Developing Services for Older People and Their Families

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Chapter 1

The Social Construction of Old Age

New Perspectives on the Theory and Practice of Social Work with Older People

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Introduction

The impact of an ageing population has caused considerable debate and discussion over the past few years. These discussions have emerged against a background of rapid change in terms of the context of ageing. Three important features may be identified here: first, the growth in public awareness and interest in ageing issues – these sharpened by concerns over the ability of governments to provide financial security for future generations of pensioners (Phillipson 1991, Bengston and Achenbaum 1993). Second, in the case of Britain, the impact of legislation in the field of community care and the movement towards a mixed economy of care (Phillipson 1994). Third, the growth in early retirement and the evolving concept of 'the third age', this raising issues about changes in policies and attitudes to realise the full potential of later life (Midwinter 1992).

This social context of ageing has itself influenced debates within the field of social gerontology. In particular, in the 1980s an important theoretical debate emerged focusing on the social construction of old age. The themes associated with this perspective highlighted the extent to which the wider social and political environment influenced the lives of older people. This was analysed in terms of areas such as the production of poverty in old age (Walker 1993), in the development of ageism (Bytheway 1994); and the experience of marginalisation within the family and residential homes (Biggs 1993, Kingston and Penhale 1995).

In assessing the value of the social construction approach, this chapter will first, review some of the key arguments arising from this

perspective; second, consider some implications for social work practice with older people; third, review some emerging issues in the study and experience of old age.

The social construction of later life

The social construction perspective was developed by a number of researchers during the late 1970s and early 1980s. The model grew out of the politicisation of issues surrounding old age, together with the problems faced by traditional theories in developing an effective response to the unfolding crisis in public expenditure. Early studies using this perspective included: *The Aging Enterprise* by Carroll Estes (1979); 'The Structured Dependency of the Elderly' by Peter Townsend (1981); 'Towards a Political Economy of Old Age' by Alan Walker (1981); Chris Phillipson (1982); *Political Economy, Health and Aging* by Estes, Gerard, Zones and Swan (1984); *Old Age in the Welfare State by John Myles* (1984), and *Ageing and Social Policy* by Chris Phillipson and Alan Walker (1986).

A general review of the arguments adopted has been brought together in a collection edited by Minkler and Estes (1991) entitled *Critical Perspectives on Aging*. Later studies influenced by this approach include those by Bernard and Meade (1993), Biggs (1993), Arber and Ginn (1991), Hugman (1994) and Biggs, Phillipson and Kingston (1995).

A major concern of these studies has been to challenge a view of growing old as a period dominated by physical and mental decline (the biomedical model of ageing). This model was attacked for its association of age with disease, as well as for the way that it individualised and medicalised the ageing process. The approach taken by what may be termed critical gerontology is a view that old age is a social rather than a biologically constructed status. In the light of this, many of the experiences affecting older people can be seen as a product of a particular division of labour and structure of inequality, rather than a natural part of the ageing process. Alan Walker (1980) elaborated this perspective with his concept of the 'social creation of dependency' in old age, and Peter Townsend (1981) used a similar term when he described the 'structured dependency' of older people. This dependency was seen to be the consequence of the forced exclusion of older people from work, the experience of poverty, institutionalisation and restricted domestic and community roles.

The paradigm developed by critical gerontology is shared by developments in the study of other age groups. For example, many of the themes in the collection of essays edited by James and Prout (1991) *Constructing and Reconstructing Childhood*, explore issues debated in social gerontology in the 1980s. The connections between age groups have been further explored by Hockey and James (1993) in *Growing Up and Growing Old*. A central theme of this study is the extent to which power is lost and gained at different points through the life course, and the possibility of both young and older people being affected by processes of infantilisation (see further below).

In respect of social construction or critical gerontology, the main themes of this approach have been concerned with:

- Challenging a form of biological reductionism, whereby the real physiological and biological changes which take place with ageing are often used as a justification for denying old people the right to participate in decisions which affect their lives.
- Showing that age must be seen in relation to the individual's location within the social structure, including factors such as: race, class, gender, and the type of work (paid and unpaid) performed by an individual through his or her life.
- Demonstrating that later life is a time of reconstruction, with older people active in the search for meaning – through work, leisure and intimate friendships.
- That the lives of older people may be seen to be in tension with the nature of capitalism as an economic and social system, with the poverty of older people, their exclusion from work and their image as a burden on society, illustrating this relationship.

The above arguments will now be assessed as regards their implications for social work with older people, with particular emphasis on the issue of the kind of discrimination experienced by older people in later life.

Ageism and older people

The social construction model has certainly been fruitful in terms of the analysis of ageing at macro-economic and macro-social levels. At the same time, a particular form of oppression identified from the way older age was constructed was identified in the form of ageism. First

coined by Robert Butler (1963), the concept increased in popularity with the growth of such social movements as the Grey Panthers in the US (Kuhn, 1977). Ageism is defined, according to Butler (1987, p.22):

> 'As a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for skin colour and gender... Ageism allows the younger generation to see older people as different from themselves: thus, they suddenly cease to identify with their elders as human beings and thereby reduce their own fear and dread of ageing... At times ageism becomes an expedient method by which society promotes viewpoints about the aged in order to relieve itself from responsibility towards them.'

Biggs (1993) notes that ageism is now established as a starting point for investigations into older age. Although a number of criticisms have been made of this concept (Kogan 1979, Bytheway 1994), it has been valuable in providing connections with the activities of institutions on the one side, and beliefs about old age on the other. Ageism finds institutionalised expression through job discrimination, loss of status, stereotyping and dehumanisation. It focuses on the way in which old age is transformed from a gain and extension of the life course, into an economic and social problem or burden. At the same time, it also opens out the possibility of links with different forms of professional practice with older people. To assess how these might be developed, the next section of this chapter considers the implication of an anti-ageist perspective for social work practitioners.

Developing anti-ageist practice

The development of anti-ageist practice involves addressing a range of important issues that influence, constrain or facilitate good practice. These factors can be seen to apply at four levels: social work practice at the individual level; influencing and shaping the practice of other social workers; influencing policy and agency procedures; and theory development. This section will address each of these in turn, with a view to moving towards an understanding of anti-ageist practice.

Patterns of individual practice

Traditional practice with older people relies heavily on assumptions that, on closer critical scrutiny, reveal themselves to be reflections of ageist ideology. A basic component of anti-ageist practice, therefore, is a willingness to subject our own practice to critical review – a preparedness to reconsider established patterns of practice. Such a review can be addressed in terms of a number of key concepts, namely: empowerment, partnership, and challenging destructive processes such as infantilisation and dehumanisation. We shall consider each of these in turn.

Empowerment refers to the process of helping people increase the degree of control they have over their lives. It involves:

- *challenging stereotypes of dependency.* A focus on empowerment seeks to ensure that older people are not made dependent on workers or services. The concept of 'interdependency' (Phillipson 1989) is a useful one insofar as it acknowledges that older people have not only needs but also positive strengths to offer.
- *giving people choices.* Instead of acting as the 'expert' who has all the answers, a more appropriate approach is one in which we help to identify choices, and support the older person through the process of deciding upon options and carrying them through.
- *focusing on self-esteem.* The negative stereotypes of ageism tend to be internalised by older people. This internalised oppression can then have a detrimental effect on confidence and self-esteem (Thompson 1995). Empowerment can counter the potential negative effects of ageism on self-worth.
- *recognising oppression.* Traditional approaches can be criticised for failing to recognise the significance of oppression. For example, in working with ethnic minorities, a common misunderstanding is that it is better to 'treat everyone the same' (the 'colour-blind' approach). This fails to demonstrate sensitivity to people's ethnic needs, values and patterns, and the experience of racism (Blakemore and Boneham 1993). Similarly, it needs to be recognised that older people constitute an oppressed group as a result of the predominance of ageism. If this point is not acknowledged, practice may reinforce ageist stereotypes.

This last point is particularly significant for, as Ward and Mullender (1993) argue, we need to guard against traditional practice being translated into a new language without fundamental change to how service users are treated: so what does it mean to empower someone? It has become clear that, by itself, the term cannot provide an adequate foundation for practice. The language of empowerment trips too lightly off the tongue and is too easily used merely as a synonym for 'enabling' (Mitchell 1989, p.148). Unless it is accompanied by a commitment to challenging and combatting injustice and oppression, which shows itself in actions as well as words, this professional Newspeak allows anyone to rewrite accounts of their practice without fundamentally changing the way it is experienced by service users.

Partnership, as a practice principle, is closely linked to empowerment insofar as it entails the worker using his or her power, influence and access to resources to work alongside service users in pursuing jointly agreed goals. This involves encouraging older people to play as full and active a part as possible in the process of assessing needs and developing an action plan geared towards meeting them. It is a movement away from a medical model of service delivery in which the problem is 'diagnosed' by the expert and a course of 'treatment' prescribed. The partnership model, by contrast, locates the worker's expertise in facilitating the joint identification of needs to be met, problems to be solved and barriers to be overcome. In this way, worker and service user can collaborate in forging a way forward that has a far higher likelihood of success than an approach involving externally defined needs and an externally imposed means of meeting them.

A skilful approach to partnership can bring many benefits, not least the following:

- a higher degree of participation by the service user that can have a positive effect on confidence and self-esteem – a greater feeling of control over what is happening;
- a broader picture of the circumstances, incorporating the service user's perspective as well as the worker's;
- less resistance to necessary changes as a result of a higher degree of commitment to the joint process.

Smale *et al.* (1993, p.11) draw a distinction between a 'Questioning' approach to assessment and care management and an 'Exchange' approach. The former presents the worker as someone who forms a

professional judgement on the basis of asking a number of questions. This process therefore tends to be dominated by the worker's agenda. The latter, by contrast, involves an exchange of information through which needs and potential solutions are jointly explored:

> 'In the Exchange model two or more people come together and arrive at a mutual understanding of the nature of the problem, its solution or management, through the interaction between them. Typically the professional will not lead the content of the dialogue because he or she will not know any more, if as much, as the other people about the situation, its problems, or what existing resources could contribute to the "solution", *i.e.* the potential components of a "package of care". The professional follows or tracks what the other people say and communicate. To lead is to assume that the professional knows where to go, and often this will be straight to a service-led response.'

The Exchange model illustrates working in partnership, and helps to clarify what is involved in replacing unsatisfactory traditional models of practice with an approach premised on anti-ageism.

A further important aspect of anti-ageism is a preparedness to counter destructive processes. We shall focus on two in particular, namely infantilisation and dehumanisation. Infantilisation refers to the tendency to treat older people as if they were children. This involves patronising them, not consulting them and generally disregarding their rights as adult citizens (Thompson 1992). Hockey and James (1993) describe the ways in which metaphors of childhood are used to shape the experience of ageing and, in so doing, contribute to the social construction of dependency. Practitioners therefore need to be very careful to ensure that the language used, attitudes adopted or steps taken do not infantilise. That is, practice needs to be premised on a model of older people as adults with rights, rather than 'second generation' children.

Dehumanisation is a parallel process in which older people are treated as things, objects rather than subjects, and seen as distinct from 'ordinary' people. According to Thompson (1993, p.86).

> There is a strong ideological tendency to dismiss older people, to deny them their humanity. We found a good example of this in an article in a newsletter of a local "Alcohol Forum". The author, a psychiatrist, is discussing safe limits for weekly alcohol consump-

> tion when he comments that: "Safety limits are proposed in terms of alcohol units per week (10) but these limits are for males or females, not for the elderly'. Although the good intentions of the author are apparent elsewhere in the article, the common tendency to distinguish between "ordinary people" (that is, males and females) and "the elderly" is clearly in evidence.'

Anti-ageist practice therefore requires a sensitivity to such dehumanising tendencies so that we do not lose sight of the fact that older people are people first and last.

Influencing the practice of others

While a review of our own practice is a necessary condition for developing anti-ageism, it is not a sufficient condition. We also need to consider influencing the practice of others. This is because discrimination and oppression are not isolated incidents of misfortune or bad practice; they are fundamental aspects of the way in which society is organised (Thompson 1993). It is for this reason that we need to develop practice that is anti-discriminatory, rather than simply non-discriminatory. That is, it is not enough to seek to eradicate discrimination from our own practice while condoning it in the practice of others. Practitioners therefore need to develop the skills of:

- recognising examples of ageist practice in the work of colleagues;
- challenging in sensitive and constructive ways;
- promoting an ethos in which anti-ageism is taken seriously and respected;
- being able to deal assertively and constructively with 'counter-challenges'.

Fortunately, although challenging others may be difficult, its impact can be significant. Often, people respond very positively to challenges that are sensitive, constructive and couched in respectful terms, rather than in terms of a personal attack.

Influencing agency policy

The policy level is one that has major implications for practice insofar as it sets the parameters and ethos that underpin practice. There is therefore an important role for practitioners in challenging ageist aspects of policy or procedures, and pressing for the development of an explicitly anti-ageist policy. Admittedly, organisational power structures are likely to be resistant to bottom-up change and, realistically, major changes may not be possible, in the short term at least. However, there is a danger of adopting a defeatist attitude. Acknowledging that change may be difficult, slow and gradual should not be equated with seeing change as a vain hope or impossible dream.

An important strategy is to seek out all possible means of influencing policy. This may be through correspondence (both individually and collectively) with managers, participation in working parties or planning groups, trade union activities and so on. The primary skill is that of being an 'organisational operator' – developing a good understanding of how organisational power structures and channels of influence operate, and recognising opportunities for playing a strategic part in taking them in an anti-ageist direction.

Staff efforts in this regard can, potentially at least, be supplemented by the influence of service users. While working in partnership on a case-by-case basis is an important part of developing anti-ageist practice, the principle can be extended to include the notion of 'participation'. User participation implies being involved at a number of levels, rather than simply planning one's own care. These include planning, monitoring and evaluating services, contributing to policy development, operationalisation and review, and perhaps also contributing to training or even staff recruitment. Where such participation can be encouraged, there is a higher likelihood of ageist policies and practices being identified and challenged.

Developing theory

Traditional theory reflects a medical model of ageing in terms of focusing too narrowly on biological aspects of ageing. However, this is not to say that such theory has no value whatsoever. It is possible for certain aspects of traditional theory to be reworked within an anti-discriminatory framework. We shall give two brief examples to illustrate this point.

Thompson (1991, pp.15–16) presents a case for 'revitalising' traditional crisis theory by amending its basic principles to make them consistent with anti-discriminatory practice:

> Traditional crisis theory can be criticised for adopting a predominantly white, middle-class male perspective on a range of

issues which relate very closely to structured inequalities and the oppressive social divisions which stack the odds against certain groups in society. An understanding of social disadvantage and discrimination must be incorporated into the theoretical framework if a new crisis theory is to replace the old and thereby make a contribution to anti-discriminatory practice.'

Similarly, Mullender and Ward (1991) argue the case for 'self-directed groupwork' as an approach to groupwork that incorporates anti-oppressive issues and values, and therefore goes beyond the traditional confines of groupwork theory.

These examples demonstrate that some theories at least can and should be developed to incorporate anti-discriminatory practice and, in so doing, present an important challenge to both theorists and practitioners.

Conclusions

This chapter has provided a brief review of some of the challenges posed by the social construction perspective within gerontology. By way of conclusion, some comments will be made about future issues in the experience of old age. First, over the past five years (and partly through the influence) of critical perspectives, greater attention has been given to the extent of diversity within the older population. For example, Blakemore and Boneham's (1993) *Age, Race and Ethnicity*, is an important review of the reality of ageing in a multi-racial society. It documents the various responses to growing old amongst minority groups, and demonstrates the urgent need for more detailed survey and ethnographic research on this topic. Studies in relation to gender and ageing by Arber and Ginn (1995), and by Bernard and Meade (1993), have also provided valuable perspectives on contrasts between men and women, especially in areas such as the experience of poverty, caring and personal relationships. More generally, however, there is a dearth of studies dealing with social class differences in the experience of growing old. Surveys such as the General Household Survey (OPCS 1996) give a hint of some of the material differences in the lives of Britain's older people (as do comparable surveys). However, there is an urgent need for more detailed studies which show the extent to which growing old is shaped by the cumulative advantages and disadvantages of particular class positions. Such investigation is made

especially urgent given the growth of inequalities over the past 10 years, especially amongst the older age groups (Rowntree, 1995).

Second, significant changes are also underway in respect of the self-identity of older people. A major component here is the growth of early retirement or early exit from the workforce. At the beginning of the twentieth century, the majority of people continued to work or to look for work until ill-health set in or they reached the point of exhaustion. At the end of the twentieth century, the majority are leaving paid employment well before this point, with a rapid expansion in the number of years currently spent in the period defined as retirement (Laczko and Phillipson 1991). Old age has been dramatically reconstructed in the absence of full employment. This change – in the context of a post-industrial world – is almost certainly irreversible. It is transforming the lives of all older people; it will also affect those who work with them. The opportunities for professional social work with older people will be substantial, albeit that it will be of a very different nature than that which has characterised the past two decades. This chapter has tried to address some of the questions which a future social work will need to address, especially one which challenges the discrimination and oppression faced by many older people.

References

Arber, S. and Ginn, J. (1991) *Gender and Later Life*. London: Sage.

Arber, S. and Ginn, J. (1995) *Connecting Gender and Ageing*. Milton Keynes: Open University Press.

Bengtson, V. and Achenbaum, V.W. (1993) *The Changing Contract Across Generations*. New York: Aldeue de Gruyter.

Bernard, M. and Meade, K. (1993) *Women Coming of Age*. London: Edward Arnold.

Biggs, S. (1993) *Understanding Ageing: Images, Attitudes and Professional Practice*. Milton Keynes: Open University Press.

Biggs, S., Phillipson, C. and Kingston, P. (1995) *Elder Abuse in Perspective*. Milton Keynes: Open University Press.

Blakemore, K. and Boneham, M. (1993) *Age, Race and Ethnicity*. Milton Keynes: Open University Press.

Butler, R. (1963) 'The life review: and interpretation of reminiscence in the aged.' *Psychiatry 26*(1), 895–906.

Butler, R. (1987) *Ageism in Encyclopedia of Ageing*. New York: Springer.

Bytheway, B. (1994) *Ageism*. Milton Keynes: Open University Press.

Estes, C. (1979) *The Aging Enterprise*. San Francisco: Josey-Bass.

Estes, C., Gerard, L., Zones, J. and Swan, J. (1984) *Political Economy Health and Ageing*. Boston: Little Brown.

Hockey, J. and James, A. (1993) *Growing Up and Growing Older: Ageing and Dependency in the Life Course*. London: Sage.

Hugman, R. (1994) *Ageing and the Care of Older People in Europe*. London: Macmillan.

James, A. and Prout, A. (1991) *Constructing and Reconstructing Childhood*. London: Falmer Press.

Kingston, P. and Penhale, B. (1995) *Family Violence and the Caring Professions*. London: Macmillan.

Kogan, N. (1979) 'A study on age categorisation.' *Journal of Gerontology 34*, 5, 358–367.

Kuhn, M. (1977) *Maggie Kuhn on Ageing*. Westminster: Philadelphia.

Laczko, F. and Phillipson, C. (1991) *Changing Work and Retirement: Social Policy and the Older Worker*. Milton Keynes: Open University Press.

Langan, M. and Lee, P. (eds) (1989) *Radical Social Work Today*. London: Unwin Hyman.

Midwinter, E. (1992) *Citizenship: From Ageism to Participation*. Research Paper 8, Carnegie Inquiry into the Third Age. London: Carnegie Trust.

Minkler, M. and Estes, C. (1991) *Critical Perspectives on Ageing*. San Francisco: Baywood Press.

Mitchell, G. (1989) 'Empowerment and opportunity.' *Social Work Today*, 16 March.

Mullender, A. and Ward, D. (1991) *Self-Directed Groupwork: Users Taking Action for Empowerment*. London: Whiting and Birch.

Myles, J. (1984a) *The Political Economy of Public Pensions*. Boston: Little, Brown.

Myles, J. (1984b) *Old Age in the Welfare State*. Boston: Little Brown.

Office of Population Censuses and Surveys (1996) *Living in Britain: Results from the 1994 General Household Survey*. London: HMSO.

Phillipson, C. (1982) *Capitalism and the Construction of Old Age*. London: Macmillan Books.

Phillipson, C. (1989) 'Challenging dependency: Towards a new social work with older people.' In M. Langan and P. Lee (eds) *Radical Social Work Today*. London: Unwin Hyman.

Phillipson, C. (1991) 'Inter-generational relations: conflict or consensus in the twenty-first century.' *Policy and Politics 19*, 27–36.

Phillipson, C. (1994) 'Community care and the social construction of citizenship.' *Journal of Social Work Practice 8*, 2, 103–112.

Phillipson, C. and Walker, A. (1986) *Ageing and Social Policy*. Aldershot: Gower.

Rowntree Foundation (1995) *Income and Wealth* (Vols 1 and 2). York: Rowntree Foundation.

Smale, G. and Tuson, G., with Biehal, N. and Marsh, P. (1993) *Empowerment, Assessment, Care Management and the Skilled Worker*. London: HMSO.

Thompson, N. (1991) *Crisis Intervention Revisited*. Birmingham: Pepar.

Thompson, N. (1992) 'Age and citizenship.' *Elders: the Journal of Care and Practice 1*, 1.

Thompson, N. (1993) *Anti-Discriminatory Practice*. London: Macmillan.

Thompson, N. (1995) *Age and Dignity: Working with Older People*. Aldershot: Arena.

Townsend, P. (1981) 'The structured dependency of the elderly: a creation of policy in the twentieth century.' *Ageing and Society 1*, 5–28.

Walker, A. (1980) 'The social creation of poverty and dependency in old age.' *Journal of Social Policy 9*, 49–75.

Walker, A. (1981) 'Towards a political economy of old age.' *Ageing and Society 1*, 73–94.

Walker, A. (1993) 'Poverty and inequality in old age.' In J. Bond, P. Coleman and S. Peace (eds) *Ageing and Society* (pp.280–83). London: Sage.

Ward, D. and Mullender, A. (1993) 'Empowerment and oppression: An indissoluble pairing for contemporary social work.' In J. Walmsley *et al.* *Health, Welfare and Practice: Reflecting on Roles and Relationships*. London: Sage.