"Men don't seem to have that network that women have."

"The old neighbourhood watch was good because it didn't matter who was living where, you just knew what people were doing, and you took an interest".

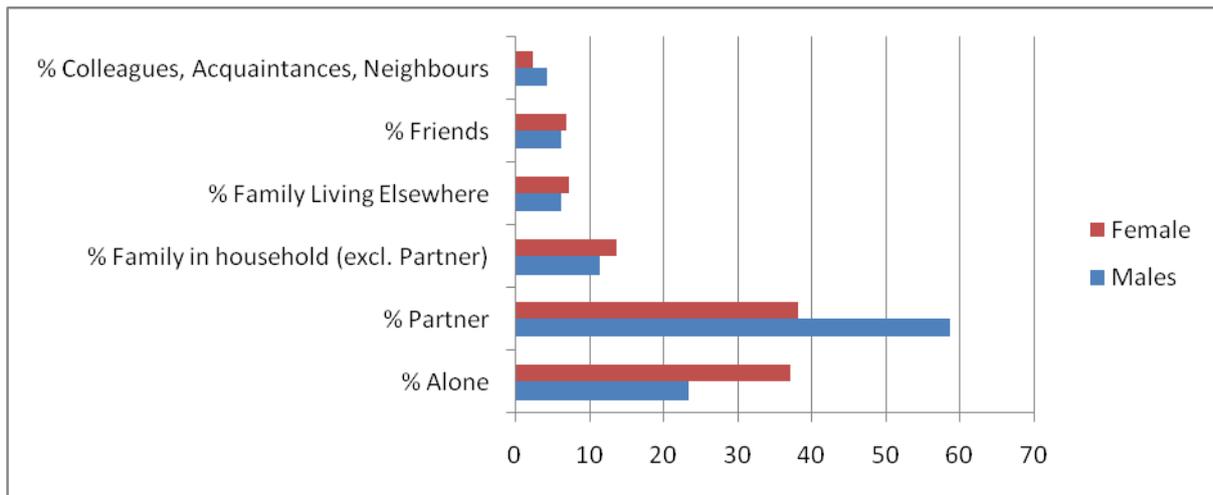
A major area of concern for participants lay with their awareness of a need to connect those individuals who are isolated or reclusive without intrusion or violation of their right to privacy.

Australian Bureau of Statistics (2008) figures indicate the percentage of time people spent per week with their partner increased from 35% for those aged 45-54 years to 53% for those aged 65-74 years. However for women aged 75 years and over, there was a sharp reduction to 26%, and the waking hours women spent alone (47%) was almost double the proportion for men (24%), reflecting women's higher life expectancy.

Isolation and lack of social support constitute a victim risk factor (Brozowski & Hall, 2004) that may also result in depression, low self esteem and substance abuse (Fisher & Regan, 2005) further increasing risk.

Time Spent Alone or With Others – 65 years and over

Courtesy: ABS (2008), 4106.1 Population Ageing in N.S.W. Table 4.3



The conversation also looked at differing levels of coping with changed life circumstances that may result in social withdrawal. Recognition was given to changes that can result in situational low self-esteem (DeVito, 1998) or the way we feel about ourselves (McKay & Fanning, 2000). When self worth, a mixture of self-confidence; self-efficacy (Carron, 1984); and self-concept (DeVito, 1998) is detrimentally effected by such life changes as widowhood (Pennant, 2000), the personal risk factors for abuse and neglect increase (Deem, Nerenberg & Titus, 2007), along with heightened susceptibility to illness and depression.

Conversation on experiences of ageism and stereotypes also elicited a very positive viewpoint. In fact no personal experiences of discrimination on the basis of age were disclosed. When I provided a valid example, extremely small printing on medicines prescribed for conditions experienced by the over 50's, when short-sightedness is a recognised phenomenon, no participants validated the example as discriminatory. I feel that this "selective perception" (Palmore, 1999) is in alignment with the self-concept of "ageing well". Redburn & McNamara (1998) suggest that this allows us to ignore that which we do not wish to accept.

Asked about the stereotypes of older people that they grew up with the participants commented on clothing, noting that the restrictive and conformative styles of clothing their grandparents wore probably hindered them and reflected their lack of activity. This appears to be in context with the "disengagement theory" of the time. By contrast the participants were proud to present evidence of their "ageing well" in conformance with today's societal expectations and the social theories promoting social engagement.

In presenting the argument for conscious ageing Moody (2002) contrasts late life development, found in what is termed successful or productive ageing, to "ageing well", with habituation and denial. He sees the optimisation of the values enshrined by mainstream culture as a strategy of denial that positions us in a second middle age;

"...so now if 40 is the new 30... so 60 is the new 50 and..."

"...we live longer now than our grandparents did..."

Modern day advances that result in longevity may be contributing to the development of a second middle age as posited by Moody (2002). Viewing ageing as a process involving a different level of consciousness and psychological functioning as a separate life stage involves an acceptance of the decline and deterioration as part of the normal process, with compensatory effects found in self actualisation. No participants made mention of this, which appears to support Moody's (2002) theory that ageing denial stems from the habituation of the second middle age. Although research shows that as the brain ages its neural plasticity permits evolving compensatory and adaptive capabilities (Harvard, 2000; Butler, Forette & Greengross, 2004) participants were either not aware of this possibility or considered acknowledgement of compensatory aspects of ageing meant validating corresponding losses that they wished to deny.

The introduction of the topic of elder abuse and neglect resulted in a marked change of dynamic in both of the group(s) manifest as:

- Reluctance to discuss;
- Information seeking in relation to definition (less conversational);
- Concern on ramifications of interference – “sanctions”; and
- Articulated dread of residential care as a worse outcome than remaining in an abusive situation. An American study finding shows that ageism exists in aged care facilities; stigma exists in relation to disease and illness; and residential care and assisted living is a stigmatised setting (Dobbs, Eckert, Rubinstein, Keimig, Clark, Frankowski & Zimmerman, 2008).

It is my belief that there is some evidence of the interiorisation of benevolent ageism (Palmore, 1999) in the participants, based on their emphasis on ageing well and the lack of any acknowledgement of ageing as a process, or mention of death as an outcome. It could be a crucial element in the subsequent acceptance of ageism, neglect and abuse by older people. Those individuals who have absorbed these values may feel unworthy of better treatment, losing both personal control and consideration in the face of their failure to maintain their “wellness”. The backlash will be if and when ill-health or a threat to identity is experienced that results in a drop in self-esteem. The lack of self confidence, self esteem and self concept may hinder older people in making choices, expecting optimal standards of care and exercising their rights generally making them vulnerable to situations of abuse and neglect. Branden (2001) speaks of positive self-esteem as the immune system of the spirit, allowing an individual to face the vicissitudes of life and rebound from misfortunes.

In examining pathways for further action research consideration is also given to the dual nature of research and activity. Longino (2005) separates ageism as a cultural attitude embedded in the celebration of youth and the disadvantages of an older body; and structural ageism when the opportunities and choices of older people are limited by institutional policies and procedures.

It is possible that as the graduation of the more affluent and politically active "baby boomer" generation will diminish structural ageism (Binstock, 2000). The negative viewpoint would be that "boomers" have replaced their social idealism with cynicism and an inward focus or "privatism" (Longino, 2005). The participants held a general expectation that improvements experienced already would rapidly increase as the "baby boomers" began to exercise their economic muscle (Butler, 1993).

"they won't put up with it.....they are used to being in control..."

"the baby boomers won't accept the pension as it is..."

This was the closest the participants came to articulating any discontent or dissatisfaction with the status quo for them as older persons and expectations of a "grey shift" to increase services with the graduation of "baby boomers". Stuart-Hamilton (2006) discusses the probability that future older people will challenge the current societal expectations and not be as accepting as previous cohorts.

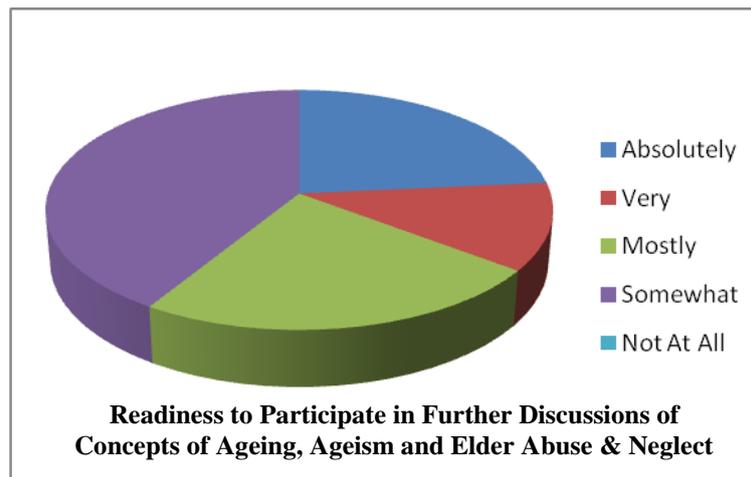
There was a reluctance among participants to address the issue of the prevalence of elder abuse and neglect and the current vulnerability of those "ageing poorly".

"those figures must be for residential care....."

"not at home though"

"what about the sanctions though.....if you do say something...."

However, in accordance with the nature of action research as a methodology of change and understanding, in the evaluation questionnaire that provided the opportunity to record private comments after the focus group had concluded (Kitzinger, 1999) participants indicated the following levels of readiness to participate in further discussions on ageing and elder abuse and neglect.



DISCUSSION

Drawing on the domestic violence model of intervention produced by grassroots advocacy movements would provide an opportunity to address both the macro (groups and organisations) and micro (individual) areas (Dulmus & Rapp-Paglicci, 2005) from a community level. Utilising the continuance of action research alongside the implementation of programmes designed to elicit behavioural change that enhances human capital and reduces damaging stereotypes will provide the community the opportunity to evaluate and adapt programmes (Kenny, 1999). This is also supported by the findings that issues such as lifelong learning and the regeneration and building of communities are among issues that concern older people (Rowntree, 2003).

Stuart-Hamilton (2006) discusses the relationship between stereotypes and self-image that maybe resultant of the self-image decline experienced

by many people in later life. It is reasonable to expect that exposure to programmes that encourage reinforcement of self-image, identity and self-esteem would reduce the level to which stereotypes are interiorised in the re-enforcement of self image in older people.

Powell (2006) refers to "judges of normality" being "the doctor-judge, the teacher-judge, the social-worker-judge" (p.12) who through their discourse construct the normative. This reflects a post structural perspective that power resides in constructed meanings (Ife, 2002). The discourse on positive ageing forms a contextual backdrop to the individual's understanding of old age and power. Coupled with the indication that participants have a preparedness to continue discussion groups this represents a possible avenue for community activity.

Becca Levy (Levy, Slade, Kunkel, & Kasl 2002) has demonstrated that people who are exposed to negative stereotypes of ageing exhibited detrimental changes such as decline in memory and increased stress response. Cacioppo (Cacioppo & Patrick, 2008) has demonstrated that the lonely are more likely to accept unfair treatment than the more socially engaged. He also argues that loneliness is separate and differs from depression.

From the discussions it would appear that the participants feel positive benefits from demonstrating signs of "ageing well" including high self-esteem. However the interiorisation of the "social Darwinism" (Macnicol, 2006) of the "ageing poorly" stereotype means that the onset of illness or disability may threaten the denial of aging and prolonged second middle-age creating a crisis of identity.

Programs that develop a robust self-identity and resilience would address the self image decline noted in other studies. Folkman, Lazarus, Pimley & Novacek (1987) noted that older people were most likely to use passive intrapersonal forms of coping. Promoting behavioural changes by

enabling the development of inter and intra-personal skills such as assertive communication will enhance self efficacy and introduce mastery experiences that will support a strong self concept, promote self esteem and encourage social engagement. Seligman (1992) categorically states that his work on resilience found "it was not an inborn trait: it can be acquired" (p30).

The inherent difficulty in any prevention program is that of measuring the number of persons who have **not** executed a behaviour. However at a community level it is possible to design activities to address protective factors. Protective factors would serve three purposes; firstly, to buffer against risk factors; secondly, interrupting the process through which risk factors operate; and thirdly, preventing the initial risk factor from occurring. These can be targets at individuals, peers and communities.

In addressing protective factors for prevention of elder abuse and neglect recognition of the "need to belong" is crucial in promoting social attachments as well as understanding that people will maintain and guard bonds that become a source of distress (Leary, 2001). Programs and activities with a primary prevention focus provide the resources to both potential victim and abuser by reducing their respective risk factors. Anetzberger (2005) found that many perpetrators of elder abuse were likely to have behavioural problems, susceptibility to depression and antisocial behaviours that may be addressed in programs promoting intra and inter-personal skills.

RECOMMENDATIONS

The development of a program of activities at community level would provide the basis for a primary prevention of elder abuse and neglect (James, Graycar & Mayhew, 2003) through the development of personal and community protective factors. Suggested areas for consideration are:

- Psycho-educational groups on coping strategies for both environmental and emotional sources of stress (Lazarus, 1999) with the aim of increasing self-esteem and quality of life for participants.
- All programs and activities be based in “empowerment theory” (Robbins, Chatterjee & Canda, 1998) with the aim of addressing power dynamics at three levels (Lee, 2001; Turner, 1996; Gutierrez, Parsons & Cox, 1998):
 - Micro – self efficacy, personal consciousness, developing strengths, validation, sharing power and equality;
 - Mezzo – group consciousness, individuals working within groups realising they are not alone;
 - Macro – educate and inform public, advocating on behalf of empowered persons.
- Continue discussion groups with evaluation components to permit the continuance of the participatory research spiral (Kenny, 1999).

CONCLUSION

Continuing study into both the ever-changing structure of the society within which we age and the concepts we hold in regard to ageing will see a convergence of the conflicting viewpoints that commend maturity while devaluing ageing.

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