

The development and dimensions of  
human ageing : a multidisciplinary  
analysis of Liverpool's older  
population

by

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*For my sons*

*Paul, Jamie and Neil*

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## Abstract

This study is a multidisciplinary qualitative analysis of the processes and meaning of growing older. The study is based in the City of Liverpool with respondents from the older population aged sixty years and over. Using in-depth interviews over a period of eighteen months the research documents the richness and complexity that growing older is about today. From the respondents' testimony, the research challenges many of the stereotypes that depict older people as worn, irrelevant, and an infinite drain on finite resources. Part of the reason for the construction of these non-affirmative stereotypes is that there is insufficient recognition, understanding and meaning given to this ever-increasing lifestage. The main aims of the research are to make a contribution to a more positive image of ageing, and to contribute to a burgeoning body of investigation that views the emancipation of older people from their stereotypes as central and of primary concern in any research process. The research seeks to make the voices of older people heard above all others and to document the meaning, they, rather than others, ascribe to the ageing process. In addition, with the application of grounded theory the study aims to advance the theoretical underpinnings of what is presently known as critical gerontology by the development of the research findings into the substantive theory entitled – *Dimensions of Ageing*.

## Introduction

My aim in undertaking and producing this research has been to challenge a society that renders invisible and redundant the knowledge and experience of one group of individuals simply on the basis of high chronological age. It is still deemed appropriate by many to ridicule older people at every opportunity and to rebuke them for many things including the effects that their increased longevity may have on the next generation of taxpayers, and to crises in the Health Service. At the beginning of the 21st century older people are amongst the least understood and least protected in society today. As a consequence it is still viewed as acceptable to discriminate against older people in ways that have become rightfully unacceptable to other members of society. Older people suffer from extreme prejudice about their bodies, their sexuality, their lifestyles, their perceived dependency status, their perceived senility, simply because they are older. Much of the research to date tends to reinforce this view by focussing almost exclusively on the way older adults have lost rather than gained as a result of advancing chronological age. In contrast there has been very little research that examines the ageing process as a developmentally interesting phenomenon – one that explores growth and self-enhancement as a possibility in later life. In choosing to study the lives of older people, I hope that this research will contribute to an increasing body of research that makes visible the complexity and richness of growing older and also contributes to the ever increasing voices who demand the same protection for older people as for the rest of society.

I chose the City of Liverpool as the place of study because it is the city of my birth, where I grew up and raised my children. As such I feel that my knowledge of the specific culture, its people, the language and its geography has only enhanced and deepened the richness of the study. Therefore, within the context of the 'Liverpool Experience' this research will explore the experience of ageing and its application to the city's population aged sixty years and over.

As mentioned above the ageing experience has to a great extent been dominated by ideologies concerning the process of ageing, dependency and biological decline (Wearing 1995). Dominant ideologies, which have sought to treat older persons as a homogenous group without regard for individual potentiality. Moreover, as Tinker (1996) argues, attitudes and aspirations of older people have a very low profile in social gerontology. This appears to be borne out by Boaz, Hayden and Bernard (1999) who in a preliminary search of the Centre for Policy on Ageing (CPA) Ageinfo database, revealed that there were twice as many references to attitudes of others to older people as to attitudes of older people themselves. According to Kenyon (1988:3) this research approach has resulted 'until very recently in researchers concerning themselves with narrowly defined variables, or pieces of the ageing person, whether these pieces be intelligence, memory, depression, social competence or life satisfaction'. Therefore the ageing process can be defined as a set of problems, or as a developmentally interesting phenomenon, and depending on the perspective followed can have significantly different outcomes for research, practise and the quality of life for the older individual (Kenyon 1988). This situation according to Kenyon (1988) has meant that far less attention has been paid to the integration of such findings and consequently less is known about both the processes of ageing and the holistic personal existence of the older person. Moreover, since its inception the primary focus of ageing research has dwelt on the fact that the plight of ageing can be problematic (Baltes and Carstensen 1996).

Yet, despite the many structural inequalities evident amongst older people such as low income, limited access to health care, and other welfare services, differential housing, as well as individual circumstances such as physical deterioration, loneliness, and depression, this explores only one side of the loss/gain phenomenon of ageing. The other involves personal contentment, growth, vitality, enthusiasm for life and excitement of a future. However, this polarised either/or view is changing and the change is being led by older individuals themselves. Such individuals are at the forefront of challenging many of the doom and gloom representations of ageing. Furthermore, such challenges are leading the way to creating alternative identities of ageing the likes of which are only limited by the imagination.

This research is also particularly interested in exploring older persons' sense of self, by documenting the strategies they use not only in terms of protecting oneself from the ageist world but also to enhance their sense of self and self-worth. As George (1998:145) has argued 'research to date has focused almost exclusively on the ways older adults protect the self. In contrast, there have been very few efforts to examine self-enhancement and growth in late life. It is as if the field has assumed, without supporting evidence that the sole agenda of the self in late life is to protect and defend rather than to grow and expand'. As this study will show, I have actively sought to uncover the factors associated with adjustment to late life and found that some older people do more than simply adjust - they actively seek self-enhancement in age.

However, there is an obstacle to this process, complicated and made difficult for the individual by the structures in society. Structures which despite increasing evidence to the contrary still sustain social policy responses which are to a great extent still focused on the concept of ageing as one of decrepitude and dependence. The concern is centred on the question of how the structures in society are adapting to the ageing of society. This mismatch has created what has been termed 'structural lag' (Riley, 1994). Implicit within the concept of structural lag is the lack of research, which highlights the disparity between the experience of the ageing individual and society's ability to adapt to this change. This mismatch is particularly noticeable within the 'demographic Armageddon' and 'medicalisation debates', which inform many of the social policy responses to ageing, and continue to perpetuate the notion that morbidity and burden is the 'natural' consequence of increased longevity. This research will also show how there is nothing 'natural' about the perpetuation of this discourse but that it needs to be understood as part of a historical and socially constructed process. Historical in the sense that it is part of a process, which involves the individual ageing experience, the scientific community, as well as the trajectory of ageing research. Socially constructed in the sense that the ageing process is still tied into those identities of decrepitude, burden and unproductive.

## **The Individual Experience**

This research is about exploring the concept of ageing first and foremost from the perspective of the individual - the individual with multiple identities, multiple experiences and multiple needs. Whilst, it is important to recognise the power the institutionalised concept has, individuals no longer want to live their lives within the social construct of 'old-age', for they are the first to recognise that their experiences differ from what they had been conditioned to believe. Older people realise that there is something new emerging about this time of life - not 'old-age' but a new-age of ageing.

Over the last decade many scholars working in the field of ageing research have been united in their belief that we must make visible the individual's experience within the discourse, we must listen to what older people are telling us about their experiences. Yet, despite this and despite what they are hearing when people tell them 'I don't feel old', many are still working within the conceptual framework of 'old' or 'elderly' that was developed at the beginning of the century. The production of gerontological knowledge has been built around this conceptual framework. Scholars' interests have moved into a successful ageing perspective yet, what emerges is still grounded in the inability to view their respondents as 'people' rather than 'old' people. By doing this Academia is failing to take account of the lived experiences throughout the life-course and how these experiences cannot be researched solely in terms of their present lives. Consequently, it is not successful ageing perspective they are taking; it is a successful 'old'-age perspective, therefore, still failing to challenge the basic concept of 'old-age'. Some have attempted to get round this by coming up with even more categorisations, such as the 'young-old', the 'third-age' the 'fourth-age', and the 'old-old' yet, clearly, still working within a framework which views older people as an 'old-age' group. This is despite the fact that there could be a fifty or more year age-span in some cases. Consequently, any epistemology that emanates from such an inadequate framework will also be flawed and I would argue obsolete. If we look at the general attitude to older people both in policy and research we see overwhelmingly a needs only approach. This totally ignores the contribution they make to the rest of society. Most importantly

however, this needs only focus overlooks the meaning that older people themselves find in the ageing process.

### **From a Critical Perspective**

A number but not necessarily competing perspectives are now being applied to ageing research, with the idea of breaking down traditional ideas of 'old-age', as well as breaking down traditional disciplinary barriers within the social sciences. This has led to a call for a 'critical gerontology perspective' incorporating both a 'postmodern perspective', and a 'life-course perspective'. Integral to critical gerontology is the epistemological stance of Critical Theory. According to Achenbaum (1997) critical theory enables those engaged in the epistemological enterprise to intermix disparate ideas from Marxism, psychoanalysis, and deconstructionism therefore creating opportunities of breaking down those traditional boundaries. For ageing research and the ageing individual its application could hold many emancipatory qualities. Thus, 'consistent with the goal of Critical Theory' Carol Estes (1991:344) argues 'the project must inevitably engage in action. It requires moving beyond positivist assumptions...to critically examine the social and cultural production of aging and gerontological knowledge at their base and to attend to the class, generational, gender and racial/ethnic divisions and ideological forces embedded in their production and reproduction' (cited in Achenbaum 1997).

This is the perspective I have followed in this study. As Kuhn (1977) argued it is the very commitment of scientists [sic] to their paradigm that eventually brings about its overthrow. We need to look again at the paradigm we are working in. Is it still an 'old-age' paradigm or could it be as Riley (1996) argued, the time to work towards another paradigm: a paradigm that incorporates the dynamic interplay between individual ageing and the ageing of society - the changing lives of people and the changing social structures.

### **From a Multidisciplinary Perspective**

The study of ageing therefore is multidisciplinary both in structure and function. Moreover in order to comprehend ageing and advanced age multi and interdisciplinary

efforts are needed (Baltes and Mayer 1999). *The Berlin Ageing Study* (1999) is to date one of the largest interdisciplinary endeavours to explore old age and ageing. The group for example, consisted of more than forty scientists from the disciplines of biology, internal medicine, psychiatry, psychology, economics, sociology, social policy and anthropology. According to Harper (1999) this type of collaborative effort by researchers is still difficult to achieve given that funding across the disciplinary divide is still quite a rare occurrence. It is this barrier she argues which is limiting the development of a truly multidisciplinary approach to the subject area. The reality for many of us is that we are single researchers yet, if we examine our own disciplinary roots very few have single discipline backgrounds. My own for example incorporates the disciplines of sociology, urban policy, community and 'race' relations, social and economic history, politics and social policy. Therefore, as single researchers it can be relatively straightforward to take a multidisciplinary approach, this has the added advantage of subsequently eliciting broader and deeper research findings. This study takes a multidisciplinary approach, and because of this a degree of overlap in the material presented in certain chapters is unavoidable. Similar to the ageing process itself, it cannot be easily compartmentalised.

One aspect of the multidisciplinary structure of this study is the use of the *Grounded Theory technique* for collating and analysing data (see chapter two for more details). Part of my reasoning for using grounded theory was in order to develop and contribute to the theoretical development of critical gerontology. I have achieved this through the development of this study into what I have termed, *Dimensions of Ageing* - a substantive theory of ageing. Beginning with chapter three the structure of the theoretical development is produced through the development of each subsequent chapter in which each chapter constitutes what I have termed a *Dimension* of the ageing process. Each dimension (or higher concept) is constituted from a number of elements (concepts). These elements explain by example their contribution to the overall dimension. As will be demonstrated each chapter builds on the previous chapter similar to a set of building blocks, into a stratified and coherent theoretical development.

## A guide to the thesis

Chapter one: In the course of the literature review it became clear how little research has focussed on listening to the voices of older people. The main theme of this chapter therefore, was to identify previous research where a significant part of that research focussed on the attitudes, meanings and experiences of the older individual. Older people's views have until fairly recently attracted very little attention from researchers and even less is their involvement in the research process. Secondly, I wanted to review the literature, which contributed in some way to the epistemological stance of critical theory. Once the research was identified it was important to discuss such theories both from their historical perspective and the contribution they have made to ageing research. Highlighting in particular how ageing research has moved on from the purely bio/medical model of ageing to one which views ageing as a multi-faceted experience for the individual, and one, which calls for a multi-disciplinary approach from those engaged in ageing research. The next objective was to identify possible gaps in the research particularly the lack of interdisciplinary research on ageing, and the consequences of this deficit not only for the research process but more importantly for the empowerment of older individuals themselves.

Chapter two is the research methods chapter and therefore serves two very important functions. First, it can be described as the engine that powers the overall research project, and second, illustrates how the study works. It begins by describing the research project itself, what the study aimed to explore, and what previous research informed these objectives. The chapter then focuses on what methods were chosen in the research project and why they were deemed the most effective. The two major theoretical perspectives of *positivism* and *phenomenology* are examined to understand why both methods have been used during the process of this research, and why a phenomenological approach was used for the main data collection. The principles of grounded theory are then explored to show how it informed my own particular form of knowledge generation. The *methodological framework* is then discussed examining the five stages of procedure. *Stage 1* shows how the sampling frame was located, and what sampling frame was finally used. *Stage 2* reveals how respondents were contacted for



interview. *Stage 3* indicates how the themes for the in-depth interviews were developed. *Stage 4* demonstrates what interview technique was adopted for the in-depth interviews. *Stage 5* shows how the analysis of data was undertaken. The chapter concludes with a reflexive account of some of the problems during the research process.

Chapter three sets out to establish an understanding of how older people live their daily lives. Its aim is to explore with older people what is going on in their lives – to reveal how they live their lives and the sense of identity achieved through the practise of daily living. On the theoretical level it establishes the first dimension, which is *Quality in Age* - of the overall substantive theory *Dimensions of Ageing* and sets out to define as precisely as possible what distinctive elements are involved in the daily lives of older people in order to achieve this. It looks particularly at the transition, which occurs through 'retirement', and the way older people adapt to new circumstances particularly income. The chapter continues with examining how older people draw on their lifetime of experience and accomplishments and through this assert integrity of self through their ability to adapt to their new roles. Moreover, and just as importantly, despite forced exclusion from the paid workforce, it documents how older people continue to be productive and add to the social good. They do this most often through the contribution they make to the maintenance of their families, friends and communities, therefore, providing a vital, yet still largely unrecognised role in society.

Chapter four was possibly the most difficult and painful to write – the darker side of chapter three. Whilst it was my intention in this research to concentrate on what older people have gained through ageing rather than what they lost I was not prepared for the way society's deplorable and largely concealed treatment of older people is not only tolerated but considered normal and acceptable. This chapter therefore concentrates on those aspects of daily living over which older people have little or no control. I have entitled this chapter *Resistance* because it illustrates quite clearly Phillipson's (1998:139) contention in regard to, 'the way in which people resist rather than to succumb to the pressures associated with growing old'. Those elements of 'Resistance' I have classified in two quite distinct ways. These are conceptualised as *Personal* and *Social Trauma*. Personal trauma relates to the private sphere and discusses issues such as loss of independence, bereavement and loneliness, and although extremely

distressing can be managed on a daily basis. Social trauma however relates to the public sphere and deals with issues such as housing, neighbourhoods, spatial exclusion, coping with crime, access to healthcare and rationing of health care services over which older people have little or no control. As well as the above I also examine the very serious consequences for older people of implicit practises in healthcare, such as age-based rationing of services and involuntary euthanasia: practises that cause unnecessary physical and psychological distress, and in an alarming number of cases – death. It is a harrowing and very disturbing situation, from which older people need to be protected.

Chapter five is entitled *Reconnection* because it begins to chart the map inwards by looking at the connection between the outer ageing body and the inner sense of self. Moreover, it explores with older people how they manage to find this inner sense of identity despite the intolerable attitudes of the majority. It looks at the apparent paradox that surrounds the meaning of what it is to 'feel old'. Older people constantly state that they 'don't feel old' they feel 'young inside'. These statements being nearly always dismissed by many as an attempt by older people to deny the physical ageing process. Yet, by asking older people to explain this paradox the research discovers some rich and fascinating material. With very few exceptions the respondents in this research would not define themselves as 'old'. When asked could they define the term 'old' their replies were very significant. When asked to explain this inner youthful sense of self we see that it is much more than simply feeling young inside. The research begins to uncover older people's spiritual sense of self, and discovers there is to a greater or lesser extent a spiritual dimension to all the respondents' lives. However, this is where the similarity ended.

Chapter six documents the findings that emerged quite spontaneously in the research, which discovered that there comes a point in the process of ageing when the individual begins to define their own agendas for ageing, and how far that process will take them. I have conceptualised this as the *Realisation period*, hence the title of the chapter. The realisation period is a point at which older people begin to take stock of their own personal biographies. What emerged indicates that this period effects older people in differing ways. This study has been able to identify three very different pathways taken by respondents following this process. The first group of individuals identified is the

*Discordant*. The second group identified is the *Contented*. The third group identified is the *Efficacious*. All three groups adapt to the ageing process in quite distinct ways and exhibit at the subjective level unique sets of characteristics. The research charts the distinct characteristics of all three groups of individuals. The main aim of this chapter therefore has focussed on three central issues. First, it has identified those characteristics of individual identity that serve as mechanisms towards self-realisation in age. Second, on the theoretical level it identifies the very significant 'realisation period' in the ageing process, which is also the fourth dimension in *the dimensions of ageing theory*. Third, it identifies those individuals that are most likely to pursue a meaning in ageing and are prepared to actively seek this added dimension to their lives. The following two chapters, therefore, concentrate on those individuals who actively seek a deepening of meaning to their lives.

Chapter seven focuses primarily on the group of individuals identified in chapter six as the *efficacious*. It is entitled *Deepening of Meaning* since this aptly illustrates the added spiritual dimension that efficacious individuals pursue in their lives. This chapter explores with those individuals how this develops and what are the distinctive elements that characterise this process. It would be wrong to suggest however that only 'efficacious' individuals have a spiritual dimension to their lives. Many of the respondents when interviewed mentioned spiritual aspects to their lives. It is correct however to suggest that for the 'efficacious' the concept of the inner spiritual sense of self is central to their development. According to the respondents achieving this deepening of meaning brings about a sense of liberation – achieving a freedom point in their lives, and a discovery about oneself as a spiritual, as well as a social being. According to Manheimer (1992) this can be likened to a type of secular redemption, meaning that frailty, limitation, dependency can undergo an inversion becoming qualities such as capability, strength, possibility, autonomy and wisdom. As many of the respondents have stated it is amongst other things about the attributes that accumulated knowledge brings about such as courage, tolerance and discernment. As they state it is about not only being able to see the bigger picture but also being able to see it more clearly.

Chapter eight continues to explore the evolving and often hidden identity of the efficacious individual in the postmodern world. It documents the complex process and discovery within the individual of new ways of seeing and new ways of coping with advancing age. Such individuals may be said to have come farthest along the road in finding a rich personal meaning in ageing. Those individuals begin to illustrate from a metaphysical perspective that increased longevity is much more than added years, decrepitude and dependence. Such individuals alert us to the possibility that there may be something more to this unprecedented leap forward in the ageing of society than simply the side effects of increased nutrition and decreased morbidity – such individuals I describe as *Age-Pioneers*. Age-Pioneers are unique individuals. They exhibit a particular set of characteristics, which are not only physical but also show how far that inner spiritual journey can take the individual. Respondents talk about finding a new clarity and simplicity in how they view the world. This experience has been described by others as exhibiting ‘childlike qualities’ however, this research shows that it is much more than this, it is a transvaluation of what is generally regarded as entering a second childhood – it is a new state of postmaturity.

The research so far has concentrated on the individual - the subjective meaning of ageing. This chapter now goes on to examine the wider social structures and how these social structures are lagging increasingly behind the development of the ageing individual. Chapter nine is the concluding chapter, and is entitled *The Tyranny of the Majority* (J.S. Mill 1859). I use the term ‘Tyranny of the Majority’ because the words describe perfectly the position older people even age-pioneers find themselves facing when they encounter an antipathetic ageist society. The causes of which Biggs (1997:564) describes as ‘initiated by intergenerational disparities of power, unfavourable political economy and ageist social attitudes’. It looks at the concept of what I term *Social-Dualism*. Social-dualism describes two sets of processes namely the trajectories of older people’s lives and the trajectory of social change. When the two are out of synchrony it describes how social structures increasingly become the symbols of oppression for larger numbers of older people. At the conceptual level the chapter also explores, the character of social structures and their development: who are the definers of social structure and who constructs our social reality? The central proposition of this chapter therefore examines those highly significant yet complex

relationships between the individual agent on the one hand, and social structure as a form of social oppression on the other. How social structure by lagging way behind the needs and indeed the lived reality of increasing numbers of older people delimits the possibility of striving towards a developmental goal for ageing individuals.

Finally the study concludes with some reflexive comments on the research project and how the research may have some implications for future social policy or policy on ageing, and further research.

## Chapter One

### Literature Review

#### **Introduction**

Two concerns led to the planning and execution of this literature review. First, I believe it is important to show the trajectory of ageing research from an historical perspective. This gives those interested in ageing research an opportunity to view how despite the still fragmented body of research on ageing, research has made considerable strides over the last century. Research has now moved on from being concerned solely with the pathology and objectification of the ageing body, to recognising that ageing is an experience – an experience that is unique to every individual. Second, and with the previous point in mind the literature review is concerned to highlight the existing literature in which, the attitudes, meanings and aspirations of older people figured prominently in the research. Therefore, many of the theoretical classics are reviewed. This gives an opportunity to see not only what they have contributed to ageing research but also how they have succeeded in inspiring and pointing the way to the subsequent generation of researchers.

Running alongside the above themes and taking cognisance of the enormous literature in the field of ageing, I have focused this review on research and literature, which has taken a critical approach to the subject of ageing. A critical approach or critical gerontology ‘draws on a variety of intellectual trends’ (Phillipson 1998:14), and moves forward the traditionalist way of thinking about the ageing experience, (see also Jamieson, Harper and Victor 1997: Phillipson 1998: for a fuller discussion on critical gerontology). Further, because critical gerontology draws on a number of intellectual trends it lends itself quite readily to the interdisciplinary approach used in this research.

As Manheimer (1992: 426) argues 'by its very nature gerontology is interdisciplinary'. However, the most important aspect of critical gerontology and central to its original intention, is that it looks to the empowerment of the older individual through the process of research, and it prioritises the experience of the individual. Therefore, the approach challenges the purely mechanistic approach, which view behaviour as determined by social structures alone (Henretta 1988).

First, this chapter examines how the concept of 'old-age' as a distinct phase in life (Townsend 1986), became 'institutionalised', with the introduction of the state Old Age Pension in 1908 (Jefferys 1989). And although the state pension was initiated as a response to the growing number of impoverished older people no longer able to undertake waged work (Thomas 1976, de Beauvoir 1972), it became the mechanism by which increasingly large numbers of people became set apart as a group. The group was characterised at that period by non-productivity, impoverishment, illness and decrepitude - characteristics that applied to many at that time. However, by attaching the tag 'elderly' or 'old' to a group of people simply on the basis of reaching a certain chronological age also served as a marker by the institutions of society to render the vast majority of this age group superfluous. Superfluous not only to waged work, but also as a group that had little value or meaning to the rest of society, other than one of burden. Alongside this categorisation came the interest of the scientific community. This interest was initially the sole territory of Geriatrics with the Geriatricians viewing this life-stage solely in terms of the morbidity of its subjects. However, with the increased visibility of older people came a burgeoning interest by the social scientific community. Yet, as Blaikie (1997) argued, its social policy perspective distinguished the scholarship that emerged, focusing as it did at the macro level hence concerned with older people as a social problem. This problem centred stance further contributed to a process of setting older people apart and constructing a kind of 'social ghetto' around them, which was solely based on their perceived group identity and characteristics. Once within this social ghetto of 'old-age' they became the recipients of homogenisation, discrimination and social isolation, processes, which still operate a century later.

Second, the impact of the social sciences and the development of Social Gerontology as

a discipline, which emerged in the second half of this century, will be discussed. The social sciences involvement was a challenge to the bio/medical model of ageing, and a benign attempt to address issues of poverty and social isolation (see later in the chapter Townsend 1957 Social Welfare Model; Cowgill & Holmes 1972 Modernization Theory). The scholarship that emerged focused on the very worst aspects of ageing, and also failed to challenge the basic ideas of Functionalism. At the same time, the medical professions were still highly involved with defining the 'problems' of ageing. Doctors served as experts in all areas of social policy implementation and it was this involvement - this medicalisation that has been identified as a major source for the more negative valuation of 'old-age' (Conrad 1992). Alongside these debates scholars from America began to influence social gerontology. Such scholars first proposed the idea of successful ageing. A more positive image of ageing that put forward the idea that 'old-age' was a different phase in life and older people should not have to be like their middle-age counterparts. Cummings & Henry (1961) proposed the concept of Disengagement Theory: this theory was a direct challenge to those who had proposed the idea that as people reached the older age groups they should try and maintain mid life activity patterns (see Activity Theory: Havinghurst & Albrecht 1953). The challenge to the functionalist school came in the early eighties. Townsend (1981) led this with his theory of Structured Dependency, which questioned the origins, and effects of dependency. Walker (1981), and Phillipson (1982), proposed a more radical approach and applied a Political Economy perspective to dependency. They argued that the creation of dependency was not an unintended side effect of the welfare state, but was a systematic outcome of 'old-age' policies. Particular attention is paid in this chapter to two of the above theories, which have re-emerged within ageing discourse - Disengagement Theory and Structured Dependency. Both of these theories will be discussed taking account of how they are being re-evaluated in the light of present research on successful ageing.

We move into the debate at present by examining the changing perceptions and identities of older people and the impact of these changes on the social sciences. One of the most central issues that has surfaced within this study is the diversity of experience of the older individual. The text will examine how ageing is a gendered process (Whittaker 1997), and how income levels and ethnicity can create multi-levels of



inequality. This can result in many more 'working class' and black men and women lacking the material, physical and mental assets to enjoy an autonomous senior-age (Arber & Ginn: cited in Whittaker 1997). Pension Rights are a particularly gendered issue (Arber & Ginn 1995) and will be explored within the context of gendered retirement. The important issue for this study however was to listen to the respondents own experience of how such structural inequalities influenced and shaped their daily lives

This literature review has taken a discursive approach to the subject of ageing. This approach I believe develops our ability to examine the interconnectedness of all its constructs. Given the vastness of the literature on ageing, ageing research has had to develop itself through its own experience. The dynamic has moved from seeing ageing in terms of pure pathology and something that happens on receipt of your pension, along with decrepitude and dependence, to the recognition that ageing is part of the process of the life-course and that the senior years can bring with them freedom, excitement, life-satisfaction and a future. Research now recognises that biology is only one of many factors amongst other psychological, social, structural and cultural factors that determine how we age. The ageing process therefore is now examined within the context of personal biography, recognising that what we are, and what we become, in our senior years, is an accumulation of objective and subjective experiences built up over a lifetime. This reconnection with the repressed past will enable researchers to recognise the inter-connectedness of each stage in life, and the centrality of the individual.

Ageing research therefore has developed from the one dimensional discipline of Geriatrics, focusing on homogenous pathology, to a multi-disciplinary, multi-faceted, multi-experiential concept, which will lead to a self-reflexive look by those working in the field at their own discipline and epistemology.

## The Emergence of Gerontology

### The Pathology Model

Attitudes, prejudice and stereotyping surrounding the concept of 'old-age' are to a great extent culturally and socially inherited. Cultural historians have shown us that primitive, ancient and modern societies experienced many of the same ambiguities towards the oldest members of the community, as we do today (Simmons 1960: de Beauvoir 1972: Thomas 1976: Cole 1992). As the above writers argue, previous societies both respected the wisdom acquired in 'old-age' but also decried the senility and dependence which some members of the community succumbed. With the advent of industrial capitalism, human worth became equated with productivity and at the same time, retirement was institutionalised as a symbol of non-productivity (Baltes & Carstensen 1996). Older human beings became more visible, lived longer, yet, for the number that did survive this stage in life was a period of illness and dependence (Minois 1989).

A number of writers have argued that the science of gerontology grew out of the study of the pathology of the old and infirm (Diamond 1985, cited in Friedan 1993: Rowe and Kahn 1987: Friedan 1993). This view of ageing as a time of dependency and decline was said to be further reinforced by well-intentioned advocates and politicians whom in order to win assistance for the infirm elderly, portrayed them as sick and needy (Baltes & Carstensen, 1996). The few physicians who ventured into this new territory of geriatrics worked with elderly patients in public welfare institutions and hospitals. Consequently, clinical studies of the ageing process were undertaken on the very worst examples of the sick and elderly. Many prevailing assumptions and facts that influenced our understanding of 'old-age' as a progressive decline in both mental and physical capacities, came from studies conducted on the sick and institutionalised and therefore, reinforced the notion that 'old-age' was a period of illness and decrepitude (Diamond 1985, cited in Friedan 1993, and Rowe and Kahn (1987). It was from this view of 'old-age' and ageing, facilitated by the burgeoning interest of the scientific community, in the biological and psychological changes of 'old-age' that the science of gerontology emerged. As Blaikie (1997:12) argues, 'the development of

gerontology as a problem-oriented umbrella for social medicine, societal ageing and psychology in many ways entrenched the pathological position'. This research on clinical and biological aspects of ageing dominated the gerontological discourse, and, it is only fairly recently that gerontologists have recognised that previous assumptions about 'old-age' as a programmed period of decline were solely based on pathological ageing (Friedan, 1993). It is only within the last thirty years or so that the social and behavioural aspects of ageing have been explored. It also acquired its own academic discipline - Social Gerontology.

## **The Development of Social Gerontology**

### **The Social Welfare Model**

The recognition that ageing and 'old age' need not necessarily be a time of illness and decrepitude was superseded by research, which emphasised the problems, associated with the social aspects of ageing. This research highlighted such issues as poverty, dependency and social isolation (see Townsend's 1957 seminal work *The Family Life of Old People*). Although Townsend takes a wider view, according to Fennell, Phillipson and Evers (1988) ageing was still treated largely in terms of social welfare policies - focusing, as it did on discovering needs. Clearly, this discourse on ageing was important, yet, the emphasis was still placed on the worst aspects of ageing and thus ageing continued to be perceived as a very negative experience. Moreover, this emphasis on 'needs' still failed to challenge the basic ideas of Functionalism. This functionalist premise viewed society as a complementary set of social roles operating reasonably harmoniously in ways that ensured its continuation (Vincent, 1995). Therefore, the experiences of older people were perceived as 'inevitable' and conducive to the maintenance of society: a society which would do what it could to alleviate the needs, but the general belief was that suffering in old age was natural. The ageing experience had now transferred from the individual to a 'problem' for society - 'Old-Age' had become institutionalised.

## **Modernisation Theory**

A major theoretical development in Social Gerontology which draws attention to the notion that 'old-age' was a social rather than a biological construction was Modernisation Theory (Cowgill & Holmes, 1972). They argued that modernisation and industrialisation as a historical process resulted in the marginalisation of older people in society. This lowering of status resulted in a loss of respect for old age and thus acquired its negative connotations. In earlier times, although negative images abounded, fundamentally, old age had its proper place in the life-course. Old age was deemed as a period when age brought with it qualities of experience and wisdom, only acquired during a long life. In societies where the oldest individual's knowledge and experience was particularly valuable, old age acquired high status. However, according to Cowgill & Holmes (1972) the process of modernisation changed all this. Industrialisation attracted the young to the new urban areas, creating the breakdown of the extended family. Mass education and literacy meant that the wisdom and knowledge of the oldest members became increasingly obsolete. Modern health care increased the number of elderly, and contributed to the ageing of the population and its workforce. Modern technology created new occupations and transformed many of the traditional ones which propelled older people out of jobs. That situation in turn created pressures towards retirement, forced people out of valuable and highly regarded roles, curtailed their income and lowered their status.

## **The Political Economy Model**

The challenge to the functionalist perspective came in the 1970s from the development of the political economy model. This model gave structural issues more primacy. Implicit in this development was a view that old age was social rather than a biologically constructed status (Fennell, Phillipson, and Evers 1988). Many writers argued that it was the institutionalisation of 'old-age' which created 'old-age' dependence, which was characterised by major inequalities in power, income and wealth (Townsend, 1981; Phillipson, 1982; Phillipson & Walker, 1986; Townsend, 1986; Townsend, Davidson & Whitehead, 1988; Laczko & Phillipson, 1991).

Proponents of the political economy perspective view the situation of old people as a consequence of institutionalised retirement policies, which lead to increased poverty, a lessening of community roles and structured dependency, Townsend (1986:21) writes:

In the everyday management of the economy and the administration and development of social institutions the position of the elderly is subtly shaped and changed. The policies which determine the conditions and welfare of the elderly are not just the reactive policies represented by the statutory social services but the much more generalised and institutionalised policies of the state which maintain or change social structure.

The above writers have suggested that this economic and social position has deliberately created the structured dependency of older people and that the state has played a major role in this process. 'The strongest feature of the political economy of 'old age' is that it treats the present client position of the elderly not as natural but as a social construction. This opens important ways for a fundamental critique of the provision of services, of institutional care or of early retirement programmes' (Conrad 1992:80). However, a number of writers have challenged this thesis arguing that it presupposes that older people were previously more 'independent' in a pre-welfare state age, and, that retirement inevitably involves economic dependency (Johnson, 1989; Thomson, 1984). These writers argue that recent developments in social policy do not represent an abrupt break with the restrictive support systems that emerged in the late Victorian period. They also argue that structured dependency also presupposes that the elderly have a less enviable position economically and socially, than they did in the past.

Johnson (1989:63) argues:

Much of the detailed research that has made use of the concept of structured dependency has, however, focused on the relatively small and exceptional sub-group of elderly people living in institutions, for whom the concept of dependency seems more immediately relevant, and this may have biased the outlook of social policy analysts in their discussion of the much larger group of economically and socially independent people.

Therefore, according to Johnson (1989) the concept of structured dependency can be challenged on a number of levels. It assumes a complete split from the past; that pension provision creates dependence; the homogeneity of persons in receipt of state pension; that the state is culpable; that the identity of individuals in receipt of state pension is created by political economy alone. I would argue however that Johnson (1989) understates: individual agency; the positive outcomes of mandatory retirement; the benefits of state pension; older peoples continuity of deprivation in their life histories and the learned coping mechanisms they take with them into retirement. However if we view 'structured dependency' in economic terms alone then Townsend's original thesis is applicable to a large number of individuals (see also Joseph Rowntree Foundation Inquiry into Income and Wealth, 1995). Equally, the main thesis of structured dependency is based on the fact that many disadvantages of old age are socially created. They are the result of the power structure of society not of the process of ageing itself, nor necessarily of the individual characteristics of older people (Wilson, 1997). Therefore, Johnson's (1989) challenge to 'structured dependence' on the basis that it only applies to a 'relatively small subgroup of elderly persons living in institutions' (p.63), may be presumptuous.

One of the most persisting stereotypes of old age is its characterisation as a time of poverty and deprivation (Victor, 1989), old age and poverty have always being inextricably linked. Indeed, the identification of old age as a distinct stage in life flows from the institutionalisation of pension provision in 1908. This was a direct result of many of the social researchers and reformers commenting on the extreme poverty of many old people (see the work of Charles Booth 1889 *Labour and Life of the People*, vol. 1: also, Jeffrey's, M. 1989 *Growing Old In The Twentieth Century*: p.115). Yet, as Vincent (1995:111) states, 'if class is defined in terms of employment, work or the division of labour, what does class mean, if anything post retirement'. Class in this sense can mean the social institution of retirement, can exclude older people from the workforce (Wilson, 1997). Clearly, the availability of adequate income has enormous implications for ageing successfully - however to what extent it influences this process will be discussed later on in the text. Yet on a cautionary note, the Berlin Ageing Study (1999) found that some outcomes of ageing manifestly show differential access of

individuals to important social resources over the life course, such as income, education or health care, are part of the explanation of differential outcomes.

## Ageism

The most severest hindrance to equal access over resources and status for older individuals is the role played by prejudice and discrimination based on a person's chronological age – ageism. Ageism a term initially proposed by Robert Butler in 1969 was in response to a housing conflict he had witnessed in Chevy Chase Maryland. In 1968, public housing authorities had requested the use of a building in a large middle class suburb in order to provide housing for older citizens. The hearings quickly degenerated into a riot as people fought to keep minorities and 'all those old people' out of their community. Butler then argued that the rush to judgement indicated the presence of prejudiced stereotypes and myths (cited in Bodily 1994). Butler defined ageism as follows:

Ageism can be seen as a process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish for skin color and gender. Old people are categorized as senile, rigid in thought and manner, and old fashioned in morality and skills. Ageism allows the younger generations to see older people as different from themselves; thus, they subtly cease to identify with their elders as human beings (cited in Bytheway 1995:3).

Following on from Butler's claim that there was a new cleavage in society - ageism, it was publicly challenged by Kalish (1979) and Levin & Levin (1980), who argued that by putting ageism on the agenda, had in fact created a backlash for the aged. Their argument was that the rhetoric surrounding ageism was couched in patronising language that perpetuated and constantly reinforced ageing as decline, whether physical, psychological or social. Cole (1992) has argued that ageism and new-ageism are part of the 'ageing dialectic' in which, the current concerns with promoting a positive view of ageing and with attacking stereotypes are part of the ongoing ambivalence with which old age has always been perceived.

Ageism like most forms of discrimination can take many forms (Cloud 1991). It is a social construct, which is bound up in the structures, practises and culture of society. Bytheway (1995) has argued that ageism is also a pernicious dynamic that becomes internalised, in the attitudes, beliefs and behaviour of individuals. Thus, in the operation of an ageist society, ageism takes away from an individual liberty, dignity and a feeling of self worth, valuable resources, which any society cannot afford to have taken away from its members. According to Estes (1979), ageism is an ideology or set of beliefs, which defines older people as different from the rest of society. Among its other capacities, the dynamic of ageism, through our continued use of it, legitimates and encourages the unreflective use of the concept of age. Most commonly, it allows room for using either specific chronological dates or more general typological ages such as 'too old', 'old -age', or simply 'young'. Ageism's power therefore comes from our willingness to categorise various assortments of limitations, abilities and characteristics and attribute them to different chronological dates and typological ages (Bodily, 1994). Ageism is the taken for granted assumption that one is either too old or too young for something.

Many writers only recognise ageism as a concept that affects older individuals, (Butler, 1975: Estes, 1983) yet, ageism is not confined to this group alone. Discrimination against older individuals is only one manifestation of the whole construction of ageism. The explanation for example that one is 'too young' is equally a manifestation of ageism. However, ageism is not only the experience felt by the individual of prejudice and discrimination from others in society, but it is also a set of attitudes and behaviour patterns learned throughout the individuals own social age-cohort history - a history in which they have been in the position of both victim and benefactor, culminating, in the most severest form of ageism - the ageism experienced by those reaching high chronological age (Littler, 1997). Ageism like 'old-age' itself is a social construct, and it effects everyone - regardless of income. Yet, to what extent individual and institutional ageism plays a part in the older persons experience will be examined later. Just how onerous is it for the older individual to maintain a deep sense of self that is ageless, despite the physical and social changes that come with age (Kaufman 1986), in a society that still perceives older individuals as unproductive and decrepit?



## Ethnicity

The dominant theories on the ageing process have to a large extent rendered invisible the Asian and Black communities. These theories need to be reconsidered with ethnic diversity in mind (Markides & Mindel, 1987). This would have consequences not only for our understanding of ageing in minority ethnic groups, but also, facilitate researchers' understanding of the construct of retirement as experienced by Asian and Black communities (Blakemore & Boneham, 1994). Such exploration is warranted, not because the ethnic aged are problem groups, but because they are groups with problems which are not adequately addressed through research on the senior population as a whole (Rowland, 1991). Thus the gerontological enterprise has taken place with limited attention to such factors as ethnicity and minority group status, in marked contrast to the extensive social policy literature which deals with issues of racial discrimination, crime and 'race' relations (Markides & Mindel, 1987).

In recent years, there has been some realisation that theoretical developments in the field of gerontology may profit from knowledge about minority populations. Markides & Mindel (1987) propose that the emerging field of Ethnogerontology will require that we enlarge our theoretical generalisations and deepen our conceptual framework. The theoretical frameworks discussed so far were not informed by research on minority ethnic groups, nor were any intended to apply to their experience. What little theoretical development there is has its roots in the experience of some advocacy groups to draw attention to the disadvantaged position of older black people in areas such as health, housing and income maintenance. From such enquiries the National Urban League of America first proposed that the Double Jeopardy hypothesis should apply to older black people - stating that in addition to suffering the prejudice and discrimination associated with old age, the minority ethnic elderly also suffer racial discrimination.

However, the concept of double jeopardy has yet to be developed within ageing research in Britain. Blakemore & Boneham (1994:40) argue:

What little there has been in Britain tends to assume that the term double jeopardy is simply a convenient label for the facts; rarely, if ever has double jeopardy been discussed as a concept

for building hypotheses or developing a more sensitive recognition of the heterogeneity of the minority ethnic population. Demonstrating double jeopardy is a matter of describing not only racial inequalities between black and white old people at a particular time, but also how the overall position of each group has changed since a younger age. The hypothesis of double jeopardy therefore contains a dynamic element, which has seldom been referred to in British literature.

According to the previous writers, measuring these kinds of inequalities can only be possible by using a longitudinal survey of ageing black and white people, which therefore offers the researcher the best way of isolating the effects of age from ethnicity. What is most significant however, is that most of the research carried out on double jeopardy so far is based on the American experience (see; Dowd and Bengston 1978: Bengston 1979: Manton 1982: Markides 1983a: Norman, 1985:). Studies of older Asian and African-Caribbean people in Britain have not yet reached any conclusions regarding double jeopardy. Yet there is fragmentary evidence to support some of the conclusions reached in the United States (see Marmot, Adelstein and Bulusu, 1983: Townsend, Davidson and Whitehead, 1988).

Alison Norman (1985) identified a third element to this debate. She claims that older black people 'are not merely in double jeopardy by reason of age and discrimination, as has often been stated, but in triple jeopardy, at risk because they are old, because of the physical conditions and hostility under which they have to live and because services are not accessible to them' (p.1). Norman's study covers the provision of services to members of ethnic minority groups. The study recognises that racial discrimination is a major and often dominant factor impeding access to services and facilities. The purpose of the study was to elucidate how these risks could be reduced. Triple jeopardy looks in detail at the issues involved in service provision by both statutory and voluntary agencies and it suggests practical action, which can be taken immediately to improve services. It is addressed to all health, housing and social service providers and to the ethnic minority communities themselves (Norman 1985). A study, which looks in depth at many of these issues and was based in Liverpool was conducted by Wing Kwong L.Au (1994), entitled *Elder Care and the Chinese Community: Chinese Carers in Liverpool*. The study examined the experience of the older Chinese community in

Liverpool and their access to service provision. One of the findings also showed that despite the stereotypical images of the extended family in the Chinese community, many older people were in fact living isolated and lonely lives – a consequence of speaking little English, families working long hours and being too old to work in the family business.

### **Making Gender Visible**

The majority of academic feminists have been concerned with gender divisions in both the domestic sphere and the labour market, yet, at the same time have tended to neglect ageing and later life (Arber & Ginn, 1991, 1995; Sen, 1995). It is only within the last decade that some scholars have acknowledged the importance of how gender and ageing are inextricably linked in social life; 'each can only be understood with reference to the other' (Arber & Ginn 1995:1). Clearly, this invisibility is even more mystifying given that, throughout the course of this century women generally outlive men and that this gap has widened. In 1901, expectation of life at birth was 48 years for males, 51.6 years for females (Fennell, Phillipson and Evers, 1988). By 1990, the corresponding figures were 76 years for males, 79 years for females. Of those aged 60 years and over, there were 4.8 million males and 6.7 million females. As a result women outnumber men in the older age groups by almost 3:2. This increase in population aged 60 years and over is mainly due to a large rise in those aged 85 years and over - the majority of whom are women. In this older age group women outnumber men by almost 3:1 (1991 Census).

Yet, although it has long been recognised that women usually live longer than men, women have generally been ignored in much of the gerontological discourse (Peace 1986; Evers 1985). This is even more salient given women's longer life expectancy, lower earning power and the greater likelihood of women spending a great deal longer living alone (Gorham 1991). This lack of attention to the ways in which women's gender identity links with ageing is said to further increase structural subordination, and continually reinforce patriarchal stereotypes (Sen 1995). In a real sense women in their 70s and 80s are explorers in uncharted territory. They are having to encounter the challenges of ageing within a society that has not yet fully come to terms with the fact

that it is ageing (Day, 1991). Yet by the time most women reach this stage in life they are likely to have experienced major changes in marital status, in their capacity to manage their daily lives and the lives of others, in their own social networks, and in their living arrangements (Riley 1983). What we are, what we become, and the choices we make in old age are all influenced by our gender and our gender socialisation. As Jacobs (1994) asserts many older women are severely hindered by the six 'P's - patriarchy, propriety, politeness, patterning, perfectionism, and pretty. Women need two new 'P's - pride in their age and achievements, and power. Old age is certainly not androgynous, but men and women share more in common on the journey than their differences. Both have to face hard choices, cope with death, loneliness and possible dependence. Both have much to give each other, their families, friends and communities, and all could use this expertise and source of wisdom.

However, women are still to a great extent differentiated by their biology. Women in general and older women in particular are still regulated by societal norms as regards reproduction: norms, which imply that women's life cycle comes to an end between 44 and 55 years, with the loss of natural capacity to reproduce. This has not only served to stress the intertwined nature of reproduction and production but also that women reach a cut-off point at menopause (Sen 1995). This event, crudely interpreted by society, divides all women's lives into two parts, the better before, and the worst after, with menopause as the magic marker of decline (Gullette 1994). This increases negative stereotypes for women as being redundant and superfluous and further renders older women invisible as a group. Yet, much discourse on menopause has been shrouded in folk magic. Something that was not talked about - why should our mothers have talked about it when it was often associated with 'frigidity' and 'insanity' and when the climacterum finally arrived one was supposed to become like a man (Neugarten 1967). Yet a number of studies both in America and Britain have shown that the vast majority of women do not support a crisis view of the menopause (Hunter 1990). However, in their haste to get 'all things women' on the agenda, some feminist writers have entered into a discourse about menopause as a 'change' (see Germaine Greer 1991). This discourse, whilst its intention was empowerment, may have further emphasised the notion that change occurring in the biological status of women, overrides the continuities experienced in all other aspects of women's life cycle. Moreover, whilst it

is undoubtedly the case that many women feel liberated from menstruation it is still only a very small part of a very big story. Although, as Gullette (1994:99) argues 'the after is better rhetoric may elevate women who can identify with it. The before/after binary only reinforces the marker event'. The above writers have concluded that it is the menopause discourse that ages women, rather than the menopause itself. How has this occurred? Gullette (1994:102) states:

The discourse is willed into print in indirect ways by men who until recently have had no movement of their own to buoy their self-confidence and proclaim that even in their forties and beyond they are a rare undiscovered species with virtues and powers that are truly human, thus deserving of a better break in the dog-eat-dog American Empire. And mid-life men benefit passively from the double standard of aging, insofar as they can take advantage of their culturally constructed differences from same-age women. That's the other half of the backlash story. The fact is that, even as commerce in male aging grows, until recently men have managed to keep their own mid-life problems and their own fears of aging relatively secret. We can see how they did it. Within the mainstream silence is an achievement managed by a dominant age/sex class. The reconsolidation made female menopause the code word for mid-life aging. Thus, in an ageist, pro-sex society that fears old age and notes its despised signs even in thirty, forty, and fifty year olds, discursively speaking only women age.

Perhaps it is time now for a new wave of feminism. A feminism, which challenges the discursive images of ageing women and men, and one, which is much more conscious of, gendered age-related issues. As Arber & Ginn (1991a) argue, feminist anti-ageists need to be advocates of social change. By highlighting the disadvantages endured by their group while at the same time illustrating strengths and challenging assumptions of biological inferiority. To do this in the context of common interests, as well as emphasising diversity of their group, and without ignoring issues of class and 'race'.

### **Gendered Roles - Gendered Retirement**

The vast majority of those over sixty years of age today, were born into a society, which encouraged quite distinct gender roles.

Consequently their own personal biographies have been deeply affected by this early socialisation. The vast majority of older people have lived through historical periods, which differ radically from contemporary society (Arber and Evandou 1993). For the majority of women born at the early part of this century, their lives then, bore little resemblance to their lives today. For example gender roles were far more differentiated both inside and outside the home, and regardless of whether women worked outside the home, as well as looked after the children, the husband was regarded as the 'breadwinner'. As such, he expected and was given the services of a full-time cook, housekeeper, general servant as well as conjugal rights whenever the fancy took him. Men expected their wives' love to be expressed by the demonstration of her 'womanly' skills; such as knitting, sewing, cooking, managing a meagre allowance, washing, (without washing machines) and keeping a clean house. The better the tasks performed became the yardstick of how much she cared, and the better wife and mother she was. This is what their mother, the church, the state and journals told them made a good wife and this is what a man 'taking' a wife expected. The same analogy however, did not apply to the husband's pay packet; it was enough that the husband brought home the 'wage-packet', yet what was in the wage-packet was never discussed. Rowntree in his poverty survey in 1901 *Poverty: A Study of Town Life* discovered that wives did not often know and husbands could not be relied on to tell their wives what was in their pay packet. Joint bank accounts were still a phenomenon of the future.

According to Wilson (1993) financial power is something that most people acquire before retirement or not at all. It is also, particularly for the sixty plus generations an attribute that is mainly associated with masculinity in our society. However, as Wilson (1993:62) points out:

In lower income groups, married women may find that the real value of their income is higher than it was in earlier life. Their husbands continue to give them housekeeping but they are at the same time drawing a pension of their own, or their share of the state pension as a couple, and have reduced household responsibilities and so need to spend less on essentials.

Bennett and Morgan (1993) have also shown that there are major gender differences in customary physical activity. This seems to be delineated along traditional domestic

lines – women doing housework and men doing more DIY. As long as they were able women continued to take most of the responsibility for domestic work (Wilson 1995). However, as Wilson (1995) points out gender divisions in advanced old age seem to be less pronounced. Women in general had more choices in gender roles and in ways of expressing gender identities in advanced age, while men had fewer. It also appears that most older people are also happy with their marriages, although men seem to be more satisfied than older women are. Being married seems to be beneficial for people in later life particularly for men (Askham 1995). As Askham (1995) argues there is however serious methodological issues about much of the research on marital relationships in later life; in particular, there is almost no research on older people's own perceptions on the meanings of marriage. I believed therefore that this was an area for particular attention in the research, and indeed the respondents comment on this throughout this study.

### **The Debate at Present - Towards a Critical Gerontology**

'Critical gerontology can best be described as an awareness of a commitment to the emancipatory interest inherent in the social sciences as stated by Habermas - an inspiration rather than a body of knowledge or theory' (Jamieson, Harper and Victor 1997:176). Habermas's elucidation of what he sees as the relationship between knowledge and interest has according to the above writers been of 'crucial importance and provides a useful basis for an understanding of the meaning of critical gerontology'. Habermas distinguishes between three types of inquiry or knowledge seeking, each driven by a particular interest or objective. The first interest can be found in the natural sciences and is in essence technical; that is a mechanism which looks for regularities thus providing the means for prediction and thereby control. The second interest is inherent in the historical interpretative - hermeneutic - sciences and is the pursuit of understanding and meaning. Third, the social sciences are guided by an interest in emancipation. This according to Habermas, means that the social sciences do not finish their quest at the search for regularities, but go one very important step further, they try to discover how far such regularities are ideologically based and therefore changeable. Indeed, Habermas argues that measurement is necessary but not sufficient in itself. It needs to be complemented by two other endeavours; the search for

an understanding of the meaning of the pattern of activities and a critique of their ideological basis. Thus, over recent years many scholars have recognised that something was missing from the purely scientific and professional gerontology (Cole 1992: Achenbaum 1997), and the focus of some ageing research is now changing to incorporate a critical theory perspective. No longer is ageing research regarded as the specialism of gerontology alone, nor is it solely within the rubric of the social sciences to give the researcher all the answers. Ageing is now seen as an integral part of life, of the human condition, throughout the lifespan and certainly as is usually taken to mean the latter part of each person's existence (Williams 1992).

### **The Hermeneutic Approach**

The concern about the social meaning and quality of life once the individual has reached the demarcation of pensionable age, now plays a crucial role in social gerontology. This concept has to a great extent replaced the biomedical and welfare models (Hughes 1990). Those engaged in the scholarship surrounding ageing, recognise that viewing chronological ageing simply as a process inevitably linked with frailty, decline and dependency is an obsolete and unconstructive perspective (Day 1991). The postmodern culture of today suggests that rather than focus on the social construction of the life cycle as a fixed set of stages occupied by people by chronological markers alone we should in fact analyse the ways it is being re-constructed by individuals or groups of elders, negotiating their own life courses. Put simply, the life course should no longer be viewed solely as a fixed set of stages, which has been the case in the past. It requires reinterpreting from the standpoint of biographical and cultural analysis (Blaikie 1997). The way this process is applied in critical gerontology is the humanistic (hermeneutic) approach and the political approach. The humanistic approach puts 'life' into statistics, and attempts to understand the meaning of ageing through biography, literature and life histories. The political approach highlights the need for a critical examination of the production of ageing and gerontological knowledge, including the effects of class, gender and 'race', with the aim of empowerment (Jamieson Harper & Victor 1997.).

This new epistemological stance now considers that there is much more going on in the



lives of the older population which cannot be aggregated into one discipline. This has led to a multidisciplinary approach to the subject, an integration of research methods and a change of focus in our understanding of the ageing process. It was to this end that a whole new field of interdisciplinary knowledge emerged, as one of the cornerstones of critical gerontology - namely Humanistic Gerontology. Humanistic gerontology approaches ageing from a different epistemological stance - one that considers the scientific method to be one way of knowing among others, and that it strives for contextual understanding and interpretation along with explanation (Cole 1992). 'The humanities are a form of knowledge in which the knower is revealed. When we are asked to contemplate not only a proposition but the proposer, when we hear the human voice behind what is said' (Frankel 1980, cited in Cole 1992: p.xiii)

The humanities and the social sciences are now both being viewed as resources for the construction of theories of ageing that correspond to fundamental ideas of time, narrative and development over the life course. Moreover, the ageing process as applied to individuals is by its very nature multi-experiential, therefore, inherently multi-dimensional. It is now recognised that there can be no all-encompassing 'grand theory of ageing'. We should regard the contributions of the humanities, as an alternative ground for theories on ageing to embrace both contradictions and the emancipatory possibilities of late life (Moody 1988). Which leads us to the final corner of the triangle of critical gerontology - the political or empowerment. As was argued earlier the social sciences are guided by an interest in emancipation. Therefore, if we acknowledge that measurement is necessary, i.e. demography, retirement, etc., one way of knowing among others, then we must also ensure that statistical analysis cannot be used to justify some ideological reasoning for rationing services; playing one group against another. This is particularly important in terms of pension policy, the discourse on intergenerational equality versus intergenerational conflict. The task of empowerment then is crucial within critical gerontology and a great deal of emphasis is placed on the ideas of social responsibility and advocacy as being part of the present and future role of critical gerontology (Jamieson Harper and Victor 1997).

## Postmodernism -What it has to offer

This kind of multi-dimensional, multi-disciplinary, people-centred approach is echoed throughout postmodern discourse. For postmodernism the central premise is one of challenging the traditional hierarchies within society (Bradley 1996). The primacy therefore, in its application to age is that it is historically new, conceptually open, and characterised by growing inner contrasts (Achenbaum 1983; Silverman 1988). Postmodern theory can offer a challenge to the structural functionalists who view ageing as a linear progression through the life stages. Therefore, postmodernism can have a great deal to offer in our understanding of the concept of age (Wilson 1996). A number of researchers engaged with the concept of ageing are now applying postmodernist theory to further develop our understanding of the ageing process (Biggs 1993; Wilson 1996). The principal strength of postmodernism is that it offers a distinct way of theorising knowledge (Wilson 1997), and the advantages of this application are numerous.

First, postmodernism can be said to be challenging all previous assumptions about modernist 'science', particularly in the areas of demography and economics, physiology and psychology, which present the implications of the ageing process in a problematic, simplistic, homogenous form. Postmodernism can challenge the application of all previous forms of rational knowledge and the myths that this knowledge has created. Further, it can offer a way forward, by its central premise of re-considering all our previous understanding of the big questions concerned with age. Postmodernism is at root a movement aimed at relaxing the constraints imposed by the techno-scientific modern society and encourages 'anarchy in the marketplace of ideas' (Atchley 1993:16). This is particularly significant with the concept of 'old' age because it was in the era of Modernity that 'old' age was defined as different and set apart. Now regardless of whether we are in Postmodernity or not, we can use a postmodern discourse to redefine 'old' age and integrate it back into the life-course process. This is crucial given that today's older generation are the first to explore different lifestyles. They will spend more of their time in retirement than any previous generation; they are the first to age with lots of other older people around them and the first to experience the dynamics of four and five generation families. Alongside these trends is the

complicated familial relationships created by divorce or the never married families (Conrad 1992). These cultural dimensions to ageing are given particular attention within the postmodern discourse. Contemporary patterns of ageing are said to both reflect and contribute to a postmodern culture (Bury 1995). Thus, the contemporary meanings attached to the life course, formalised in our understanding of age norms and age appropriate behaviour are now being re-negotiated (Featherstone and Hepworth 1989, 1991). A postmodern epistemology might want to explode these socially constructed categories of ageing and lead us to a time when constructing one multidiscipline for all aspects of ageing could soon appear as a passing short-lived historical phenomenon (Conrad 1992).

Critics however argue that postmodernism is an expression of false consciousness and serves as an apologist for the 'cultural logic of late capitalism' (Jamieson, 1984: cited in Biggs 1993:5).

Thinking of oneself as infinitely flexible in an eternal present of alternative discourses fits in well with demands for a malleable workforce that feels superficially free and is at the same time relatively affluent, but fails to address the position of groups that have been marginalised from these circumstances.

Conrad (1992) argues that we should take great care in our attribution of such discourse not to interpret the negative effects of retirement, residential isolation or the growth of long term care facilities as a concerned effort to further marginalise the older population. This would mean assigning too much intention to basically what is an incremental process. Instead, we should equally stress the beneficial side of these developments even though in the beginning they were in the interest of management and capital, yet, they also led to a reorganisation of working lives, pension rights and the liberation of the later years from the toil of waged work.

Many writers also stress the need for caution when applying postmodern theory to the life course perspective (Townsend 1981; Phillipson 1994), particularly, as structural inequalities become exacerbated in a climate of fiscal restraint, which leads to public spending jitters and the restructuring of welfare (Bury 1995). Older people have

become the targets of sustained political attack on both sides of the political divide, especially in America (Fennell, Phillipson and Evers 1988). These authors also note that the increased longevity of the population is viewed solely in terms of healthcare spending and increased pensions bills, and not as it should be seen - a positive move forward for humankind. Vincent (1995:66) argues that

It is an error to accept too readily a postmodern perspective, which comes close to the moral right stance, that society's values are breaking down, the loss of order is to be deplored, and that the ephemeral has replaced the substantial.

Postmodernism however, can be viewed in a different context. The application of postmodern theory to ageing need not necessarily be a complete rejection of all that had gone before. By doing this we are in fact rejecting the world that most of the seniors have lived through, the sacrifices they have made and one could say the advances fought for and gained such as the National Health Service. These people after all are the modest winners; they have survived to participate in the benefits (Kastenbaum 1993). Instead we should view postmodernism as a bridge which can link the modern world to the postmodern world (Kastenbaum 1993); an opportunity only apparent precisely because of the large-scale social organisations and the mass culture that supported them (Atchley 1993). However, it is just as important that 'the baby is not thrown out with the bath water': chronological and social age-cohorts still play a significant part in the lives of today's elders. Nevertheless, as we are able to recognise that these types of age categorisation still play a major role in 'age-prejudice' - it leaves the way forward for challenge.

### **Successful Ageing**

Many of the researchers engaged in gerontological research argue that enough time has been spent on the negative aspects of ageing and that a balance should be achieved by addressing positive or successful ageing (Bowling 1993; Wenger 1996). Such is the fairly new phenomenon of increased longevity for the majority of individuals that, concepts such as successful ageing have only recently become topics to which the academic world is addressing itself. Yet, researchers investigating this concept also

recognise that it has a longer history. The Roman philosopher and statesman Cicero (106-43 B.C) produced what is said to be the first powerful statement of the nature of good ageing, with his essay *De Senectute* (44 B.C./1979). Cicero engaged with such ideas when he himself was in his sixties to champion the cause that 'old-age' is not necessarily a time of decline or loss. Cicero argued instead that 'old-age' if positively anticipated, could create many opportunities for positive change and productive functioning. Even then, Cicero argued that we should see the distinction between 'normal' and 'sick' old-age, but we should not confuse 'old-age' with illness (cited in Baltes and Baltes 1990; Falkner and Luce, 1992; Bowling 1993). However, it has taken almost two thousand years for this distinction to be recognised.

The original sociological theories of ageing implied an underlying perception of successful ageing (Wenger 1996). Disengagement Theory (Cummings and Henry 1961) has its origins in the functionalist school and is said to be one of the very few comprehensive theories of ageing advanced this century (Friedan 1993). The original intention of Cummings and Henry's thesis was a reaction to the proposition which predominated ageing discourse at the time, that to age successfully consisted of being as much like a middle aged person as possible. A healthy old age was not conceivably possible, anyone who was old was by definition unhealthy (Coleman 1991). Cummings and Henry challenged this view and argued that older individuals should not be casually labelled pathological, but regarded as normal and healthy. Also they suggested that just as we view different behaviour patterns at different stages of life as normal, it must be recognised that older individuals do not behave the same as their middle-age counterparts. Thus disengagement theory not only challenged the widely accepted theory of 'activity', but also the conventional notion that the apparent marginality of the aged was the result of pressures on them and contrary to their desires (Hazan 1994). However, these ideas may have reflected the personal values of many gerontologists and their notion of what reality ought to be like (Tornstam 1996a). Cummings and Henry's theory proposed that disengagement be initiated by the aged themselves. Disengagement was inevitable and consolidated by a mutual understanding between the individual and society. To age successfully therefore, was dependent upon the mutual disengagement of the oldest people from their social environment. Cummings and Henry were calling for a re-evaluation of the behaviour

that characterises the older individual particularly the intrinsic tendency to disengage and withdraw in the later stages of life. They argued that the process of ageing is accompanied by...

Inevitable mutual withdrawal or disengagement resulting from decreased interaction between the ageing person and others in the social system he belongs to. The process may be initiated by the individual or by others in the situation. The ageing person may withdraw more markedly from some classes of people while remaining relatively close to others. His [sic] withdrawal may be accompanied from the outset by a preoccupation with himself, certain institutions in society may make this withdrawal easy for him. When the ageing process is complete, the equilibrium which, existed in middle life between the individual and his society has given way to a new equilibrium characterised by a greater distance and altered type of relationship (1961:14-15).

Clearly the theory proposes that disengagement must take place on a number of levels. On the social level the presence of the oldest is redundant and disturbing, thus the social system is hindered in its operation by the presence of elements whose sudden and final departure from it might cause sudden disruption. In these circumstances 'social forces' anticipate the rupture by releasing the oldest from the social world by processes which are formally enforced through mandatory retirement policies (Markides and Mindel 1987). On the personal level the theory assumes inevitability and homogeneity of the aged themselves, denying the ability of the individual to challenge expected modes of behaviour and the diversity of the individual in terms of health status, class, gender and ethnicity. Yet all are important contributory factors in the ageing process. Finally, the theory proposes that the ageing process is complete when separation takes place between the aged and the rest of society. This last point assumes that older individuals are no longer part of the life-world, but inhabit a separate existence. This separate existence was considered an adaptive process as a preparation for death (Biggs 1993). The theory assumed an inherent drift to disengage and withdraw when growing old, which was supposed to go hand in hand with the inclination of society to expel ageing individuals (Tornstam 1996a).

It could be argued that disengagement theory attempted a grand theory of ageing that did recognise that something qualitatively different was going on in the lives of older people, and qualitatively different from anything the individual ageing person had previously experienced. However, because ageing was by all accounts viewed as a very negative experience, the possibility that ageing could be a positive experience for the individual has been totally neglected in the last thirty years of ageing research. In Cummings and Henry's attempt to identify this process and articulate its meaning it somehow became obscured between the scientific rigour of the research methodology and its academic translation. They were not however, as many anti-disengagement writers have suggested, proposing compulsory segregation of the older individual through structural and societal responses. Given its intention to challenge the 'activity' perspective disengagement theory failed or rather suffered from complete misinterpretation.

Although disengagement theory came under considerable criticism for its structural functionalist approach and its proposition that to age successfully was indeed to disengage successfully, the theory itself is now being re-visited by an increasing number of writers (see Coleman, 1991; Tornstam, 1996). These writers argue that the anti-disengagement writers overlooked three very important issues. First, implicit within 'disengagement theory' was the indication that the older individual could influence the outcome of the ageing process. Second, that this stage in life is qualitatively different from anything previously experienced in middle age and that it should be embarked on in this light. Third, it also implied that this stage in life was now open to renegotiation between the individual and society 'an altered type of relationship....given way to a new equilibrium' (pp.14-15). So 'disengagement theory' was in fact decades ahead of its time.

The concept of successful ageing has changed also, and it has moved away from the original adaptation process which was presumed to be implicit within disengagement theory, to a realisation that successful ageing encompasses both an adaptation process but also a process by which expected norms of ageing are challenged. There is now a pro-active element within the concept of successful ageing. There is in essence a redefining, a reconstruction of this new phase in life, very different from anything

experienced before. Ageing research has progressed from a discourse, which viewed ageing as a programmed period of decline, to a discursive, which views ageing in its diversity. In fact to apply the term success to ageing is rather a recent convention (Day 1991).

### **The Centrality of the Individual**

Explicit within this second generation of successful ageing definitions is the importance of the centrality of the individual to take control of this process. Therefore, the research question has moved on from 'what is the definition of successful ageing', to encompass 'how do people age successfully' or 'what are the processes that allow for aspirations in old age to be achieved'? (Baltes & Carstensen, 1996:399). Discussion also centres on the psychological and behavioural processes people use to maintain and reach new goals in life. As Baltes & Carstensen, (1996:399) argue, 'understanding the processes that people use to reach their goals under increasing limitations in resources, be they social, psychological or biological, will lead to additional insights and progress in this field'.

Therefore, how do we identify what is successful ageing and the criteria required by the individual to achieve this state? Day (1991) argues that it is a particular constellation of subjective feelings and objective circumstances, all constantly interacting with each other but a state nonetheless which cannot be achieved without 'a smile in the heart'. Although Day's research concentrated on women only, her findings gave valuable insight into individuals who are ageing with competence. She identified three subjective criteria which were placed at a premium by her respondents: 'qualities of personal strength; self discipline and the ability to transcend the imputation of one's obsolescence' (p.256). Rowe and Kahn (1987) define competence in ageing as the ability of individuals to maximise their life expectancy while controlling extrinsic factors, which they define as adaptive competence meaning, the generalised capacity to react with resilience to challenges arising from one's body, mind and environment. According to Featherman, Smith and Peterson (1990:83-84) 'successful ageing is a construct that lies at the boundary of personal biography, society and history....successful ageing is individuals learning to plan and society's planning to



learn'.

The Berlin Aging Study (1999) is one of the 'new generation' of studies which attempts to investigate how people are ageing in the late twentieth century. The study is a model of research which takes critical account of previous theory associated with this ageing process, builds on, and makes its own contribution to ageing research. The study is one of the first to take a multidisciplinary approach and promises an interdisciplinary exploration of hypotheses which can predict the interrelatedness of biological, social and behavioural variables in later life. The study is also an area based analysis, taking a sample of Berlin's population aged 70 years and older. However, the data collection strategy adopted by the Berlin Aging Study was obtained using tasks and questionnaire items designed to capture subjective experiences in a standardised way. Respondents for example were not directly asked in an open-ended interview, to narrate their life story or to describe their personal experiences of illness or family life in 'old age' or developmental continuity. Of the 516 participants who took part in the study only six individuals were chosen, three men and three women because of their above – or below – average status on objective life conditions for individual biographical interviews. The interviewers stated that no general conclusions could be reached about the general life situation of all 'old people' from these testimonies, but what could be stated however was that there were certain conditions that seem to be necessary for today's older people to form a positive attitude to life. The first is state of health that allows a certain measure of independence and mobility. Emotionally satisfying ties to others are possibly more important. Such relationships not only provide a feeling of security and reliability, but also make sense of one's own life history (Schutze, Tesch-Romer and Borchers 1999:111-125).

The lack of in-depth interviewing as opposed to quantitative methods, which formed the bulk of the data collection, I believe, restricted the study's contribution to our understanding of the ageing process. That being said however, the Berlin Aging Study did produce a great deal of empirical evidence for the notion that, on average 'old age' is not foremost a negative and problem ridden phase of life. As the study stated, most old people were satisfied with their lives. Two thirds felt healthy, nearly two thirds perceived themselves as healthier than their peers, and nearly a fifth felt just as healthy.

Such positive comparisons even increase in very old age. The older they were the more healthy people felt compared with others of the same age. More than two thirds believed they had control over their lives and therefore felt self reliant and independent. More than nine out of ten of the BASE participants still had goals, and only a third were strongly oriented towards the past. Less than a tenth of elderly West Berliners spent a lot of time thinking about death and dying. Many of the BASE findings also confirm positive aspects in objective conditions such as housing, finance and health therefore, reinforcing the emerging view that 'old age' as a phase of social isolation, withdrawal and inactivity can be rejected (Mayer et al 1999:475-519).

### **Ageing and Meaning**

Many of those engaged in the critical study of ageing have confronted the question does advanced age have any meaning. As Kiekegaard observed life can only be understood backwards even though it must be lived forwards (cited in Sherman and Webb 1994:256). Moody (1998:445) poses the question 'is personal meaning in ageing simply be just more of the same – that is, continuing whatever values gave meaning earlier in life? Or does lifelong growth imply a constant effort to overcome old habits and change our view of what offers meaning in life'. Cohler (1992:108) has suggested that there is some special meaning attached to older age, he expresses this as, 'a sense of psychological well-being in later life is assumed to be associated with enhanced preservation of meaning, expressed as a purposive or coherent life story'. 'This concerns the manner in which individuals attribute meanings to their presently experienced past and present and their anticipated future' (Cohler 1992:111).

Most of the developmental psychological theories mainly describe development through childhood and adolescence. There have been however a number of exceptions to this. The most famous of which, and most often quoted, is Erik Erikson's (1959) *Identity and the Life Cycle*. Not so well known is Carl Jung's (1960) *The Stages of Life*, and G. Stanley Hall's (1922) *Senescence*. More recently is the work of Lars Tornstam (1996) with his theory of *Gerotranscendence*, which is a theory about maturing into old age. All of the above writers however, have pursued with interest the premise that older individuals can be active agents of their personal environment

striving towards a developmental goal. Paul and Margaret Baltes (Baltes and Baltes 1990: 26) for example maintain that 'old-age is the last incomplete part of cultural evolution'. They believe that the magic of cultural evolution lies not only in the current realities of ageing but also the conditions and range of alternative scenarios. They also contend:

That it is correct that the biological nature of human ageing limits more and more the overall range of possibilities in old age. On the other hand, however, the adaptive task of the ageing individual is to select and concentrate on those domains that are of high priority and that involve a convergence of environmental demands and individual motivations, skills and biological capacity (p.27).

According to Cohler (1992: 108) a sense of psychological well being in advancing age is assumed to be associated with enhanced preservation of meaning, expressed as a purposeful or coherent life story.

John Berger writes:

In life meaning is not instantaneous. Meaning is discovered in what connects, and cannot exist, without development. Without a story, without an unfolding there is no meaning..... certainty may be instantaneous; doubt requires duration; meaning is born of the two (cited in Cole et al 1992:268)

Slater (1995) contends that meaning is hard to quantify. Yet, Reker (in Slater 1995:128) suggests that individuals discover meaning from the givens of life (ultimate meaning) and create provisional meaning through exercising choice, taking action and entering relationships. Provisional meaning might come from leisure activities, personal relationships, or tradition and culture. Reker concluded that his data supports the notion that individuals who create meaning by transcending self-interest are those who experience a greater degree of ultimate meaning (see also chapter nine in this research).

Yet, what is this ultimate meaning? Some seem to suggest that it is a growing

interiority or spirituality associated with advanced ageing that cannot be described in religious terms alone although religion can be a vital component for some older people. According to Moody (1998) theologians who have reflected on the life course tend to view ageing not as a problem that calls for a solution but as an existential condition to be accepted for personal growth or what some have called a spiritual journey.

...Spirituality in the later years is less focussed on the external formalism of religion and more on the interpretation of life and its feelings...I have the impression that mature and elderly adults seek a wholeness, a meaning in life, that is more integrative of actions and emotions, and less analytical in thought (Birren cited in Slater 1995:137)

Citing Birren the psychologist Robert Slater (1995) argues that if people are to be helped to define their spirituality in later life, they have to understand and be understood, in their own terms and not in the terms of youth.

Erik Erikson (1959:104) substantiates this when he argues that

Only he who in some way has taken care of things and people and has adapted himself to the triumphs and disappointments of being, by necessity, the originator of others and the generator of things and ideas – only he may gradually grow the fruit of the seven stages. I know no better word for it than integrity...It is an acceptance of the fact that one's own and only life cycle and of the people who have become significant to it as something that had to be and that, by necessity, permitted of no substitutions.

Erikson therefore suggests that a certain state - a spiritual state if you will, can be achieved. Yet, he also suggests that it be only the proactive individual – the individual, who actively seeks it, will be able to achieve this state. Jung (1960) also argues that there is a special meaning attached to the second part of life 'the afternoon of human life must also have a significance of its own and cannot be merely an appendage of life's morning' (p.399). Jung (1960) further suggests that for those who attempt to continue to live by the same rules as in midlife cannot hope to attain any spiritual growth. 'Whoever carries over into the afternoon the law of the morning, or the natural

aim, must pay for it with damage to his soul' (p.400). Hall (1922) has also emphasised in his book *Senescence* the unique psychological processes connected with ageing. Yet, there is a paradox here inasmuch as we must also distinguish between what individuals find meaningful in their lives and the meaning society ascribes to old age (Moody 1998).

## **Ageing and Society**

Clearly, the ageing process so far in the chapter has been associated with the individual. The Life-Course Perspective and indeed within the concept of the *ageing and society paradigm*, Riley (1996) recognises that the individual plays a pivotal role within the concept of successful ageing. Yet, both concepts also emphasise the nature of society and its operative structures: not as part of the essential manifestation and definition of successful ageing, but certainly the influences these dynamic structures play on the outcomes of successful ageing (Featherman, Smith & Peterson, 1990). These writers argue:

...the sociological orientation to successful ageing can take at least two forms. The first begins from the perspective of the social collectivity, rather than the person, and asks how the aging of a person or persons might lead, optimally, toward the betterment of society. That is, toward improving the quality of life for the population or perpetuating the social system beyond the lifetime of the oldest cohorts.... In addition, it is possible to speak of the population aging, the culmination of what demographers have called the demographic transition of the 19<sup>th</sup> and 20<sup>th</sup> centuries, and of its impact on the quality of institutional life and vigour of society. Within this perspective, successful aging is a construct applied to society itself - the successfully aging society. In this instance, it is feasible to consider what successful aging of the person is, within the conditions and constraints of the successfully aging society (p.51).

This hypothesis therefore, suggests, both a transactional view of successful ageing i.e. 'at the point of intersection between the developing person and the changing societal context' (Featherman Smith and Peterson 1990:52), as well as in terms of the adaptive competence of the individual. As Rowe & Kahn (1987) argue, this is the ability to respond with resilience to challenges emerging from one's body, mind and

environment. This suggests successful ageing of the person, is both a reactive and proactive capacity to respond to challenges that emerge in later life. Challenges can be pathological, biological, cognitive, self-conceptual, interpersonal, socio-economic or any other sources of change in the status quo (Featherman, Smith & Peterson 1990). The definitions of the meaning of successful ageing have changed over historical time and will continue to change along with changes in societal, cultural and biological norms. Definitions of outcomes, therefore, needs to be multidimensional and multilevel and needs to consider both gains and losses (Baltes & Carstensen, 1996).

It is to this aim that during the last three decades many of those engaged within ageing research have been struggling with an emerging paradigm (Riley 1996). In its earliest form, it was known as 'Age-Stratification'. Age-Stratification attempted to try and understand what had been identified as the 'Age-Status System' (Neugarten & Moore, 1968). They explained the age-status system as follows:

Certain biological and social events come to be regarded as significant punctuation marks in the lifeline and to signify the transition points from one age status to the next (P.5)

Yet, as Riley (1993) argues the term 'age stratification' was soon abandoned because the term was regarded as, 'overly static, failing as it did to reflect the dynamic aspects of both lives and structures' (P. 436). A paper published the same year by Neugarten, Moore & Lowe (1968) entitled *Age Norms, Age Constraints and Adult Socialisation* developed further their ideas on age-stratification incorporating not only individual agency, but also took cognisance of the powerful effect of social structures on the ageing process. They argued:

Expectations regarding age-appropriate behaviour form an elaborate and pervasive system of norms governing particular behaviour and interaction, a network of expectations that is imbedded throughout the cultural fabric of adult life. There exists what might be called a prescriptive timetable for the ordering of major life events: a time in the life span when men and women are expected to marry, a time to raise children, a time to retire. This normative pattern is adhered to, more or less consistently, by most persons in that society. Although the actual occurrences of major life events for both men and

women are influenced by a variety of life contingencies, and although the norms and actual occurrences are closely related. Age norms and age expectations operate as prods and brakes upon behaviour, in some instances hastening an event, in others delaying it. Men and women are aware not only of the social clocks that operate in various areas of their lives, but they are aware also of their own timing and readily describe themselves as "early", "late", or "on time", with regard to family and occupational events. Age-norms operate also in many less clear-cut ways and in more peripheral areas of adult life.... The concern about age-appropriate behaviour is further illustrated by colloquialisms such as "Act your age" - an exhortation made to the adult as well as to the child in this society (P.23).

Clearly this recognition led to Matilda White Riley's pathbreaking work on the social construction of ageing (1978, 1987), which explained the powerful influence of social structure on peoples' lives. Riley argued that successive cohort's age from birth to death within social and cultural contexts, with social structure exerting a powerful influence upon individual ageing. Yet, little is known about the influence succeeding cohorts have on social structures. Each succeeding cohort differ remarkably from previous cohorts, yet, social structure does not keep pace with changes in human ageing. This has since been identified as Structural Lag (Riley, 1994).

Many writers are now addressing this new phenomenon of the industrialised world (Maddox, 1993: Riley 1994). They argue that there is a growing 'mismatch' between the increasing health and longevity of the population, their increasing vigour and capacity to live life to the full and the quite deficient opportunities in society to grasp the implications of such potential. Foner (1996:221) argues:

This lack of fit is causing problems for both individuals and society. Formal provision in private pension plans encouraging early retirement (before age 65) and informal norms approving early retirement are not consistent with the increasing number of relatively healthy and long-lived older people who are out of the labour force and whose welfare depends in good part on public benefits. For the society, this constitutes pressure on state budgets and the waste in human talent; for the older individual, it limits access to meaningful roles.

As Riley (1993) argues social structures are still geared to the needs of the much younger population of a century ago. Arber & Evandrou (1993) argue that one possible solution to the problem for those engaged in ageing research would be to emphasise the interconnectedness between different phases of the life course, rather than seeing each phase in isolation. The *Life Course Approach* was increasingly being recognised as a framework which not only recognised the heterogeneity of emerging cohorts and the effect of changing structures on people's lives, but also the influence on people's lives of structure (Riley, 1993). The life course perspective is said to be a disciplinary hybrid. Constituted as it is by the diverse interests and approaches of multiple disciplines and the convergence on one central theme - ageing. Life-course aims to develop the significance of the historic interplay among people's lives, structural contexts, and social change. It was developed within a framework of age, period and cohort in explaining the relationship between individual and social change (O'Rand 1996). This approach therefore provides a way of analysing the multiple influences on individuals ranging from health, family, work and income, which contribute to the life experience of different groups of individuals at particular stages in their lives.

According to Gold (1996), sociology is now becoming more and more the area of ultra specialism. Yet, those engaged in ageing research working within a life-course perspective know that this approach demands the use of diverse perspectives and disciplines. As the research literature grows and we learn more about the subject of ageing it becomes very apparent that this subject cannot be contained within one discipline. Ageing is a paradigm of its own encompassing and integrating many and varied disciplines.

Now Riley (1996:256) is calling for an Ageing and Society Paradigm.

This paradigm rests on the axiomatic distinction between people, on the one hand, and the surrounding structures, on the other. Its aim is to understand the interplay between two "dynamism's" (or sets of processes): changing lives of people and changing social structures. The two dynamism's are seen as interdependent: each influences the other. Yet each is also distinct: each changes (or remains stable) in its own ways and



according to its own timing. Within the enormous complexity and heterogeneity of lives and structures, this ageing and society paradigm continues to seek a parsimonious selection of general concepts that can broaden the life-course perspective.

### **Issues addressed in this study**

Over the last three or four decades, a broad body of literature has accumulated on ageing as a social process. As mentioned previously, many researchers have increasingly drawn attention to the complexity of the process, and to the fact that the study of ageing involves complex interconnections between differing disciplines. Yet, very few researchers have applied an interdisciplinary approach to their research. This is in spite of the fact there are major benefits of such an interdisciplinary focus not least in terms of the availability of rich and fascinating source material on the subject of ageing.

Even less abundant is research which focuses on the lived experiences and attitudes of today's generation of older people, and how this life experience cannot be researched solely in terms of their present lives. Clearly, what needs to be taken into account is the lived experiences throughout the life-course – and how the effect of structural, institutional, social, biographical, psychological influences, shape their present attitudes that the older individual brings with them into their retirement years. Researchers need to look again at the old parameters of gerontological discourse, which views ageing as something that occurs on receipt of your pension, and continues to examine narrower questions concerned with one aspect of older individuals present condition. Research cannot simply focus on the present situation of the lives of older people, without taking cognisance of their past. By continually doing this researchers risk neglecting the important effect of the individuals life-course on the ageing experience. This discourse whether it intends to or not, perpetuates the notion that this stage in life is somehow a world apart from anything experienced before, and clearly this is not the case.

This is not to suggest a re-visiting of Activity Theory (Havinghurst & Albrecht 1953) and to advocate that older individuals should demonstrate a continuation of mid-life

patterns. However, what needs to be stressed in the debate is the importance of individual agency. Not in the way it is seen at present; the ageing individual as passive beneficiaries of policy and practice, but to recover the centrality of the individual as an active and reflexive human agent. To look again at what is going on in their lives, as well as to actually listen to what older individuals tell us about their subjective experience. For example when older individuals tell researchers 'they don't feel old', instead of dismissing this as a vague attempt by the individual to deny the ageing process, take it for what it is - they don't feel what 'old' is supposed to feel like (see chapter five). Based on our own subjective ideas, have we presumed too much as researchers? The same can be said for poverty. As mentioned earlier in a number of reports, pensioners, whom by the researchers own standards were going without basic necessities, did not in fact regard themselves in poverty or dependent on anyone. The researchers assumed many things, such as shyness, pride or both. Or could it be as Wilson (1997) argues, 'if the great majority of older people do not feel dependent, why thrust dependency upon them by formulating grand theory that says they are' (p.347). Are others subjectivities being masked in a way that is silencing and repressive (Woodward 1991)? Yet, poverty in old age has not been abolished, large numbers of older people, nearly two million in 1996, are still receiving income support, with an estimated further one million eligible but not claiming (DSS, 1997). Furthermore, there has been a number of studies which examine the growing polarisation of income and wealth within the over sixties population (Townsend, 1993, 1995, Hills 1997 Falkingham 1998, Harper 1999). The implication being clearly placed on the fact that adequate disposable income is essential to ageing well. Yet, there has been no attempt to examine how those individuals on meagre incomes or without 'sufficient' disposable income, can and do, age well and experience a quality in age. This suggests that only those individuals with enough disposable income in their senior years will be able to have a good quality of life in age and therefore age successfully. This is despite the fact that many older people today may have experienced long periods of relative deprivation in their life histories and therefore cannot rely on sufficient disposable income in their retirement years, to determine their quality in age. Therefore, is quality in ageing only a state that the affluent can attain? Or, is it the case that older individuals may have gained sufficient experience of managing a meagre income prior to retirement which, enables them to draw on other resources, develop alternative coping strategies, to

provide a good quality of life in their senior years? How large a part do monetary considerations play in a very complex web of biographical, environmental, social, and cultural factors?

It is my contention that life-course experience and its effects on the older individual's ability to have a quality in age and to age successfully has been seriously neglected. Until now the concept of ageing was seen as a concept only applying to the sixty plus population. Consequently, ageing was associated with 'unproductive', 'decrepit', 'of no value', and was deemed to happen on receipt of your pension. By disconnecting older peoples past from their present, the field of gerontology further contributes to the structural inequalities and processes of social exclusion experienced by many older individuals, and further, contributes to the notion that what future they have is of no consequence and meaning to the rest of society. The mistake researchers have previously made is their almost universal approach when conducting ageing research is to measure what has been lost rather than what has been gained. Furthermore, given that there are facts to be interpreted, discovered and understood researchers understand these facts at the level of their own individual perspectives (Birren & Bengston 1988). This perhaps misses some valuable insights into what is really going on. Research into successful ageing has begun to change this focus, with the recognition that ageing well is a transactional process between the adaptive competence of the individual and the structural constraints of society which, should be viewed as a life-course process.

Therefore, this study will focus first and foremost on the experiences and attitudes of the ageing individual. It concerns itself with listening to and documenting older people's experiences as we begin the new millennium. Rather than viewing ageing as a period of decline and decay, the study focuses on the questions, which ask older people to make known what gives meaning to their lives. Questions such as, does advanced ageing have any meaning? Also, the bigger philosophical questions for individuals such as can we ascribe any special meaning to this stage in life. It is also my intention that the study should examine the relationship between structure and agency, as well as to measure how the structures of the institutional impinge on individual agency.

This study therefore takes a critical perspective, using a multidisciplinary approach

which, will be guided by an interest in emancipation. Birren and Bengston (1988:10) have argued that 'ageing can be defined as a series of problems, or as a developmentally interesting phenomenon, with significantly different emphasis and outcomes for research, practise and ultimately the quality of life for older persons'. With this in mind I have looked at the ageing process from the perspective of a developmentally interesting phenomenon rather than defining ageing as a series of problems. However, my emphasis has been continually guided by the voices of the respondents not supposition. I have argued the need, to make visible, the individual within ageing research and show the ability of individual agents to find meaning and value in their lives. This is not only important for today's social pioneers but could take us to a time where dignity is restored to our ageing lives and 'old-age' as a social construct is obsolete.

## Chapter Two

### Research Methods

#### **Introduction**

The following chapter focuses on the discipline of constructing a sound methodological and conceptual framework for this research project. These procedures are two of the most important preliminary steps when undertaking any new research. Consequently, this activity has two significant benefits; first, it will largely determine the robustness and quality of data collected, and second the quality and efficacy of the final study. This chapter commences with a description of the contextual framework of the research project and the themes of enquiry that will be pursued, both being developed and grounded in the 'theoretical underpinnings' (Silverman 1993:225) of chapter one. Second, the major theoretical perspectives of Positivism and Phenomenology will be examined in order to clarify the advantages and disadvantages of choosing a particular theoretical methodological framework. Attention then focuses on the empirical tradition of social research and looks into the historical significance for research of the social survey in Britain. Social surveys however, are now viewed as part of the history of social research methods, mainly because of the drawbacks of conducting this type of research but also, the second generation of social investigators developed alternative methods of data collection. From these examples the research examines why many of the social investigators developed the concept of Sampling and the significance of this new breakthrough in method. I move on to explore other possible methodological frameworks, which could be utilised for this particular type of research, such as The Ward-Based Social Study and The Organisational Approach Social Study, and finally arguing why The Ward-Based Social Study was deemed the most appropriate. This is followed by setting out the selected methodological framework for the in-depth interviewing phase of the research; describing in detail the approach to qualitative interviewing that was adopted. The chapter continues with setting out the methods used for the

interpretation of data, the process of development of each of the chapters and how each chapter built on and fitted into the overall development of the substantive theory. The principle elements of grounded theory are used to demonstrate this process. The chapter concludes with a reflexive account of the research process.

## **The Research Project**

The research project had three main objectives. First, it aimed to explore with older people what is of central importance to them in terms of how they view themselves and their roles, in a society, which many would argue, is hostile to older people. Why is it for example that we have achieved as a species 'the democratisation of longevity' (Fahey and Holstein 1993) yet, this stage in life has largely been emptied of social and cultural meaning. What does it mean for example to be a senior citizen in a society, which regardless of the universal longevity of the population, are still viewed by the vast majority of people as unproductive and a burden to the rest? I was particularly concerned to examine whether this ever increasing lifestage holds within it a deeper level of meaning to the older individual other than just added years. Careful attention therefore is given to older peoples' attitudes and experiences and listening to their inner most feelings. Influenced by the emancipatory element of critical gerontology I intended where possible to identify positive ideals, and life enriching techniques for this ever-increasing lifestage. A second objective was to consider, in the light of the increased longevity of the population, how central policy making once obfuscated by ideologies of 'decrepitude' and 'biological decline' are now being influenced by those who peddle the 'demographic Armageddon' and 'intergenerational conflicts' controversies. Moreover, how these contentions are finding expression in institutionalised practises. These practises show little commitment to adapting to the changing needs of an ageing society, and appear to view increased longevity of the population as a problem rather than a success. The third objective was to explore within the context of the ageing and society paradigm, the growing mismatch between two 'dynamism's' - the changing lives of people and the changing social structures (Riley 1996, p.256). Within this dynamic it will examine, on the one hand, the ability of the older individual to achieve a quality in age and what processes are involved in achieving this, and on the other, how the

social structures in society seem unable to adapt accordingly. One of the reasons for this may lay in the fact that despite increased longevity social structures are still geared to a much younger generation of a century ago (Riley 1993). This is particularly true in terms of mandatory retirement and social policy responses to the ageing individual. Do institutionalised retirement policies and welfare services for example contribute to the marginalisation of older people? The research also explores why the total direction of the social policy response to ageing is a reflection of the worst case scenario of the social construct of 'old-age'. Ageing therefore, is examined not only in terms of individual agency, but also in terms of the structures of an ageing society. As Riley (1994) argues, little is known about the powerful effect succeeding cohorts have on social structures and even less is known about the powerful effect both of these factors have on social change.

The first objective is informed by my previous research, (Littler 1995) which discovered that retired people are as diverse in their experience as the rest of the population. Moreover, the potential for growth beyond childhood, adolescence and paid employment now challenges the stereotypical images of ageing as one of 'decrepitude' 'disengagement' and 'burden'. There is now a growing recognition amongst the 60 plus generation that this stage in life can now mean one of health, strength, dignity, pride and optimism for the future. This pro-active image is now being reflected not only in the ageing research literature but also by the radical grass roots activity of the elders themselves, for example, political activists such as Jack Jones and Barbara Castle, and academics such as Peter Laslett. There is also a growing awareness amongst those engaged in ageing research that this stage in life could be a time of ultimate discovery - a new evolving stage of human life, which has yet to be realised by the majority of the population (Friedan 1993). For it is only in this century that our life expectancy has moved from forty-six years to eighty years of age, and the fastest-growing part of the population is now over eighty, most of whom are women (1991 Census).

Yet there are severe problems for some older people as shown in Townsend's (1995) influential analysis of the increasing polarisation of poverty and wealth. (See also *The Joseph Rowntree Foundation Inquiry into Income and Wealth (1995)*). Both of

these reports show that one of the most impoverished groups in society are the people of 60 years and over with the single elderly (the majority of whom are women), ethnic elderly and the very old being particularly vulnerable. This is also confirmed in this research (see Chapter Three). The Rowntree Inquiry states that while it can no longer be assumed that all pensioners are poor, equally it cannot be assumed that there are no longer poor pensioners. What is significant however, is that the increasing polarisation of wealth and poverty occurring in the population as a whole is also reflected in the 60 plus population. There is a growing group of younger pensioners receiving significant occupational pensions, but a substantial proportion even in the newly retired depend on state benefits. According to the 1996/7 figures amongst newly retired pensioners benefits account for 39 per cent of income, whilst amongst older pensioners benefits account for 59 per cent of income (Social Trends, 1999). However, there is a paradox here; the most recent investigation carried out by Liverpool City Council into levels of poverty and affluence experienced by its citizens, the findings of which were published in the 1991 *Quality of life Survey*. The survey documented the extraordinary abilities of the 60 plus population to cope with grave levels of poverty, whilst also stating, that as a group they were much less inclined to say explicitly that they could not afford basic necessities.<sup>1</sup> Yet, at the same time they are experiencing increasing health, vitality and longevity. It is this attitude to their predicament, their ability to cope with what is perceived to be severe levels of poverty, which challenges the stereotypical images of the senior population as 'sad', 'passive', 'burdens' on the rest of society. It also forces researchers to look again at the way they may be further stigmatising older people by objectifying them solely in terms of their so called poverty status.

The second objective is derived primarily from the age-stratification theorists (Neugarten & Moore, 1968: Neugarten, Moore & Lowe, 1968). They were the first to recognise how biological and social events signify the adjustment from one age-status to the next, and the importance of this age-status system on people's lives. This led to an emerging life-course perspective, which highlighted the need to incorporate the impact social structures made on people's lives (Riley 1978, 1987). Moreover, they also identified that not only is it important to recognise this dynamic,

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<sup>1</sup>See *Deprivation Index for the Elderly* in Appendix 1.



but also how the timing of these processes are effected and change according to its own historical time. Adopting a life-course perspective to explore the concept of ageing offers a way of understanding the importance of the individuals experiences throughout the course of their lives. It allows a way of reconnecting peoples past with their present lives, and enables the researcher to examine the effect accumulated life experiences play in the present social world of the older individual. At the same time, it acknowledges the important part social structures play in peoples lives, not only in the way individuals can be constrained by social structures, but also, how we can influence and create the social world in which we live (Riley 1996). One cannot be understood without relation to the other. The study seeks to explore this inter - subjective process through the concept of what I term social dualism (chapter nine).

The third objective is informed by the acknowledgement that older people regardless of the constraints of social structures, are in the process of charting out new territory - they are the new pioneers who may change forever the way future generations see and experience this phase in their lives. Accordingly, has government policy kept pace with these emerging changes, or is it still reflecting the worst case scenario of growing older? Is government policy lagging way behind the expectations of the ageing individual? Or will it be the case that the ageing individual will be able to influence or effect our social world to the extent that the concept of 'old-age' no longer holds any fear or apprehension for the majority of people. Most importantly, are these changing identities and values of the older individual, as yet unrecognised by policy makers and service providers, contributing to a paradigm shift in our understanding of ageing, which could change forever the way this stage in life is perceived and lived?

## **Research Methods**

As this study is examining the changing experience of ageing in the late twentieth century, it still largely comes under the specialism of social gerontology<sup>2</sup>. Yet, many academics working in this field argue that research methods that can be used within

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<sup>2</sup>Why this should be the case will be explored further on in the text.

the field of 'gerontology'<sup>3</sup> are still in their infancy. Fennell, Phillipson and Evers (1988) argued that in the early days of gerontology, methods used in research on younger age groups were often simply imported for use with the aged. However, experience quickly led to the recognition that studying older adults posed some special 'problems', (e.g. hearing impairment, interviewing the very old, proxy respondents' etc.) and those traditional methods had to be adjusted to take account of age-related differences. Such expertise, while accumulating, has been slow in finding its way into the research literature. To some extent then, every new investigation in gerontology must re-establish the learning by doing process (Lawton & Herzog 1989). Clearly a point worth emphasising at this stage is that there seems to have been an assumption in the past that seniors needed 'special treatment' regarding interviewing techniques. However, I believe that this standpoint may have been overstated and perhaps says more about the interviewer's prejudice than based on any informed research. The researcher needs sensitivity when interviewing any group of respondents.

As I mentioned in chapter one when researching the ageing process, the researcher first and foremost has to be aware of the multi-disciplinary nature of the subject matter. It cannot be studied through one specialism alone. Indeed, the ageing process is affected by many individual and societal responses, which do not fit easily into any one academic discipline. The same applies to the type of methods and the procedures for the collection of data. According to Fennell (1990) social gerontology should be eclectic in its research methods and not dominated by a particular technique such as the experiment or social survey. Clearly then, all methodological approaches should be considered when undertaking ageing research. The most commonly used however are small and large-scale surveys, case studies, life histories, participant and direct observation, in-depth interviews, cross sectional and longitudinal research and secondary analysis of data sets when deciding on the type of research design to be adopted other factors also have to be considered. Factors, such as the researcher's own disciplinary background, the particular focus of the study; the amount of money available, the constraint of time and the ease and difficulty of access to your target group (Peace 1990). Other questions also need to

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<sup>3</sup>The word gerontology comes from the Greek word 'geron', which translated means 'elderly man'.

be examined for example, what is the primary purpose of the study; what is it you are trying to discover, and how best you can achieve this. All these factors will influence the final research design. Maynard (1994) makes the point that one particular problem in starting a research programme is reconciling the abstract analysis, for example, questions to be answered at the epistemological level, with the more concrete concerns of method and methodology faced by those carrying out empirical research. Therefore, decisions have to be made on whether qualitative or quantitative methodology or a fusion of both delivers the type of knowledge generation required for the research project, in order that the final report will be truly representative of the particular 'community' you are studying.

### **Theoretical Perspectives**

The two major theoretical perspectives in methodology are *positivism* and *phenomenology*. Positivism refers to quantitative methodology<sup>4</sup>, which traces its origins in the social sciences to the pioneering theorists of the nineteenth and early twentieth centuries. The positivist seeks the facts or causes of social phenomena apart from the subjective states of individuals. The second theoretical perspective of the phenomenologist is usually associated with qualitative methods, thus the phenomenologist is committed to understanding social phenomena from the subject's own perspective. They examine how the world is experienced, the most important point being reality is what people perceive it to be (Marsh, 1982).

Generally positivists and phenomenologists take on different kinds of problems and seek different kinds of answers; their research demands different methodologies. The positivist adopting a natural science model of research searches for causes through methods such as questionnaires, the use of large data sets and demography that produce data amenable to statistical analysis. The phenomenologist seeks understanding and clarity through qualitative methods such as participant observation, in-depth interviewing, life histories, and other methods, which yield descriptive data. In contrast to the natural science approach, the phenomenologist

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<sup>4</sup>See Alan Bryman (1988) *Quantity and Quality in Social Research*, who argues that this connection may be more tenuous than commonly perceived.

strives for what Max Weber (1968) called *verstehen*, understanding on a personal level of the motives and beliefs behind peoples actions (Taylor and Bogden 1994).

The general position I adopt here is that both positivist and phenomenological methods have consociate value and that all sources of data may have some use and should be used where appropriate. According to Fennell, Phillipson and Evers (1988) there is no one 'correct' method for doing research. Therefore, the methodology used in this research project will incorporate both qualitative and quantitative methods. That being said the main data collection for the study will be drawn from the qualitative stage - the in-depth interview. For this stage I have been guided by many of the principles of Grounded Theory (Glaser and Strauss 1967). According to Glaser and Strauss (1967) the qualitative researcher must do more than researched description, techniques usually employed by market, corporate and government fact-finding agencies, as these can easily outdo any sociologist in researched descriptions through sheer resources. The sociologist's job and her/his training is to do what the layperson cannot do, that is, generate theory.

### **Knowledge Generation**

According to Glaser and Strauss (1967) grounded theory is the discovery of theory from data (rather than theory or hypothesis testing, or fitting the data to the theory), systematically obtained and analysed. This type of knowledge generation fits well with my own focus on the need to prioritise the voices of the individual in ageing research, and the move in ageing research to generate what is termed 'lived theory' (see Gubrium 1993:46-63, and Phillipson 1998:24-26). Generating a substantive theory from data means that most hypotheses and concepts not only come from the data but are systematically worked out in relation to the data during the course of the research.

Grounded theory is an alternative method of theory generation to statistical and verification methods. Grounded theory however uses the process of comparative analysis for the generation of theory. Comparative analysis is a general method, which uses the logic of comparison similar to experimental and statistical methods.

Comparative analysis is generally used by sociologists and anthropologists to refer to comparisons between large-scale social units, particularly organisations, nations, institutions etc. Comparative analysis however can be used on social units of any size. For example, generating concepts can emerge from one fact alone, which then becomes one of a multitude of many possible indicators for, and data on the concept (this process of concept development will be explained later on in the chapter). Comparative analysis allows for the generation of new theory through the generation of new data and the incorporation of past theories and concepts on the subject in question. Glaser and Strauss's (1967) strategy for using comparative analysis for the generation of theory puts a high emphasis on theory as a process. The theory therefore is written with the assumption that it is still developing – an ever-developing entity, not a perfected product<sup>5</sup>.

### **Methods: The Empiricist Tradition**

Clearly, the types of themes, which are addressed in this study, lend themselves to several possible ways of data collection. Firstly, there is the Social Survey. The social survey method has an established pedigree within social science research, best known in this country with the work of Charles Booth on London (1889-1902) and Seebohm Rowntree in York (1901). In its broadest sense a social survey is a first hand investigation, analysis and coordination of economic, sociological and other related aspects of a selected community or group. Such a survey is undertaken in order to provide material scientifically gathered upon which social theorists may base their conclusion: or its chief purpose maybe to formulate a programme of amelioration of the conditions of life and work of a particular group or community (Bulmer, Bales & Sklar 1991).

Several special characteristics distinguish the social survey as an exemplary method, which has particular relevance to my own project. For example, a social survey involves field work, by whom Booth called a 'social investigator' or who is usually termed today a 'researcher', rather than reliance upon reports by others or pre-existing data. Surveys attempt to achieve comprehensive rather than haphazard

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<sup>5</sup> See Glaser and Strauss (1967) for the differences between substantive and formal theory.

coverage mostly within a local rather than national area. One of the most appealing points for the sociologist using the social survey method is that it maintains a contact point with 'the researched' (Bryman 1988). The data in surveys is always related to the individuals, families etc., rather than aggregates. This attribute alone goes some way to counteracting the anti-positivists criticism of the survey method - as purely 'scientific'. According to Marsh (1982), and Bulmer, Bales and Sklar (1991), from its origins the social survey was intimately associated with social action being one way of illuminating the harrowing conditions of the working class. The social survey became known as the scientific study of social conditions and social problems within a limited geographical setting, the object of the study being implicitly or explicitly related to social policy. The link was thus forged between survey research and policy research that continues to this day (Marsh 1982) <sup>6</sup>.

Two broad types of social survey may be distinguished, the descriptive and the analytical. The descriptive is the most common in Britain. Descriptive surveys are designed to portray accurately the characteristics of particular individuals, situations or groups, and to determine the frequency of behaviour, attitudes and dispositions to act occurring in the population being sampled. Analytic surveys are concerned to test hypotheses about the relationships between variables in order to understand and explain a particular social phenomenon. Bulmer (1984) states that the distinction between the two types of social survey is not a hard and fast one, but it can usually be clearly made. In point of fact a very large amount of descriptive social-survey research is carried out beyond the realms of academia, by people who do not regard themselves as sociologists, and whose research is not informed by theoretical considerations at all. A good example of this would be the Census<sup>7</sup>. That being said however, very few sociologists and academics from other disciplines would deny the immense value of census data to inform their own research.

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<sup>6</sup>Many historians have traced the origins of social survey research to the philanthropic investigators at the end of the nineteenth and early twentieth century. But this would be to deny the achievements of the early Victorian statistical societies (see Marsh 1982, p.14). See also Caradog-Jones (1920) The Social Survey, who traces the social survey to even earlier times.

<sup>7</sup>Fennell (1994) reminds us of the value of secondary analysis of other data sets as a precursor to carrying out new research.

## Problems with the Social Survey

The social survey has come under mounting criticism in the last decade but as Bulmer (1984) points out much of this is based on ignorance and is ill founded. Marsh (1982) supports this view and emphasises that the discipline of sociology particularly in the 60s and 70s has dismissed the social survey out of hand. Not only have its critics argued that it is positivist but also apply the term positivist as a term of abuse. Also, the social survey has been accused of lacking innovation on analysis. It is still largely in the tradition of fact-finding surveys and this has not encouraged the development of analytical procedures to explain the facts.

However, the large-scale social survey in the tradition of Booth and Rowntree could not be undertaken today by a single researcher. For example, Charles Booth devoted seventeen years of his life to seventeen volumes of *The Life and Labour of the People of London*. He undertook a piece of research which in the end, covered 80 per cent of the population and covered the period 1889-1903 (Bales 1991). He was also an extremely wealthy man who could engage a number of assistants to collect and write up data

Reading the results of large scale surveys one important lesson for the new researcher to learn is that all social investigators have to use the means at their disposal. Rowntree for example chose to conduct a study of York primarily because he resided there. Rowntree was also a major employer in the area having numerous business interests in chocolate production. Consequently, he had access to his own employees who could not only supply him with information about their lifestyles (what employee could refuse?! but also he was responsible for fixing wage-rates for his own employees. Therefore, there was more than a conflict of interest here: Rowntree could be accused of using his findings to detract attention away from insufficient wages as the cause of poverty, and placing the blame on the recklessness and intemperance of the individual.

## Random Sampling

From these examples of the social survey it follows that the single researcher cannot embark on a similar type of extensive study. Therefore many of the 'social investigators' developed the concept of sampling such as Rowntree (1901), Sheldon (1948), Cummings & Henry (1961), Townsend (1962). There have been many critics of the sampling method, particularly the quota and snowball method. The snowball sample has come in for particular scrutiny in social gerontology. The main risk with the snowball sample is that the sample has a certain bias. The most notable example is the Kansas City study of disengagement by Cummings and Henry (1961). The idea of the snowball sample is that the researcher begins with a small number of subjects and asks them for additional contacts, so that the potential sample size increases in number. This meant that because people draw their friends from mainly the same social class rather than across class lines, the snowball sample took the researchers to a mainly middle-class sample. A bias of this sort can distort the findings and can have far reaching consequences, as disengagement theory was postulated as a universal response to the ageing process. The Kansas City researchers, for instance, excluded people of color and 'lower'-class [sic] individuals who turned up in their snowball, on the grounds that they would require 'special interviewing techniques'. Why this may have been the case is not made clear, but the important point here is that these excluded individuals may have exhibited other characteristics, which were not taken into account – factors, which could have disproved the original hypothesis. Clearly, researchers have to be aware of the very serious consequences of this type of sampling and must be clear about their criteria for inclusion and exclusion. These decisions should be made explicit and must not be arbitrary (Fennell 1990).

However, a way of overcoming possible bias is by the use of random sampling. This can be either a simple or stratified random-sample. A simple random sample in this case will tend to over-represent the 'young' seniors. Nevertheless, this should not distort the sample because the younger senior age-cohorts are numerically larger in number; thus the simple random sample will be proportional in terms of the overall senior population. Yet, the sample needs to be stratified to ensure that all the



variables in the senior age-cohorts are adequately represented. Therefore, if the research needs to evaluate the experiences of men and women, differing levels of income, ethnic groups, care has to be taken to include these groups.

Fennell (1990) argues, the best way to overcome this problem is the two stage screening sample. In Stage 1, a complete door to door census is carried out to screen addresses containing a senior person or persons; in Stage 2, a random sample is drawn from the sampling frame generated by the first-stage screening process. Clearly, carrying out a door to door census by the lone researcher is not practical, nor is it necessary. This information is available by accessing the latest Census statistics. The census provides almost 100 per cent coverage of the population (underenumeration in Liverpool is 1 per cent) thus a very significant resource from which to construct a sampling frame. The census also provides a very useful unit of analysis in terms of Ward-based statistics. Thus the stratified random sample can be drawn from the sampling frame generated by the first-stage screening process. In this study where there is a particular type of characteristic required - such as those seniors in both low and high income groups, it is important to establish this condition at this stage. To interview the majority of seniors in one income group alone for example would be ineffectual in terms of broad-based knowledge generation. Any stratified sample must therefore also include those variables - (in this case characteristics such as sex, age-cohorts, ethnic groups and residency) which would give me a representative sample of the group studied. However, knowing the type of information that can be resourced through secondary analysis and the methods that can be utilised in order to find a representative sample, still leaves the cause célèbre of the type of methodological framework to implement.

### **What is the most effective way the information can be obtained?**

Having made a decision on whether the research is going to be qualitative or quantitative or both, the time restraints and resources imposed on this type of study limits the options available even further. Therefore, in this case a longitudinal survey is out of the question owing to reasons mentioned earlier. Also, using a purely quantitative analysis does not give any scope for one to one in-depth contacts with

respondents. The large scale Social Surveys are simply not feasible for the individual researcher. However, the process of elimination of certain methodologies assists in focusing the mind on the type of methodologies that could be used. Thus, with the research concentrating on a particular area (in this case Liverpool), and deciding to use census data to locate a sampling frame, an area-based qualitative analysis is the most obvious choice. Clearly, deciding on an area based analysis however prompts a number of secondary questions, such as; how do I locate anonymous individuals, having only statistical information on their age, sex and ward location? Although individual addresses are identified in census data, they are however, protected by Crown Copyright. Therefore, the question remains how do I contact possible respondents for interview?

### **Piloting Particular Methodologies**

#### **The Organisational Approach**

Having made contact with Age Concern and The University of the Third Age (U3A) two of the organisations involved with the senior population of Liverpool, it became apparent that both organisations would be a connection to possible respondents. Moreover, as both organisations through their social programmes attract seniors of all ages and from all areas of Liverpool, it appeared that the likelihood of obtaining a representative sample would be propitious. However, after preliminary interviews with representatives from both organisations it became evident that their particular social programmes attracted a certain type of individual. The University of the Third Age (in Liverpool) appeal in the main to individual's who come from managerial or professional backgrounds, the majority of members also, are women. Members of the U3A also have adequate disposable income, although it must be said some members have access to very limited resources. Also, it has a predominately white membership<sup>8</sup>. Securing respondents through the U3A would not be a problem, however, as well as the likelihood that all the respondents would be predominately white women with adequate resources and obviously 'ageing with attitude', the

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<sup>8</sup> The U3A is aware of this situation and therefore links have been forged with the Chinese Elders and community groups in the Somali Community.

problem would then arise of obtaining a representative sample. The sample would have to be obtained through the snowball sample procedure and therefore would not be representative. A bias of this kind could as noted earlier, distort findings.

Similar concerns arose with obtaining respondents from within the different groups with which Age Concern is involved. Although, Age Concern activities incorporate welfare services, as well as social activities, and their clients are drawn from a much wider community (in terms of socio-economic characteristics), there are still many areas in Liverpool not covered by their activities. Added to this is the real problem of obtaining a representative sample. Their welfare activities are very diverse - ranging from Good-Neighbour Schemes to insurance services. Clearly, the names of clients using their financial services are confidential and therefore would not be made available to me. Yet, there are many seniors using Age Concern's Luncheon Clubs and Good-Neighbour Schemes and initial contact of respondents could be made through those clubs. Again, problems could arise in terms of bias, as you would be drawing your respondents from not only a very small segment of the senior population, but also the snowball technique would have to be used to obtain your sample. Nevertheless, respondents may be obtained through their social programme. However, I discovered after initial contact was made that Age Concern's social programme although attracting seniors from a wider socio-economic background than U3A, nonetheless, attracts its members from highly social individuals. Whilst they would be excellent interviewees in terms of 'active' seniors they still could be considered unrepresentative of the senior population of Liverpool. Therefore, a methodological framework would have to be found that would give me the highest probability in terms of locating a truly representative group of respondents.

### **The Choice of Methodologies**

#### **The Ward-Based Social Study**

The decision to use a ward-based study was influenced by a number of factors. First and foremost was the availability of 1991 Census data which after secondary analysis

using saspac<sup>9</sup>, yielded a significant amount of statistical information on my target group and from which a sampling frame could be constructed. Secondly, there was the availability of previous area based reports such as *The Quality of Life Report (1991)* and *Key Ward Statistics (1993)* both published by Liverpool City Council, which highlighted the fact that there was a very real need for research of this kind to be undertaken.<sup>10</sup> Thirdly, using a ward-based analysis enabled me to assess the impact of objective criteria such as income, housing, health, environmental factors, social amenities and geographical location. Alongside the more subjective criteria, such as experience of ageism, social relationships, social networks, psychological adjustment, positive or negative outlook, attitudes and sense of control over their lives. Most importantly however, with its focus on local representiveness and sample heterogeneity, the study responds to the stated need for ageing research to be based more on samples drawn from the population at large rather than on convenient samples of volunteers or health insurance populations (Maddox, 1993). Fourthly, there was the very important aspect of contacting prospective respondents for the interview stage of the project; how would this be done? As mentioned previously individual addresses are protected by Crown copyright. Initially my intention was to contact respondents through General Practitioner records as Townsend had done previously in *The Family Life of Old People (1957)*. However, these can only be accessed through application to local ethics committees, which could prove a long drawn out process with no guarantee that permission would be granted. Therefore access would have to be gained through another route. One possible method would be to simply stand outside the Post Office on pension day in each of my targeted wards and simply approach those who appeared to be seniors. Clearly, there are many problems associated with this very random sampling of respondents particularly, the intrusive and insensitive nature of the approach, for Britain's seniors are seen as easy prey to many confidence tricksters. Therefore, I would regard this method as possibly a threatening experience to the individuals concerned and consequently totally unacceptable.

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<sup>9</sup>Merseyside Information Service provided this service for me.

<sup>10</sup>Although the results presented in the *Quality of Life Report (1991)* were considered to be generally representative of Liverpool's population at the time of the survey. It was noted that the methodology of the survey did not present an accurate picture of poverty amongst the 'elderly'. The report noted "that the 'elderly' were much less inclined as a group to explicitly say that they could not afford basic necessities, although on all other grounds they would have been judged as living in poverty".

Having decided against the organisational approach and the envisaged problems outlined earlier, another way of contacting respondents would have to be found. I concluded that as my framework was grounded on a ward-based analysis the obvious although unusual choice would be to request the co-operation of the Local Councillors in each of my targeted wards. Being the elected representatives of their local communities they would have personal contact with many of the seniors in their wards: personal introductions therefore could be made through them. In addition I believed the councillors support would be willingly given for such a study. Therefore, I sought their co-operation by writing to each councillor in each of my chosen wards, stating my objectives and enlisting their influence in contacting respondents. However, there was more preparatory work to be completed before this stage.

### **A Note on Gatekeepers**

#### **The Institutional Gatekeeper**

The role of the gatekeeper can play a fundamental role in contacting respondents. For various reasons administrators may be reluctant or unwilling to open the doors to researchers. One of the problems lies in the fact that staff, whose job is to provide a service for senior citizens, and who may not have seen any practical utility in previous research findings, often feel that money spent for additional studies would be invested better in support of their own work (Lawton & Herzog 1989). In some cases these fears can be addressed at the pre-interview stage when initial contact phone calls are made and letters sent out. However, there are no guidelines or person specification for the researcher that would help to determine beforehand when, or if the institutional gatekeeper will strike. Once the administrator operates the gatekeeping role, the consequences can be quite serious in terms of the research process: it maybe that other methods would have to be found to fill the role or purpose of the gatekeeper. Clearly, the administrator who 'sets up' the meeting with the researcher, with the intention of using the opportunity as a platform to voice their own personal and political agenda, for example against service cuts, the futility of research, or the integrity of the researcher, cannot be anticipated beforehand. Yet, as

my own experience proved there are certain warning signs at the pre-interview stage that may help the researcher identify, and therefore develop a course of action to deal with, a possible 'institutional gatekeeper'. These signs vary from the researchers own sixth sense - those intuitive 'feelings' about the forthcoming interview; for example, has the Administrator been overly suspicious about the type of information you require, despite detailed information being sent beforehand? Does s/he require a list of questions to be asked, submitted prior to the interview? Indeed, have they changed the 'type' of meeting from, an informal chat - to a structured interview? Does the researcher sense a 'loss of control' of both the 'type' and 'form' the interview was originally going to take? Has there been more than would be expected, even from a busy administrator; references made to the 'importance of their time' and other people 'wasting their time'. The following example is based on my own fieldwork, and shows how the operation of the institutional gatekeeper can severely hinder access to respondents.

The interview in question started with a very formal greeting from the Chief Executive of a large voluntary organisation that represents older people. The Chief Executive then proceeded to ask me what purpose this interview would serve. This is following the request beforehand of a detailed proposal of my research, as well as a list of questions to be asked during the interview. I explained again that the reason for my visit was one of making contact with people who work with the senior population of Liverpool. The chief executive further suggested that 'people are fed up being used as guinea pigs by researchers'. Despite reassurance that it was not my intention to do this and that I could only find out about people's experiences by speaking to them, she continued to be quite antagonistic. Finally, suggesting that 'too much money is wasted on research and research assistants, while at the same time my budget was being cut'. Although I sympathised with her viewpoint, it is difficult to explain to the individual who cannot see the value of research, that there is no direct correlation between funding for research, and cuts in funding to the service provider - one is not a consequence of the other. Realising that she did not want to speak to me at all, I suggested to her that I did not wish to waste any more of her time and left the interview.

This was an unfortunate experience (or perhaps fortunate) that occurred at the beginning of my fieldwork. It was also a learning experience, in as much as it made me reflect on the complicated processes involved in both setting up and conducting interviews; the differences in personality and personal agendas that both interviewer and respondent bring with them to the interview process; The need to take cognisance of the fact that the institutional gatekeeper has a valid point of view; to be able to resist or deflect hostile remarks, and to remain as courteous and diplomatic as possible in order to rescue a deteriorating situation; to remain as professional as possible regardless of unprofessional or unpleasant conducts on the part of the respondents and, most importantly, to know when to leave.

### **The Collaborative Gatekeeper**

A good gatekeeper however can certainly be a great help in making contact with respondents. The gatekeeper for example can be the one to operate a series of locks, which can open the door to further collaborative gatekeepers who can finally put you in contact with possible respondents. The gatekeeper at any of these levels will perform the role of an intermediary link between the researcher and the respondent. They can play a crucial role in validating your role as a professional, as well as giving the respondent a sense of security, personal ease and encouragement to take part in the research. They may also for example inform the prospective respondent about the researcher's personality, disposition and demeanour. This is particularly important in the case of older people who may with some justification be suspicious of strangers coming into their home. They can also act as matchmakers, choosing only those respondents within your stratified sample, for whom the interview process would be a positive experience. Thus, a 'good' gatekeeper will help to break down those formalised barriers - a vital necessity when undertaking in-depth interviews. In my case I was fortunate enough to be able to ask a colleague in my own department for assistance in contacting respondents (to demonstrate how this assistance was invaluable see Contacting Respondents).

## The Methodological Framework

### **Stage 1. Locating the Sampling Frame**

Locating the sampling frame began with a secondary analysis of 1991 census; extrapolating key ward based statistics on my target group. These statistics provide a useful unit of analysis, as wards provide a diverse range of social and economic characteristics within a particular geographical area. They also provided me with information on spatial location of all the sixty plus generation in Liverpool. From these ward-based statistics my sampling frame was constructed.

### **Sampling Frame**

There are thirty-three wards in Liverpool, with a total over 60s population of ninety-seven thousand, it was apparent at this stage that *sampling* should be introduced. However as my sample was drawn from a particular group within the population, I implemented the stratified sampling technique as recommended by Blaxter Hughes & Tight (1996). This method allowed me to introduce different variables and intentional 'bias' into the sample to ensure that it was truly representative.

The first variable introduced into the sampling frame was to pinpoint the wards with the largest number of over sixties. This showed that four wards had populations with over four thousand seniors: *Woolton, Church, Broadgreen, Aigburth*, - therefore these wards were chosen. However, as the chosen wards did not represent the concentrations of Black seniors in Liverpool, intentional 'bias' was introduced at this stage. This process selected another three wards: *Abercromby, Arundel* and *Granby*. Two of these wards were retained in the sample Arundel and Granby. Abercromby was not selected however, because a comprehensive study on the senior Chinese community has already been completed on this group (see Au, W. (1995) *Chinese Carers in Liverpool*).

From the six wards chosen I had to ensure that they represented a diverse spread in terms of income levels. For this process co-operation was secured from The Central



Policy Unit at Liverpool City Council. They had produced a *Deprivation Index for the Elderly* in 1995 (see Appendix 1). This index ranked Liverpool wards by overall deprivation. Four constituent variables were used to determine this i.e., long-term illness, not owner-occupier, no car, lacking amenities ('lacking amenities' means lacking or sharing bath/shower and/or inside WC and/or no central heating). These were chosen as they correspond closely to the variables incorporated by Townsend et al (1988) *Inequalities of Health in the Northern Region*. The main difference is that Townsend's index included unemployment rate, which does not apply to the population of pensionable age. This was replaced by the percentage with long term illness, which in general correlates closely with economic deprivation.

The deprivation index was then applied to the wards in the sample - giving overall Z score ratings for all six. One of the wards came out as the most deprived - Granby (deprivation z score 3.64), and one came out as the least deprived - Woolton (z score -7.38). As these wards are examples of the polarisation of wealth and poverty in Liverpool, both were retained in the sample. The remaining four wards gave a heterogeneous mix in income levels i.e., Arundel (z score 1.18), Broadgreen (z score -0.20), Church (z score -5.13), Aigburth (z score -2.79), consequently, they remained in the sample.

Geographically, the distribution of the chosen wards represent both inner city areas and leafy suburbs, moving in a broad sweep from the West to the East of the City. However, as geographical location may prove to be an important factor for Liverpool's seniors, (see chapter three) which could directly affect their quality of life - I decided therefore that two wards representing the far North and the far South of the City should also be included. Adding in two more variables, one of which was the highest concentrations of over sixties, (excluding those wards already chosen) and because the six wards already in the sample, four had achieved minus deprivation scores, and two had not, the two remaining wards as well as the above factors should also include deprivation scores. These three variables provided the final two wards of the sample - *Pirrie* in the North of the city (Z score 1.56) and *St Mary's* in the South (Z score 1.96). Producing eight wards in total, four of which have deprivation scores and four do not.

See chart below:

Wards	Total over 60s pop. <sup>11</sup>	Deprivation Z score	Geog/Loc
Granby	2325	3.63	Innercity
St Mary's	3150	1.96	South
Pirrie	3009	1.56	North
Arundel	2628	1.18	Incity/sth
Broadgreen	4045	- 0.20	East
Aigburth	4090	-2.79	Suburb
Church	4032	-5.13	South
Woolton	4235(highest)	- 7.38	leafysuburb/sth

### Stage 2. Contacting Respondents

This was potentially the most difficult and problematic part of the research process - the contacting of respondents. As mentioned earlier my intention was to make contact through the local elected representatives. However, during one of my meetings with my supervisor Professor Chris Jones a possible problem concerning contacting respondents was identified. His concern was that using local councillors as a link to prospective respondents could bring into question the possibility of 'political bias' being introduced into the sample. Consequently, the sample could consist entirely of party 'activists', the councillor's own family members or, both. Therefore, how could this question be addressed before I sent out the initial contact letters to the councillors?

I arranged a meeting with a colleague in my own department, whom I knew was an experienced local councillor in the city and also a person with a wealth of experience in research design - therefore, ideally situated to see the problem from both sides. After briefly discussing the aims of research and the reasons why I had chosen the 'councillor approach' to contacting respondents, I put it to him my concerns regarding possible 'political bias' being introduced into the sample. His first consideration was to ascertain the names of the wards in the sampling frame in order to identify the political party of each ward councillor. This showed that four of the

<sup>11</sup>The total over 60s population consists of: those living in their own home; those living with family; those living in Care/Residential Homes, and those living in Hotel/Lodging Houses.

wards had elected Labour councillors (Granby, Pirrie, Broadgreen, and Arundel), three of the wards Liberal Democrats (Aigburth, Church, St Mary's) and the remaining ward Conservative (Woolton). Fortunately, these eight wards were a true representation of the overall political map of the city. The second point he made however was that councillors see and advise a good cross-section of the public in their Surgeries - the political affiliation of the people that come to see them is never mentioned. Therefore, any possibility of political 'bias' should also be eliminated at this level.

Clearly, this meeting presented an ideal opportunity to pose a number of secondary questions regarding my initial introductory letters to the councillors in my sample. I was particularly concerned about whether they would be willing to co-operate with my request for links to respondents. However, my doubts were soon allayed, as my colleague did not anticipate any problems, other than perhaps chasing up the initial letters with subsequent phone calls.

### **Contacting Councillors**

Having initially made contact with the councillors in my target wards by letter, (names and addresses supplied by Liverpool City Council) setting out the criteria for respondents and explaining to the councillors my intention of using one to one in-depth interviews. I proposed that we should meet to discuss the details more fully. As was envisaged earlier after subsequent phone calls I arranged to meet all the councillors personally. This proved highly successful as I was able to explain again the focus of the research, as well as giving the introductory letters and interview reply cards to hand out to possible respondents. Initially all the councillors agreed to cooperate in the securing of respondents and indeed the interview reply cards started rolling in. However, I soon became aware that amongst the replies I received three wards were not represented. I decided to chase these councillors up with a second letter, however, this had little effect. After consultation with my supervisor it was agreed that he would send a further letter to the three councillors stressing the importance of their wards in the research.

After a long delay and more chasing up I finally received the required number of respondents from two of the wards. However, the third councillor proved more problematic, and I soon came to realise that I could no longer rely on this particular councillor's support. This now left me without a very important ward in the sample, and more importantly without respondents from the Black community. I needed this ward to remain in the sample; therefore I would have to try other alternatives for access to respondents. I spoke to my colleague/councillor again, who suggested that I speak directly to members of The Caribbean Council who run a 'Befriending Project' and The Somali Community Centre both located within the ward. I was given the two names of members for contact and wrote immediately. With very little delay I received a reply from both of the above organisations stating that they would be willing to see me about possible support for my study. Following both meetings it was agreed that respondents would be contacted for interview. In the case of the Somali Community interviews would have to be conducted through interpreters.

### **A General Summary of the Social Characteristics of the Respondents**

	Female	Male
<b>Total Respondents</b>	29	19
<b>Married</b>	8	5
<b>Widowed</b>	16	8
<b>Divorced</b>	4	2
<b>Never Married</b>	1	4
<b>Age-Range</b>	65-94	60-93
<b>Ethnic Minority Resp.</b>	2	4
<b>In Paid Work</b>	1	2
<b>Voluntary Work (childcare inc.)</b>	15	9
<b>Education Post 14/15yrs</b>	14 *	8 *

\* Includes Nightschool/Continuing Education

### **Stage 3. Developing Themes for In-depth Interviews**

The themes were developed partly from my MA dissertation (Littler 1995) and partly from library research in the planning stage of this study. I was also greatly influenced by what I saw going on around me. The older people I observed and came in contact with differed greatly from what was commonly perceived. Yet,

there was little recognition of this throughout the literature. It also seemed to me that older people had been continually objectified by their age, their bodies, their health status, their income status to such an extent that their subjective experience, their individual selves, their spiritual selves, their hopes, dreams and ambitions had been rendered of no consequence. However, as Strauss and Corbin (1990:55-56) have argued 'the interplay of reading the literature and doing an analysis of it, then moving out into the field to verify it against reality can yield an integrated picture and enhance the conceptual richness of the theory... You can use all types of literature judged as relevant, but must guard against becoming a captive of any of them'. In the case of this study the literature helped me to formulate my original open ended themes not in any sense of testing out the original theory (although other theories and research were used in comparative analysis – see later on in the chapter) but used as a guideline for initial development. This approach also helped me, once in the field to stimulate secondary questions from the interviewees' original responses (see Appendix 2 for themed interview schedule).

My approach differed somewhat from the pure Grounded Theorist inasmuch as the pure grounded theorist would after initial interviews start using theoretical sampling i.e. start dropping some of their themes or questions as some were unable to generate the type of knowledge required. I decided against this approach however, simply through my own experience in the field. This experience highlighted the fact that each interview and respondent was different and their approach to the themes proved somewhat unique also. For example, the question developed around the theme of spirituality, Does religion play any part in your life? This generated a number of responses that varied from one liners to long discussions on the spiritual self. This particular question therefore, generated much quality material with many of the respondents but with some very little. Now if this question had been dropped as part of the theoretical sampling procedure early on in the fieldwork I may have missed some very valuable insights, which helped generate many valuable concepts.

#### **Stage 4. Interview technique- approach adopted.**

The term 'interviewing' incorporates a very broad spectrum of techniques. At one

extreme, the interview might be tightly structured with a set of questions requiring specific answers - this is the positivist approach. For positivists the interaction with their respondents is kept to the minimum, strictly defined by the research design and protocol. At the other extreme, the interview takes the form of a discussion or conversation guided by the researcher's themes and subsequent questions and the rapport between interviewee and researcher - this is the interactionist approach. For interactionists the interview is about symbolic interaction. Semi-structured interviews can be placed between these two extremes (Silverman, 1985). Yet, any movement away from the strict research design and protocol of the positivists approach would, automatically be regarded as interpretative - thus interactionist. The type of interview technique chosen should be determined by the type of information to be elicited. As Silverman (1985) argues, it does not need to be either/or, and as such in a state of competing paradigms. Methods should be chosen according to the research problems posed and researchers should be aware of the advantages that can be gained when a non-doctrinaire stance is adopted and the two approaches to research are combined (Bryman, 1988).

For the type of information I required the in-depth interview incorporating the open ended themed technique seemed to be most relevant. This was partly to ensure that the respondents had enough time and felt sufficiently relaxed to answer in whatever way they pleased. It allowed for what Oakley (1981:47) has described as 'a relatively intimate involvement' of the researched and researcher<sup>12</sup>. It also allowed for flexibility within the interview situation in terms of responses. For example the interview schedule included simple basic questions such as date of birth, age on 'retirement' and so on. Such questions nearly always were very quickly answered. However, I intended the interview schedule with its themes to be starting points if you like to establish the beginning of a discussion around a central theme. My intention was that they would be the trigger to uncovering deeper reflections and

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<sup>12</sup> The 'epistemology of insiderness' developed from Feminist research attacks a detached paternalist methodology and argues for more emersion in the field - see Reinharz (1992:259). This has led feminist researchers attempting to rescue emotion from its discarded role in the creation of knowledge - see Roberts (1981) Olesen (1994) Oakley (1998).

insights that could take our conversation<sup>13</sup> anywhere the respondent wished, (see enclosed 'interview questions and themes', Appendix 2) and indeed they proved to do so. Consequently, one could not determine beforehand how long a particular interview would take (although I had suggested to the respondents in the introductory letter that interviews could take about two hours). Many respondents proved to be very enthusiastic about the interview experience with some interviews taking four and five hours. The interview situation proved to be a very enjoyable and insightful part of the research experience for me also. All interviewees seemed to welcome the opportunity to talk in depth about their experiences and quality of their lives, and as will be shown throughout the study, the interviews gave them a platform and an opportunity to challenge many of the myths about the ageing experience. The interviews were all recorded both in hand written notes and by the use of the tape recorder: permission having been obtained prior to the interview. All respondents agreed to the use of a tape recorder and this was introduced at the commencement of the interview as sensitively as possible in order not to inhibit the respondent too much. Having the use of a tape recorder proved to be very effective for all interviews because I could not have captured the amount of material by hand written notes alone. It also meant that I was able to concentrate on the flow of conversation and add secondary questions or probe a little deeper depending on the responses of the interviewee and the sensitivity of the material. It also meant that I had an accurate record of each interview for the analysis section of the study (see below)

Some have argued that there can be drawbacks in using this type of interview technique particularly by introducing 'themes' rather than specific questions. Clearly this type of approach may mean that the interviewee may move away some what from the areas in the researchers mind. As Measer (1985) argues this could mean that the interviewer is losing some control over the interview, and yielding it to the respondent. The reward however, is that the researcher reaches the data which is central to the interviewee (Measer, 1985). As a fundamental part of the research is to illuminate the individual experiences of the respondents, it is important that the

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<sup>13</sup> In Burgess's (1980) paper entitled '*The Unstructured Interview as Conversation*', the interview is seen to give greater richness and depth than other research techniques. This is based on what Burgess claims 'is a sustained relationship between the informant and the researcher' (Burgess 1980:109).

interview allows for the researcher to see the world through the respondent's eyes, rather than through their own. My intention was to include older people in the research process as much as possible. Therefore, I sought their cooperation, I sought their trust, and I intended to place as central in the construction of my own theory development their own theorising. Gubrium (1993 cited in Phillipson 1998:26) has argued that 'ordinary theorising by older people themselves should have equal status to that of the professionals. People are not just respondents in the passive sense of the term: they develop facts and theories of their own and the relevance of this deserves wider recognition'. According to Phillipson (1998:26) 'such a view provides a powerful corrective to the tendency dominant in traditional gerontology of seeing older people as 'empty vessels''.

### **Focus Groups**

Another form of interviewing practise in qualitative research is the use of group interviews. Group interviews or focus groups as they are usually called generally involve a group of individuals coming together to discuss a particular topic or number of topics. 'Group interviews constitute a valuable tool of investigation allowing researchers to focus upon group norms and dynamics around issues they wish to investigate' (May 1997: 113). The researchers role in the focus group discussion is usually peripheral, 'acting merely as a host or moderator to a situation in which the group primarily discuss and debate issues for themselves' (Donaghy 1999).

The decision to use the group interview technique in this research was based on a number of reasons. First, was the availability of a group of individuals who were willing to take part, and would enjoy the process. In this case a group of women and men from the University of the Third Age<sup>14</sup> based in Liverpool. Second, I was interested to see whether this group's responses would differ greatly from the individual responses achieved in the personal interview. Third, given that group

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<sup>14</sup> The University of the Third Age began in France in 1972 and has now spread worldwide. There are now over 300 branches in the U.K. The only qualification for membership is to be retired. The U.3.A shares many educational, creative and leisure activities and is set up and maintained by group interest. No qualifications are required and none are given.



interviews do involve group interaction and group dynamics, would this type of group interview generate richer in-depth material - 'safety in numbers' type of effect, or, would the group interviewees' prove to be more reluctant to speak openly amongst their peers. Fourth, the information generated could be used alongside other data sources and therefore would prove a useful tool in terms of comparative analysis. In terms of themes for the group interview I used the same interview schedule that was used in the personal interview.

The information that was generated from the interview schedule proved to be not quite so in-depth and personal as the one to one and consequently did not generate such very personal and insightful data. That being said the focus group did generate lots of discussion around the themes, and obviously the participants had much fun in doing so. The focus group however did prove to be a rich source of information but not in the sense that I was expecting. The payback for me came in the way I was able to witness first hand the camaraderie and friendship that develops within such a group, which proved to be crucial for understanding the role played by social activities and friendships in older people's lives. The members of the group quite obviously enjoyed each others company, and gained a great deal of satisfaction from being in the group. It subsequently emerged that individual members could rely on high levels of emotional support from the group when needed - for example following bereavement of a partner or illness - such times when isolation, depression and loneliness could become a problem. The group therefore proved to be much more than a social activity in which one participated on a weekly basis. It had become for its members a very important social safety net - similar to the important role-played by religion and churches for some older people (see chapter four, seven and eight).

## **Stage 5. From Interview Data to Analysis**

### **Transcribing**

In this section I shall outline the procedures undertaken following the fieldwork and the completion of all the interviews. May (1997) has argued that the work is only

just starting once the interviews are completed. Whilst I do not agree totally with his comment having had quite a mammoth task setting the interviews up initially, I do understand the sentiment. The first part of the task was to be the transcription of all the tapes, which in itself was a huge undertaking - a ninety minute tape can take up to ten hours to transcribe fully. Consequently, having over sixty tapes (some interviews generating more than one tape) with almost a hundred hours of conversation to transcribe proved to be a very long process. However, the pay back for such time consuming work is that not only do you have an accurate record of all the conversations but that during the process of the transcription the experiences and attitudes of each respondent starts to build into a bigger picture. Each transcription is a part of a puzzle if you like and each transcription forms another part of that picture. It is also an opportunity to become fully conversant with your material, as well as your respondents. To be able to situate your respondents in the context of their homes, lifestyles, social interaction, area, gender, ethnic group, income group, family etc – an opportunity which should not be missed by any researcher in the name of expediency or time constraints.

### **Making Sense of the Raw Data**

In moving away from the structured or semi-structured interview questionnaire it becomes necessary to employ techniques which could make some analytic sense of the raw data (May 1997). Further, with my intention of generating theory as in the principles of grounded theory (Glaser and Strauss 1967) from the raw data, one needs to show how this is generated. According to Glaser and Strauss generating a substantive theory<sup>15</sup> from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research. The source of certain ideas or even models however can come from other sources such as previous theories or research (Glaser and Strauss 1967). Following the process and principles of grounded theory I was able to feel confident about analysing and developing the raw data, and to do justice to the many respondents that had given generously of their time. Another benefit of applying the

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<sup>15</sup> See Glaser and Strauss (1967) chapter four on the development and differences of substantive and formal theory.

principles of grounded theory to the research was that it never lets you forget that you are dealing with real people rather than anonymous statistics or data. The benefit to the research process itself is that you are not trying to fit your raw data into some previous model or theory.

The process begins with analysing each transcription line by line using the system of *open coding* - this is the process of breaking down, examining, conceptualising, and categorising data. Coding therefore, in this research was undertaken using a card index system. I decided to do this by hand, rather than using computer aided packages for the analysis of qualitative data, such as Nudist or Ethnograph. Whilst I recognise that such packages can be of considerable use to researchers I believe my own analytical skills coupled with a 'sociological imagination' (Mills 1959) kept me more familiar with the data produced. As such, using a by hand method helped me maintain a rapport with the interviewees' once I had left the field. A by hand method also had many practical uses; for example, insights and possible linkages in the generation of the substantive theory often came at unexpected times or when I had time to think clearly. These would then be jotted down on cards, (supplies of which were always to hand, and totalled over 1,500 when the analysis of transcriptions were completed) as soon as they came into my head and kept until I had the opportunity to explore them further. This meant also that I could check the finer points and details of a particular insight with the transcriptions, and also obtain an example from a particular respondent if needed without having to switch the computer on, by which time the particular insight may have disappeared.

Open coding is a system, which enables you to analyse data in a structured methodical way. It also allows you to demonstrate quite clearly your methodological framework for the development of a particular substantive theory. In order to explain how this was approached I will detail the glossary of terms used in the implementation of grounded theory as detailed by Glaser and Stauss (1967). *Concepts*: conceptual labels placed on discrete happenings, events and other instances of phenomena. *Category*: A classification of concepts. This classification is discovered when concepts are compared one against another and appear to apply to similar phenomenon. Thus the concepts are grouped under a higher order; more

abstract concept called a category. *Properties*: Attributes or characteristics pertaining to a category. *Dimensions*: Location of properties along a continuum. *Dimensionalizing*: The process of breaking a property down into its dimensions. *Axial Coding*: A set of procedures whereby data are put back together in new ways after open coding, by making connections between categories. Utilising a coding paradigm involving conditions, context, action/interactional strategies and consequences does this. To demonstrate how I applied this method to the analysis of the data I will use one example of a concept from the transcriptions which resulted in the development of **Chapter Three – *Quality in Age***: and also how this chapter contributed to the overall substantive theory of *Dimensions of Ageing*:

First the concept was identified, which for demonstration purposes I will use an easily recognisable concept (the majority of the concepts however are developed through a combination of an overall knowledge of the raw data and the sociological imagination: **Concept** = *Retirement*. Reading through each transcription I would come across properties of that concept such as: *Properties = stereotyping, forced unemployment, pleasure, more time, grandchildren, helping the community, positive experiences, continuity, change*. Such properties therefore would demonstrate the concept of retirement. Any direct quotes on any of the properties or the concepts in the transcriptions were then jotted down on cards and then used to demonstrate how I arrived at both the property and the concept – a system of verification if you like. Each card would be indexed using the initials, sex and age of the respondent, (this system is also used in the text) in order that they could also be crossed checked with the transcriptions for further clarification or more information on context of a particular concept or property. The concepts would then constitute sub-headings of each chapter, and the properties would demonstrate or explain the concept further. The next stage was the sorting and categorising of concepts that would come together to form the category and be developed into a chapter heading, e.g. from raw data emerged **properties**, which would then be grouped together to form the **concept**. The **concepts** would then be grouped together to form the **category**. This is also where the overall knowledge of the data – how it fits together, cross checking it with the transcriptions, and being able to make the linkages would develop the chapter heading = Category = **Chapter Three - *Quality in Age***. Once

the chapters (categories) emerged, the process of **axial coding** began. This as I mentioned earlier is the process whereby the data is put back together in new ways after open coding, allowing the linkages to develop. Through this process emerged the development of each chapter. Each chapter then builds on the previous chapter to contribute to another dimension of the ageing process, and substantive theory. Finally, to form the overall outline of the substantive theory and through this the title of the theory = *Dimensions of Ageing*.

Throughout this whole process of developing particular concepts or categories the comparative analysis method of generating knowledge was also used. This means that alongside the raw data other theories or research that have previously been developed are incorporated into the overall analysis to ensure the robustness of the substantive theory. This will be clearly demonstrated throughout this thesis. This is what Glaser and Strauss (1967:251-253) have to say about theorising:

The root sources of all theorising are the sensitive insights of the observer himself (sic). As everyone knows, these can come in the morning or at night (even when asleep); furthermore, can be derived directly from theory (one's own or someone else's) or occur without theory; and they can strike the observer while he is watching himself react as well as when he is observing others in action. Also his insights may appear just as fruitfully near the end of a long enquiry as near the outset. This summation of the obvious has some methodological corollaries that are worth exploring. The first corollary is that the researcher can get – and – cultivate crucial insights not only during his research (and from his research) but from his own personal experiences prior to or outside it.... A related corollary is that such insights need not come from one's own experience but can be taken from others. In this case the burden is on the sociologist to convert these borrowed experiences into his own insights. The validity of this point is easy to grasp if one thinks of an interviewer beginning to theorise on the basis of an insight from interviewees' words.... A third corollary pertains to how fruitful insights can be gotten from existing theory. As we have frequently remarked, researchers often stifle potential insights by virtue of too strict adherence to existing theories, particularly "grand" theory. Nevertheless, no sociologist can ever erase from his mind all the theory he knows before he begins his research. Indeed the trick is to line up what one takes as theoretically possible or probable

with what one is finding in the field.. Such existing sources of insights are to be cultivated, though not at the expense of insights generated by the qualitative research, which are still closer to the data. A combination of both is definitely desirable.

## **Conclusion**

There is a general acknowledgement that undertaking qualitative research the research process itself can never be, as clear cut as was traditionally perceived (Wolcott 1995). Indeed I have mentioned some of the practical problems of contacting respondents and securing the cooperation of gatekeepers, the methodological decisions that have to be made to ensure adequate raw data and the overall time needed to generate a study such as this. Indeed there are many problems facing the lone researcher (see Littler and Donaghy 1997) However, it must also be stressed the good things that undertaking qualitative research such as this can achieve.

First and foremost this research and the manner in which it was undertaken allows for the group being 'researched' to be given a voice. In this sense I hoped the respondents felt as if they mattered and that this experience would be an empowering one. The style of the themed in-depth interviewing techniques also allowed for the respondents to be given free expression during the interview. This ensured that regardless of the themes I had originally intended to follow what they had to say during the interview would be central to the study. However, I hoped the themes would show an intelligent understanding of the ageing process and be pertinent to both their private and their social worlds, and indeed they proved to be so. To ensure this I continually piloted the themes for relevance with the respondents. I also believe that the interview experience proved to be a very positive one for the respondents, as it had done for me. I made the respondents aware that what they said mattered and that the material they entrusted to me would be written up with intelligence, honesty and integrity. The most important factor however in developing the methodology for this research is that it allowed for the voices of the respondents to be heard - above all others.

## Chapter 3

### A Quality in Age

A human being would certainly not grow to be seventy or eighty years old if this longevity had no meaning for the species. The afternoon of human life must also have significance of its own and cannot be merely a pitiful appendage to life's morning.

Carl Jung (1960:399).

#### **Introduction**

If we are to understand the meaning of growing older then the subjective experience of older individuals must be valued and documented. Only then can we begin to understand the true social value of older individuals and indeed their cultural significance. Growing older can no longer be considered meaningless (Vincent 1995). Indeed, the meaningful roles older people have carved out for themselves should be valued as a unique and a significant contribution to the collective well being of society. This chapter contributes to the start of this process by recovering the subjective experience of the older individual. It examines with older people themselves what they believed to be the true qualities of the senior years.

I begin by addressing the imbalance between the subjective experience of the ageing process and the often, misunderstood stereotype ascribed to the ageing individual. Challenging therefore, how older-age is perceived today. A stereotype that is grounded in the individual's economic value to the state, and characterised by the hegemonic discourse of needs and dependence, to one of a greater understanding of the complexity of the older individual. One that views the individual as a reservoir of lifetime learning, experience and qualities, and the contribution these qualities make, to our collective social value. Therefore, changing the position of older-age from its economic value, to its true social value, which I term *quality in. age*.

The process begins with defining the concept of 'quality in age'. What is meant by quality in age, and who defines a quality in age. This chapter moves on to consider those areas peculiar to older people, where they find freedom, pride, achievement, satisfaction, joy and often contradiction. First and foremost the chapter examines the concept of retirement in all its complexity. It explores with older people what retirement means to them, and reveals just how complex this period of 'retirement' actually is. Gendered definitions of retirement are examined, and why for example some women do not recognise the concept of retirement at all. The role of parenting and grandparenting is given primacy in the analysis as the vast majority of older people consider this the most significant and important role that they perform. The reconstruction of time is examined in the context of how old-time and new-time is allocated - time once defined by the clock before retirement, takes on a new meaning and purpose after retirement. I also explore how this time is used to fulfil a valuable role in the family and the wider community. However, there is a major inconsistency with the role older people perform in society and how this role is perceived. Consequently, the question of status is examined within the context of negative criteria, which as I mentioned earlier is ascribed to older individuals on the basis of their economic value to the state rather than their true social value.

This chapter serves two purposes. First, from a phenomenological perspective it establishes the criteria by which older people themselves define a quality in age, and establishes the foundations upon which we can begin to understand the meaning of growing older – what special characteristics, accomplishments and experiences are peculiar only to this stage in life. Second, from a theoretical perspective it is the first chapter (category) to be developed, and therefore locates the first building block and the foundation in the overall substantive theory - *Dimensions of Ageing*.

### **Defining the concept**

The concept of 'quality in age' could be called a second generation or a higher concept. It builds on the concept of 'quality of life' in as much as quality of life is more of a generic term, meaning that it could apply to any stage in the life-course.



Whereas, 'quality in age' is applied to those who have experienced a lifetime of living - a person of age. It is also about recognising that ageing is a dynamic process rather than a static condition. This process of ageing has given the individual a life-course history full of experiences both positive and negative, life-long accomplishments and life-long learning and adaptation. Therefore, the concept of quality in age recognises what older people themselves regard as quality in their lives irrespective of what is 'objectively' perceived by others. 'Quality in age' is also less doctrinaire than 'quality of life', since the individual does not have to fulfil a number of value laden objective criteria such as levels of income, health, housing, etc., and subjective criteria such as well-being life-satisfaction, contentment and well-being. It is a concept and criteria defined by those of age.

'Quality in age' moves closer to the concept of 'successful ageing' as defined by Rowe and Kahn (1987: 53) which they define as:

Successful aging is but one expression of a generic transactional process, namely adaptive competence... adaptive competence is a generalised capacity to respond with resilience to challenges arising from one's own body, mind and environment.

Successful ageing therefore is a social psychological process incorporating, just as 'quality of life' does, both the individual and the wider society. However, I believe the concept of 'successful ageing' loses some of its intention by its very name, which in itself is criteria laden. It could be misunderstood for some elite club, that only a few could join - getting black-balled if you don't meet the necessary rules. By definition 'successful ageing' presupposes 'unsuccessful ageing', that is, individuals who do not have adaptive competence. Yet, I found in this study, that all the older individuals interviewed have adaptive competence and the concept of 'quality in age' recognises this in two ways. First, based on the substance of peoples lives, it identifies quality - which is self-defined by older people themselves therefore not as elusive (exclusive) as some have argued. Second, it acknowledges the objective and subjective components of people's lives, but it allows for self-adjustment and compensation between the objective and subjective areas of one's life. For example,

adequate income is basic objective criteria – generally defined above income support levels. Many people do not have income above these levels particularly women, and those seniors from the Afro-Caribbean and Somali communities (see below). Therefore, this should instantly exclude them from, as defined by others ‘a quality of life’.

However, I have seen many examples of how low income would be compensated for by the subjective factor of income management - drawing on all those resources built up from a lifetime of experience, the ability to manage on a small income. As Gail Wilson (1997: 347) argues ‘so if the great majority of older people do not feel dependent, why thrust dependency upon them by formulating grand theory that says they are’. It follows therefore if older people don’t feel poor, why thrust poverty upon them, and formulate concepts that are criteria laden definitions for ‘quality of life’ or ‘successful ageing’ that many older people can not satisfy. Also, such concepts are generated to reflect white middle class values, which could be considered as patronising and unacceptable or meaningless to many older people. The concept of ‘quality in age’ is thus constructed from the respondent’s own testimony, which recognises their own definition of quality and success in ageing, achieved through adjustment and compensation in many areas of their lives. I begin with what retirement means to older people.

### **‘Retirement’**

The beginning of a new chapter in life is without question a time of change and anxiety. For many of those entering the ‘retirement’ phase of their lives it is a major life-change, that needs to be managed, with adjustments to be made, including how this new time is to be allocated. That being said however it is also a continuation of one’s own life-course. Those experiences and commitments set down earlier in life become the bedrock, the foundation that carries one through this period of change into the future. This is something that is quite often forgotten by those who perceive that ageing should be measured with losses rather than gains. Without exception every one of the respondents interviewed in this research felt significant and cared for and no matter what vicissitudes had been experienced, each recognised that they

had value in their lives. This section explores the differential experiences of those who welcome retirement, those that see it as a forced exclusion from the workforce and those who feel that they have never 'retired'. Pensions are discussed, as is the highly politicised question of entitlement. Income in retirement is a major concern for older people particularly the feeling of disempowerment which accompanies the realisation that one has little control over levels of income. Yet, for some women this is compensated by having for the first time, control over its management. Gender dynamics are one of the least documented aspects of retirement. Particularly the different way women and men carve out space for themselves emotionally, socially and spatially.

Unlike sex or 'race' chronological age unless enquired into is a private matter. Although age enters the realms of the public sphere many times in a person's life, its compulsory element backed by law only affect each one of us twice in a lifetime. This is at the beginning of state education and then later on with mandatory retirement. Mandatory retirement is very powerful; it is one of those symbolic forms in our culture, which by its very nature calls attention to one's age. It is also deeply gendered (Arber and Ginn 1995) examples of which can be seen later on in the chapter. However, for many older people mandatory retirement is regarded as somewhat of a 'forced outing' by age confirmed in writing the day you receive your pension book.

This is what the respondents had to say about mandatory retirement age:

JKM83

I did not look forward to retirement I felt I could have gone on teaching at least until I was seventy. I remember some teachers in Catholic schools years ago were still teaching at seventy and they were fine.

EBM76

I would have liked to go on working. So many people said I didn't look sixty five and I thought if I had a lot of money I would go to see those guys in London that can fix you up with new identification; putting my age back twenty years and then get another job.

DCF77

I really wish I could have gone on.

The overwhelming majority of the respondents thought that retirement from paid work should lose its compulsory nature. It could then be a decision that the individual made at the appropriate time and could be as flexible as possible:

JTM83

I think there should be a flexi retirement age so that people could choose the right time for retirement, regardless of age. But along with that I think extra provision should be made for the poorest pensioners - they should increase their pensions.

EBM76

I think there are lots of people who do work well, who are good workers and it seems a pity that they have to go before they are less able. I think flexible retirement age is a good idea.

DMM69

Retirement age should not be mandatory.

PRF76

I think it depends on the individual. Some people really need to work whether for their own sake or for economic reasons. I think 65 is reasonable because you have the marvellous years in front of you when you don't have to go out - providing of course you had the vision to have planned something to do.

WHF65

I think people should be able to retire when they wish.

The compulsory element within state retirement policies seems to be the most contentious point and for some clearly dejecting. The lack of choice of the timing and to make individual decisions when to retire is clearly exacerbated particularly when there is forced early retirement. Both respondents below experienced forced early retirement:

HPM67

Well I remember when I was made early retired - I was lost. I

used to get up in the morning about nine o'clock and I used to walk into town and I didn't want anything, I used to be in a world of my own. You know you walk but you are not seeing anybody. You're walking in town and people are passing and you're not seeing them. Anytime I went past a friend he used to put calypso on because he knew what was happening right-so he used to put calypso on to cheer me up. This went on for about two months and one morning I said to myself I have to get out of it right, because I can't carry on in this depressive state, because this is how you pass away. So I had to get out and start doing things to take my mind of it - well you see I've always worked. I started joining schemes and I started doing consultancy work which kept me going. Then while I was doing the consultancy work in Widnes, I got information that I could start on this full-time course at Widnes Technical College doing Business and Technical Administration - that was when I was 58. I used to go into town and look at the notice boards advertising jobs. I found this job advertised for 'Landscapers' - they wanted an Administrator. So when I get the form and fill it in, and I get the interview. The General Manager said to me "these qualification you got here" he said, "what do you want this piddling job for with all these qualifications", he said, "I can't pay for all these qualifications. Well, I said that I need a job and rather than go down to London because I would rather stay in Liverpool, so I'm quite prepared to do this job. I can't remember how much it was but it was a big drop in salary.

#### AHG80

Retirement should not be specified at a certain age. It should be flexible and should also be left to the individual when they retire. Myself I could not get a job as a seaman well before I was sixty-five - they had already made me redundant.

A small number of respondents chose to remain in paid work beyond mandatory retirement. They gave their reasons for staying in paid employment as, companionship; feeling needed, and still being seen by others as competent.

#### JTM83

I worked for the Gas Board for 41 years then I was made redundant at fifty-seven. However I managed to secure a job as a Duty Porter at a H. E College until I officially retired at Sixty-five. But I was then asked if I would be interested in staying on for one day a week, which I did until I was

seventy.

LTM78

I retired from full-time employment at sixty-seven but I enjoyed work so much I carried on part-time till I was seventy-four.

The following respondent believes that people stereotype retirees and equate retirement not only with the loss of paid work but also with the loss of one's faculties.

JRF65

Friends phoning me up asking for my advice, so people recognise your expertise. I'm sure if I didn't work people wouldn't ask me. What would I do if I retired just sit around because there is nothing to do around here for pensioners. I have worked all my life except for a short period when I brought my son up - so I don't know where to start. I think retirement age should be left to the individual. I think it's good to work as long as you can - it does keep your brain active.

Only two of the respondents thought retirement age should be lowered to fifty-five years. Only two were able to choose to retire early. Both had adequate financial provision. Yet, those who chose to retire early, surprisingly, did not think retirement age should be lowered. These are the reasons they gave for choosing early retirement.

DHM60

You don't realise the pressure you are working under until you retire. I find retirement very exciting. Next year I will realise one of my ambitions, which is to go to New Zealand - the flight is twenty-six hours but I will cope - it's a dream.

VFF77

I chose to retire when I re-married -I looked forward to it.

All the respondents I interviewed were 'retired' in the mandatory sense from paid work. With the exception of one woman of sixty-five, who wanted to go on working as long as possible. She was able to do this because she worked for a sympathetic

employer in a small private business.

### **Gendered Definitions of 'retirement'**

Research carried out by Arber and Ginn (1995) found that self definition as retired varied drastically between men and women. They discovered that 86 per cent of men in their early sixties were prepared to define themselves as retired. Amongst women only 51 per cent defined themselves as retired. In my research I found that all the men interviewed had no problem at all defining themselves as retired. However, women found it relatively problematic to define themselves as retired. In fact 67 per cent of all women interviewed found difficulty with the concept of retirement and defining themselves as retired. This rose to 100 per cent amongst married or widowed women who did not have paid work outside the home, for the majority of their married lives. They were quite antipathetic to any notion that they had retired from anything:

**MDF84**

I never felt like I retired, I still feel the same as always even when I became eligible for a pension and bus-pass - I never thought about age.

**PRF78**

I do not feel retired, the term retirement does not effect me, and it does not hold any significance for me. I still don't feel as if I am in the retirement phase.

**MWF72**

I did not see myself retiring from anything.

**JSF93**

I don't feel like I retired as such and I didn't feel we were going to live happy ever after. He would never have admitted it but we needed separate interests to give each other space. So I decided that I would have separate interests, do other things apart from looking after my husband. He got used to it but it wasn't easy at first.

**MGF72**

I did so much voluntary work I didn't feel like I retired. When I received my pension book you just had a laugh about it with friends - it wasn't significant. Actually I was away on

holiday at the time.

For those women who worked before 'retirement' they were less likely to have difficulty with defining themselves as retired:

NDF75

When I retired I was looking forward to it. Well, when I say I was looking forward to it not to retire as such. What I mean is it didn't worry me having to pack in work because I knew there were plenty of things I could do - I mean there is plenty of things to do isn't there.

Regardless of whether respondents made voluntary or non-voluntary exits from the paid workforce at mandatory retirement, all acknowledged that the transition from paid work gave many 'feel good factors' to their lives. Many talked about not having to watch the clock anymore, being your own boss, feeling a wonderful sense of freedom to do what you want. Many couldn't understand how they managed to fit paid work in, as well as all their other undertakings.

JTM83

You certainly have more leisure time and you think to yourself how did you do all those jobs such as decorating, the gardening etc., when I was working. How did I play golf - how did I do all those things because I haven't got a minute now.

Some respondents saw it as an opportunity for much more:

JSF93

Oh yes it's a new exciting phase in my life.

LTM78

You still have all your faculties and it gives you time to get involved in other things - time to make a positive contribution.

JKM83

You have the time. I visited my sister in America last year for a month. I had a wonderful time -they took me to Las Vegas into the casinos - it was great.



## **Stereotypes - 'Unproductive' and 'Burden'.**

'Status has the power to include or exclude individuals from a community or society' (Higgs 1997: 123). Thus retirement is one of those life stages that comes with little status, and has the power to exclude individuals from the majority group. The retired become their own status group regardless of class, ethnicity, and sex and regardless of age-cohort. For example, the newly retired become 'retired' regardless of the roles they perform in society. However, to exclude a group you have to ascribe to it negative criteria and part of this is tied in with what is perceived to be older people's economic value. Older people retired (excluded) from the workforce are seen in capitalist terms as unproductive - thus a burden (sic) on the rest of society. Older people active or not are presented as one of the causes of social crisis. This manifests itself in the 'demographic Armageddon' and 'pensions time-bomb' rhetoric, of which older people are deemed to be both cause and effect of such phenomenon (Higgs 1997).

When I put it to the respondents that they may have heard the stereotypes that surround older people such as 'unproductive' and a 'burden' on the rest of society and asked for their comments they were quite emphatic in their replies. All respondents believed that they had contributed in many ways and continue to contribute to society therefore felt that a pension was theirs as of right. A number mentioned the right and responsibilities inherent within the question of 'intergenerational' obligation. The fact that they had been willing to pay taxes during their working lives to provide pensions for the previous generation of older people and now it was their turn. Some respondents thought that the contribution they had made to society by raising the next generation should also be taken into account. Many of the respondents however, had been influenced by the 'demographic Armageddon' and 'healthcare crisis' rhetoric, which they believed were cause for concern.

EDF73

It offends me being called unproductive or a burden on society because we still have a lot to offer.

PKM83

I don't feel unproductive - this term should not be used. I feel we have given to society - but I do feel sorry for the younger people they will have to pay more. I also think the NHS is going to cost more and I think this will be a burden. I can't see the state pension lasting much longer.

AFM80

When you consider I lost my father during the First World War, I was six years in the Army fighting in the Second World War, I worked all my life, I paid my National Insurance and yet they still can't give you a decent pension. I got 25 pence extra when I was eighty - now what can you do with that. They talk about percentages but look at the politicians they got a huge rise but are quibbling over giving us a bit extra for heating and food.

WHF65

I think if you have paid in all your life you shouldn't feel a burden on anyone. There should be some incentive if you have worked all your life. A lot of pensioners do not have private pensions so they need looking after.

VFF73

I think the younger society and there's an awful lot of them are putting a burden on the older society. They expect everything for nothing and they have paid nothing into it.

LHM76

In most cases the older person who goes onto a pension has helped to raise a family - the younger generation. They have worked all their lives to the benefit of their country and for society. They have put something into society and at the end of that they should have something in return from the community they have served.

ESM73

I think it's all wrong. They have given their lives and they have done their stint - I just can't understand it. The Conservatives they didn't do anything for us especially that Margaret Thatcher; nothing against a women Prime Minister but they have always had money so they don't know what it's like to have no money. My mother had 13 of us. She used to buy 4lb of meat at a time. My father wouldn't allow her to go

out to work but he was always good with money. He worked on the Docks and sometimes when he used to come home from work my mum would ask him for extra money. My dad would say he hadn't got it, and my mum would say 'don't be at it, you have done three lots of overtime this week'. He would always give her a few extra pounds.

MDF84

I feel as if we have paid into it all our lives. My husband paid into it all his life and he died when he was just 66. He only took a couple of month's pension - so I think we deserve it.

JTM83

I think it's scandalous considering we have contributed and worked all our lives and we still contribute. I don't feel a burden on anyone; I may need a little help from time to time doesn't everyone.

As the above statements show many older people find it difficult to understand why their right to an adequately funded pension is continually questioned. This kind of discourse seems to threaten their sense of security and well-being, as well as continually undermining their sense of self-worth with the constant reference by politicians of the escalating cost of pensions,

## **Income**

Income in retirement is becoming highly politicised, being viewed as a fundamental issue of an ageing society. At present the pensions' debate is one of the hottest political footballs, played constantly by some academics, as well as politicians. The former seeing pensions as a fundamental issue in addressing structural inequalities (Walker 1981; Phillipson 1982), and part of the redistribution of wealth in a modern society (Vincent 1995). All regard income in retirement as central to our understanding of social inequality and the social stratification of age. Politicians also have wrestled with the subject of income in retirement and in the late 1990s were questioning whether the state should guarantee a basic income to those retired from the paid workforce (this issue will be discussed further in chapter 9).

Yet what is missing in the debate is the voice of older people themselves. As was

stated earlier, there is a huge variation in income levels between older people throughout the U.K. and this also is the case with Liverpool's older people. The following statistics reflect this very wide variation and the differential access in terms of gender and 'race' to occupational or private pensions. Levels of disposable income varied considerably. Some were just managing and this includes those who had very small occupational pensions, yet, large enough to take them above Income Support levels: others had three or four pensions, as well as savings.

Of the women interviewed 50 per cent relied solely on state pension, with 42 per cent receiving Income Support which includes Housing Benefit. Fifty per cent had at least one other pension usually an occupational pension. Seventy-nine per cent of the men interviewed had occupational, War or private pensions, some had just two, and some had three or four. Twenty-one per cent relied solely on state pension, and all were receiving Income Support and Housing Benefit. All the men who relied on state pension and Income Support were from the Black community and although they had full employment records since entering the U.K. they only qualified for basic state pension. All had worked in blue-collar jobs without access to occupational pensions. Of the 79 per cent of men on occupational pensions, 5 per cent regarded themselves as just able to manage on the income they received. Of the 50 per cent of women on occupational pensions, 6 per cent were just managing. In total, of those receiving occupational pensions, 11 per cent were on the borderline of Income Support levels. Add this figure to those above who are on Income Support levels we find that 41 per cent of respondents are on or just above 'relative poverty' levels (as defined by Income Support levels). Once broken down into gender we see that over half 56 per cent of female respondents and over one third 36 per cent of men are on or just keeping above Income Support levels.

What was important to find out from my respondents however, was how income affected their 'quality in age'. Is it the case for example that those on quite high levels of income enjoyed a better quality in age than those on minimum income? Is it the case that because quality in age is subjectively defined by the individuals themselves, that objective criteria such as income level in age becomes relative to the way of life you have been used to - a subjective assessment? Therefore, what defined

adequate income? For some respondents in my research that meant being able to afford more than one holiday a year. For some it meant being able to make repairs on their homes or renew old furniture. For others it was as fundamental as being able to eat properly and keep warm, and not having to choose between the two. Therefore, for the individual who has to lower their expectations because they can no longer afford more than one holiday a year s/he may feel a serious decline in lifestyle, which could effect their quality in age. The individual who has little experience or longing for holidays, there would be no downgrading of expectations. Thus their quality in age may not be effected. Drawing on my own findings and confirming what Day (1991:22) has concluded 'adequate income is a subjective assessment born out of personal attitudes and behaviour regarding money'.

For those managing on Income Support, their income was something they could not change - being dependent on the government of the day. What they did have power over however were other aspects of their lives. I found that individuals managing on basic income had learnt through experience to find compensations and contentment in other ways such as through family, friends, religion and helping others. They had developed coping mechanisms learnt through a lifetime of experience. One woman had spent fifty years in an abusive marriage. Her husband was a gambler and drunk and kept all the money he earned and what he could take from her, to feed his habits. She managed to keep the family going by working night shifts in a factory until she was sixty. Her husband died the same year so she now lives on Income Support. This is what she said:

WMF82

My husband drank and backed horses. I put up with it even when there was no money to feed the children- I had to get it on tick. Therefore, when he died I said to myself I can take over now. So with having very little money given to me to keep the family and the house, I now feel well off with my pension and income support. I've got no washing machine, no dryer; no microwave and I don't want them. See he did me a good turn really being mean, it made me count my pennies when I got them - so now I'm quite happy. I pay all my bills and I get saving stamps for the electricity bill.

Many older people have throughout their life-courses geared their lifestyles to relatively small incomes. Is this as Day (1991) states: a downgrading of expectations resulting from low levels of income? I would say not. In fact it's part of a coping mechanism, that has enabled some individuals to develop the ability to build up social and psychological capital, rather than monetary capital, which they can draw on, to give them quality in age. Putting it simply, it's the individual's ability to make social and psychological adjustments and compensations in their lives, income being just one of those factors, that determines the quality in age.

I found that levels of income are not a direct correlation of this ability. Therefore some respondents on very small incomes do enjoy a quality in age far better than some on much higher levels of income. According to Baltes and Carstensen (1996: 397) this phenomenon occurs because of the psychological strength of the individual.

They argue:

A person living under objectively poor conditions may strive towards self-actualisation; another living in objectively good situation may experience ageing as a tremendous burden. A single individual may be physically ill but psychologically strong, feel despair about family but contentment about work, and experience great dissatisfaction but a profound sense of meaning in life. Furthermore, what is considered successful according to functional norms might not meet with ideal norms. Definitions of outcomes, therefore, needs to be multidimensional and multilevel and needs to consider both gains and losses

Baltes and Carstensen (1996) concur with the findings from *The Liverpool Quality of Life Survey* (1991). This survey found that older people were less inclined to see themselves in poverty, yet on objective grounds they would have been judged as living in poverty. This fact was put down to the fault of older people unable to recognise themselves in poverty. Yet, as we can see it is a far more complicated process as will be shown throughout the study. What is certain however, is that adequate income gives people the basic necessities of life, and that is fundamental to any quality in age. It should be at a level that restores dignity back into ageing. As two of the respondents stated:

LHM76

Adequate income means you can keep your dignity.

JTM83

I think it's criminal that people are stuck inside four walls and they can only put one bar on the electric fire and they have to sit there in an outdoor coat.

Many of the respondents also worried about their long-term financial security as they age.

VFF74

The only thing that worries me is that we have enough money to last us both because inflation is eating away at our money.

DHM60

The only problem I can foresee to be worried about is finance. If I have enough to last then everything else is fine.

EDF73

The only thing that worries me about getting older is that I don't have enough money to pay my bills. I mean how I manage now is I get stamps for my T. V, I get stamps for the water rates weekly, I get stamps for my gas, and I have a card for my electricity I get a £5 card - everything is paid weekly. The rent and council tax I get help with, so I usually manage to cope. As long as I get stamps each week I know I'm all right.

This analysis is not intended to justify those politicians who advocate 'let them eat cake' approach to adequately funded state pensions. It is unjust that some pensioners have worked all their lives and have to rely on Income Support, whilst others have three or four pensions. We have a system that has created such inequalities and it is a system that older people have spent most of their lives living under. It is very difficult to experience a quality in age without adequate income. For those on state benefits only, this means good food, a warm home, and some disposable income to make replacements and financial security in longevity. As Jones (1977:78) states; 'Our opinion of what people deserve is a reflection of what we feel they are worth'.

## **Their Care for Their Community**

Much that is written about older people particularly from the healthcare and social policy perspective is conceptualised around the productive/unproductive dichotomy. This reinforces and perpetuates the myth that older people are a drain on finite resources; whether it is hospital waiting lists, pensions or Care in the Community. Whilst it is undoubtedly true that older people just as every other age group needs to be adequately provided for, little is said of the contribution older people make to their community. The realisation yet alone the idea of the contribution older people make to society is invisible by its absence. This section takes issue with the burden and unproductive rubric that surrounds older people. By documenting the contribution they do make in what I term the 'social economy' - meaning those roles, although very much hidden in the 'money economy', are undertaken and performed purely to add to the social good. For example, the majority of the respondents who took part in this research, with the exception of three individuals, were proactive in their community (social economy). By proactive I mean giving their time, experience, energy and friendship to members of their family, neighbourhood, community - altruistically and willingly; performing roles such as parent/grandparent/carer, school governor, friend/neighbour, volunteer, local councillor, Church/community councils and many more.

## **Parenting**

The most obvious yet, least acknowledged contribution to society older people make and continue to make is that of parenting. Raising and nurturing a child to adulthood with the hope that they become caring responsible adults themselves. Having said that one never ceases to be a parent and to that extent the umbilical cord is never cut. It's something you cannot give up and if you work hard at it, a wonderful experience. Whilst I am not trying to romanticise this relationship because some do go wrong nevertheless, through the interviews I discovered the vital role parents continue to play in their children's lives and through them their grandchildren. Some of the



oldest respondents in their eighties and nineties were still giving levels of support to their children, some of whom were retired themselves, some of whom had mental health problems, which was quite exceptional. Many respondents through their own children's experiences had come to terms with the changing social attitudes of the late twentieth century, such as divorce, remarriage and alternative lifestyles. Which for them was unheard of 'you made your bed and you had to lie in it' was the response of many. However, a small number also welcomed such changes stating that cohabiting before marriage particularly, 'to test the water', was not necessarily a bad thing.

However, some respondents' children quite clearly neglected them. This uncaring attitude had a devastating effect, which was most often expressed as children not visiting them for long periods the children always seemingly having more important calls on their time:

AFM81

I know she has her own family to look after but you would think she could just spend some time to visit me - she only lives a quarter of an hour away by car.

VFF72

My daughter I haven't seen for a while, now one of my neighbours is practically the same age as my daughter, now she looks after her father. It's marvellous to see the way my daughter has got on (Head Teacher), although I feel she cares for other people more than she cares for me. She hasn't got any time for me now, although I had to make lots of sacrifices for her when she was growing up. I think she should make more time for me now.

MWF72

My fifty-year old daughter who was married with three children decided to split up from her husband and become a lesbian and I don't see her now; not because she's a lesbian - I have two men friends who are gay, but because she is a nasty person.

In terms of the psychological well being of older people, losing this close contact with children has a serious effect. Some children allow this to turn into quite serious

neglect when parents become depressed or ill. Yet, it does seem to confirm Whittaker's (1995) findings, that whilst men are more likely to cause physical and/or sexual abuse to older women, women are more likely to neglect the older person. In this research, of the respondents that felt neglected, all were neglected by female children. Whether this relates to higher expectations from a daughter as opposed to a son remains only supposition at this point but it is an area that deserves further enquiry. Moreover with these grown children there seems to be little conception of what Peter Laslett terms "we must live in the presence of our future tomorrow's". The essence of what Laslett is saying is reflected in this European myth:

It tells the story of a family who would not let the grandfather eat at the table with the rest of them. Instead, they placed the food in a little wooden trough some distance from the others, and there out of sight and hearing, the old man ate his meals. One day the middle-aged father came across the young son hammering some nails into a couple of boards, 'what are you doing' the father asked. Glancing up from his work, the son replied, 'It's for you when you get old'. Shocked by the glimpse of his own future, the father hastily invited the old man to rejoin the family at the table (cited in Jones, 1977:97).

This story reflects certain unpleasant truths about the emotional and psychological neglect caused by uncaring children and indeed it is also a metaphor that reflects the position of older people in society. It is a form of elder abuse little recognised, and the antithesis of what Scott and Wenger (1995) describe in their typologies of social support networks, as normative expectations of help from children. They describe as, frequent contact, moral support, problem solving, emergency help, regular help where needed and inclusion in family occasions.

The overall majority of respondents with children however, did receive much of the above support from children; some also received a great deal of material and financial support also. Many children provided anything from payment of bills, telephones, help with redecoration, televisions, and one daughter and son-in-law not only provided a car for their parents but also maintained it for them because they could no longer afford the costs themselves. This material and financial support although extremely important in itself seemed to be symptomatic of a deeper, caring

relationship. This relationship was shaped less on the notion of reciprocity in intergenerational family relationships, highlighted in 'Exchange Theory' (Dowd, 1975), but more on the concept of 'Interdependence'. Interdependence is more about relationships freely entered into and less about contracts, which is the case with reciprocity. However, the idea of reciprocity still plays a vital part in intergenerational contracts such as pensions that will be discussed further in chapter nine. The central core of the concept of interdependence is humanity - those invisible cords' intrinsic to family, friendships, caring, morality, duty, what Robinson (1997) calls 'a moral economy of interdependence' (p.425). Although Robinson (1997) sees this as a model for a new kind of society, I believe this model already operates in many of the families. Within the framework of interdependence is the recognition that older people are neither dependent nor independent and my own research confirms that families who operate in an interdependent way find a rich source of pleasure and fulfilment.

### **Grandparenting**

Central to this concept of interdependence is the grandparenting relationship. Of the forty-eight respondents I interviewed thirty-nine were grandparents and ten were also great-grandparents in total 81 per cent. All enjoyed relationships with their grandchildren, apart that is from one grandmother whose contact with her grandchildren had ceased when her relationship with her daughter had broken down. Grandparenting is one of those very few areas in life where you get a second chance. It is a chance to parent again and perhaps do a better job second time around. Research undertaken in America on the grandparenting role, (see '*The Grandparent Study*': Kornhaber and Woodward 1981b) interviewed new parents about their own parents. The majority viewed their own parents as being better with grandchildren than they had been with them. In a study by Roy (1990) of 24 grandfathers the data indicated that the nurture of children by men might skip a generation. This he believes could be closely linked to cultural activity and proscribed gender roles. This concurs with Kornhaber (1996), who found in his own research, that hundreds of young mothers with daughters reported that their fathers act more lovingly and spend more time having fun with their grand-daughters, than they did with them. This

involvement with grandchildren is associated with increasing confidence, as well as important factors in elders' health and well being. It is an essential part of what Erik Erikson (1982) describes in his eight psychosocial stages of human development, as 'generativity'; which in part is described as, success with family life, and a positive influence on and attachment to grandchildren. This was indeed confirmed by my own research yet, I further discovered that grandparents who actively encouraged a relationship with their grandchildren also enjoyed a closer connection to their own children. As I mentioned earlier it could have been for those who took the opportunity a second chance at parenting. This seems to be the case, particularly for fathers making up for lost time: time as Kornaber (1996) states that could have been lost forever.

The changing role of the grandparent is tied into the changing roles of the parents particularly the mother. In today's social and economic climate many mothers return to paid work very soon after the birth of a child or paid maternity leave. Therefore grandparents often make a major contribution with childcare (Arber & Ginn 1995). Parenting the grandchildren becomes easier and welcomed through personal experience and philosophy. In research carried out by Kornaber (1996) in which he points out that the majority of effective grandparents are eager to become grandparents, they value their grandchildren and are keen to find ways to be with them. My own findings confirmed this. Therefore, to be asked by parents to help take care of grandchildren is very much welcomed by many grandparents. Not only do they enjoy taking care of their grandchildren but also feel, although articulated as 'helping out' that they are giving for free very expensive childcare, money that they feel can contribute to better housing, furnishings and a better quality of life for their own children.

The overwhelming majority of grandparents in this study, although not directly asked, mentioned grandparenting as a deeply satisfying part of their lives. A number took care of their grandchildren a number of times per week. Many had their grandchildren sleeping over a number of times per week. Two grandmothers had taken major roles in parenting due to the death of their own children. This is what grandparents say about grandparenting:

EDF73

Once I retired I provided the main caring role for my granddaughter from four months old - allowing my daughter-in-law to work full-time. My granddaughter still spends a lot of time with me owing to my daughter-in-law's bereavement. My granddaughter and I are very close because she more or less grew up under my influence.

PAF80

My eldest grandson is now eighteen and we are very close and we keep in touch as often as possible. My grandchildren know that I am always there for them - particularly since my son's divorce from their mother.

AHG80

The best factor in my life is seeing my grandchildren when they come to visit me all the time.

WHF65

I really enjoy being able to look after the grandchildren. We look after the grandchildren a number of times per week. One of the grandchildren is only three years old so she is quite exhausting and we are glad when her mother comes to take her home - but we love being able to help.

JEM93

I don't do any shopping my granddaughter and I am very close so she does all the shopping. Most elders in our community (Somali) live with their families.

The grandparenting role is set to become a very complicated balancing act of time, loyalty, objectivity and selflessness as we move further into an age of reformulated family groups: the result of divorce, cohabitation and remarriage. Trends that are already embedded in American society yet, it is only recently that research in the United States has begun to examine the repercussions for grandparents and grandchildren of divorce, let alone of the legal complications of cohabitants. As Kornaber (1996: 179) points out:

The obvious suffering of parents and children resulting from divorce has received a great deal of attention over the past several decades, but the heretofore 'silent' distress of grandparents in these situations is just now being

recognised...so to is the anguish of the grandchildren who experience both the break-up of their homes and the loss of their grandparents.

This however, was not evident in this study. On the contrary those grandparents who had experienced their children divorcing maintained similar contact prior to the divorce. A number of grandparents had stated that they had become closer to their grandchildren – a closeness that is initiated by the grandchildren's wish to maintain such links, especially as their grandchildren approached adulthood. This seems to suggest that despite divorcing parents, grandchildren can and do maintain such links especially if the child is of an age when independent action is more likely.

### **Great-grandparenting**

JSF93

My family plays a great part in my life. I had to become the mother to my grandchildren when their own mother died and strangely enough I had just become a great-grandmother. My daughter was the rock that kept the family together and when she died I had to take over. A fortnight after she died a second child was born to our grandchildren - so I had to be mother and grandmother and help them because they were just getting in their feet. My granddaughter wanted to go back to work to save money for a mortgage so we used to go very regularly to mind the little children - one was at home and one was at school. My granddaughter went back to university to take a second course to become a mathematician. It was very difficult at first but we managed and consequently I have a loving relationship with my grandchildren and great-grandchildren.

As the previous example shows some grandparents are repeating a modified parenting role with their great-grandchildren. Of my sample group, 20 per cent of my respondents were great-grandparents. Whether this statistic is indicative of the rest of the population remains to be seen. No statistics are yet available on the number of great-grandparents in Liverpool or indeed in the rest of the country. What we do know however, is that in America 40 per cent of those over sixty-five years of age have great-grandchildren (Kornhaber 1996).

This research did indicate however, that the type of relationship the respondent developed with their grandchildren was reflected in their relationship with their great-grandchildren. Of the ten great-grandparents all of whom were widowed, six were male and four were female. One of the most noticeable findings however amongst this group was how gender affected relationships between great-grandparent and great-grandchild. All the female great-grandparents maintained a close relationship with their great-grandchildren (100 per cent), even though in two cases' great-grandchildren lived in other parts of the country or abroad. Of the male great-grandparents only two (33 per cent) maintained a close relationship with their great-grandchildren: of the remaining four great-grandparents (66 per cent), had little or a very distant relationship with their great-grandchildren. One respondent could not give me an accurate figure for the number of his great-grandchildren. There was also a marked significance with ethnicity. Of the eight great-grandparents' six were from the white community, four from the Black community. All those from the white community maintained close relationships with their great-grandchildren. Of the great-grandparents from the Black community none maintained a relationship with their great-grandchildren. (Theses findings may indicate the dispersal of kinship relationships over a large area of the globe).

Such small numbers of great-grandparents in this study can only be regarded, as indicative and much more in-depth study is needed in this area to identify characteristics of the great-grandparent and great-grandchild relationship. However, my research does identify strong ties between great-grandmothers and their great-grandchildren. Therefore, a relationship may exist between increased longevity amongst women and their ability to care about the continuity of kinship ties. At present this kind of research remains in its embryonic stage. It will however be fascinating to follow particularly, as we see emerging the five generation families. Also, because grandparents will increasingly recognise the important contribution these roles have on the family and through them the community. There may indeed be much bigger issues here for the survival of the species that as yet can only be imagined. But it begs the question why are we evolving five generation families: many of which are set to have as the head of such families female heads, who continue to maintain very active roles in the well-being of future generations? They

are questions however that can be answered when we begin to understand and value the roles that older people perform not only within their family but also within the wider community.

### **Their Care for the Wider Community**

Society has so far failed to recognise the meaningful roles that older people play in their community, continually persuading us through the operation of ageist stereotypes informing much of our social policy, that older people are simply the passive beneficiaries of care and services. The reality is quite the reverse. Yes, older people need 'care in the community' just as much as the rest of the population but what needs to be demonstrated is the way older people 'care for their community'. Caring for their community is the proactive role older people play not only within the family as documented earlier but also within their own neighbourhoods and communities. This takes the form of caring about neighbours, looking out for them, going shopping, and taking an interest in their neighbours' families. Some neighbours had developed deep friendships, having lived in the same area for many years. Many operated unique systems of 'warning calls' if anything should go wrong particularly, if they or their neighbours lived on their own. For example; closed curtains after a certain hour in the morning needed to be checked. Lights left on after a certain hour at night warned of a problem. Checking on each other every day ensured that in case of an accident they could be sure somebody would find them. Some neighbours phoned each other daily particularly in the winter months when some found it difficult to get out. One gentleman told me he had a habit of watching sports programmes late into the night, so often he didn't retire to bed before 4.00 a.m. However, because his neighbour checked to see that his curtains were open every morning, he said he had to set the alarm for 8 a.m. so he could open his curtains. Otherwise he said his neighbour would be knocking on his door to check if everything was ok.

Many respondents played very active roles in the wider community. For some this was a continuation of community activity over many years:



MGF72

I've done voluntary work for thirty years. I started when I realised you were considered a second-class citizen if you were a council tenant, and yet the home owner got more in subsidy than the council tenant ever did. What really started me off was when we had to move from private property to council property in Childwall. We had a dog at the time and one day the caretaker knocked on my door and told me to get rid of the dog, but the dog was a good companion to my husband when he was ill. When my husband went out he wouldn't feel so self-conscious if he had to stop from time to time. Consequently, I wrote to the council and the Liverpool Echo complaining. Next day a young curate knocked on my door saying he had seen my letter in the Liverpool Echo and he suggested I form a residents' association, this I did and it really took off. Since my husband died I managed to get a transfer to these flats, so I have continued to do similar work here. I am now the block rep with the H.A.T. [Housing Action Trust].

NDF75

My husband and I worked very hard for the implementation of the National Health Service - we campaigned very hard and worked for many years on that. We were concerned about ordinary people. In the early days we used to collect sixpence each month for dues - we would go around to members with a collection book. Sometimes they couldn't afford sixpence so they would give us threepence - that's the type of life we had.

One respondent expressed a feeling of social redundancy once she had finished paid work:

JRF75

I think if people would use us more, not put us in a corner saying you don't know what's going on - because we do know what's going on. I'm a human being.

In others it was a determination to make a valid contribution 'to give something of yourself', 'to put something back'. This particular respondent believed he could best do this serving as a local councillor:

LTM78

Retirement has given me more time. I can do the things I

want to do now, because I couldn't when I was working full-time, but I put my time to good use: the old saying 'I pass this way but once', that's my philosophy on life. I help somebody every day of my life - It gives me a lot of satisfaction.

A number of respondents played an active part as School Governors. Two respondents were Chairs of Governing Bodies. One respondent had helped to raise enough money to refurbish the school library. This effort was recognised by the parents by naming the newly refurbished library in her honour. Another respondent also a school governor saw her role as not only helping the school and pupils but also being both an equal colleague and friend to many of the young single mums whose children attended the school:

NDF75

The young mums who work with me at the school are lovely with me - the same with me as everyone else. They always expect me to be there when they have the summer fair, and when I'm not there they ask me 'where were you'. Some of the young mums come to me with all their problems.

One respondent had been instrumental in setting up a 'Befriending Scheme' for Black elders at the Caribbean Centre. He was also responsible for setting up a luncheon club at the centre that is now up and running two days a week:

HPM67

Afro-Caribbean and other minority groups are not getting what they are supposed to get from social services. So from our survey that we did two years ago, we found out that a lot of them were not getting their basic needs.... Most of them are living in sheltered accommodation so they coming out at the luncheon club they will be able to associate with different people. Under The Befriending Scheme we have volunteers that go into their homes and take them to the doctors, dentist, they do all the paperwork and see that they get the basics from social services.

Many older people have worked tirelessly in their wider communities without seeking recognition. They do it because as the above respondents have shown there is a need. They do it also because there is among many older people a very real

understanding of the values of interdependence. I believe born out of their life histories of experiences of giving, as well as taking. All older people have been profoundly effected by experiencing the Depression of the 1930s and the First and Second World Wars, rationing, etc., when the notion of interdependence was crucial to survival. One respondent when commenting on the homeless youngsters on the streets of Liverpool "you never saw any homeless people even in the depression, because we used to take each other in". Many older people have experienced having to make difficult selfless choices with family, friends and particularly children. Choices that mean you have to put the needs of others before your own. There is also a greater awareness and understanding of the concept of reciprocity. The need to give something back to the community in which one has lived and benefited from - it becomes almost innate, it's what many perceive as their duty. Younger generations have not experienced such traumatic times, or the need to test out such concepts. Indeed quite the reverse is true. The post baby-boom generations have been nurtured on the concept of individualism - that the individual is supreme. Consequently, some have little understanding of giving, as well as taking, which really begs many questions for the future. However, older people are fine role models for future generations, and this may be all part of the complicated meaning of ageing.

## **Conclusion**

Something that is often forgotten in our haste to understand ageing is that this period is also a continuation of the life-course - therefore encompassing both continuity and change. Older people take with them into this period their full life histories. A life history crammed with learning, adaptation, knowledge, and experience. The richness and quality to be found in older people's lives is a subjective experience. Yet, as this chapter has shown there is also a shared experience that comes with age. Moreover, the contribution older individuals collectively make to the social good benefits us all. Therefore ageing cannot be understood in purely economic terms but should be given its true social value - which must recognise and reflect the 'quality in age'.

The main concern of this chapter has been to establish the accomplishments, experiences and characteristics by which older people define them. It has set out to explore with older people and document their accounts of this process culminating in the development of the many elements that contribute to a state that has previously been given little voice and, which I define as 'a quality in age'. By establishing these primary elements I suggest that there is a fundamental quality to older people's lives that has almost remained hidden in the gerontological discourse to date. Why this richness of experience and accomplishments has been rendered insignificant for so long is part of the complicated legacy of both research practises and the 'central institutions supporting old age' (Phillipson 1998:137). This chapter has shown that 'a quality in age is a state that most older people can and do attain. Although it must be said this study has concentrated on a group of relatively healthy, active older people living in their own homes. I have witnessed in some of the respondents with not insignificant health, or personal problems the ability to dwell on what are positive qualities rather than negative experiences in their lives. This suggests that those individuals who can utilise psychosocial processes and have strength in these areas, then regardless of increasing longevity and all that encompasses may be able to maintain and further develop this quality in age.

There is however, a disconsolate side to a quality in age, which is caused by a number of factors associated with growing older, and over which older people have little or no control. The following chapter looks at the issues surrounding the experiences of both 'personal trauma' and 'social trauma'.

## Chapter 4

### Resistance

#### **Introduction**

The previous chapter examined the concept of quality in age. Through sociological analysis, it documented the distinctive elements that give meaning and a sense of identity to the daily lives of older individuals. At the same time, it highlighted those aspects of daily living, those areas of peoples' lives, which are fraught with tensions and possible conflicts, which are negotiated and managed on a daily basis. Moreover, the issues discussed illustrated Phillipson's (1998:139) arguments that 'the organisation of daily life reveals as much about the way in which people resist rather than to succumb to the pressures associated with growing old', both in the public and private spheres. This chapter focuses on those aspects of daily living, both in the public and private sphere over which older people have little or no control. It is about the experiences of both *personal* and *social trauma* and the effect such trauma has on the lives of older people. Those elements, which I describe as personal trauma, are loss of independence, bereavement and loneliness. Those elements I describe as social trauma include the quality of the environment, particularly what part spatial features in the urban environment such as geographical location and urban space play in the lives of older people. Restricted access to healthcare services for older individuals is explored alongside rationing of healthcare services, and the very serious issue of involuntary euthanasia. Some of the issues discussed such as loss of independence, and loneliness although extremely distressing, can to some extent be managed on a daily basis. Bereavement also is accepted as the natural order of things - a part of life. However, many of the issues such as quality of housing and neighbourhoods, the fear of crime, spatial exclusion, access to healthcare and rationing of healthcare services, all have the effect of causing extreme and unnecessary physical and psychological distress. Issues which not only detract from

older people being able to achieve a quality in age, but also hinders the opportunity for both the individual and society to find meaning in ageing itself.

## **Personal Trauma**

### **Loss of Independence**

The single most important factor I discovered that concerns older people is the fear of loss of independence. Many older people have varying levels of physical impairment: whether it is slowing down due to arthritis, loss of hearing or deteriorating eyesight. However, the reason why they fear loss of independence is that they see it as associated with total physical dependence, the dreaded fear of becoming a 'burden' to someone else. Alongside this fear of becoming a 'burden', was the concern over loss of control over their lives. The main reasons given for such fear was the fact that loss of independence could result in decisions made about them which could lead to their institutionalisation. The fear of reaching a stage in their lives when they would have to leave their own homes and enter residential care filled many with dread. Imagine oneself in that position. The sense of disempowerment one would feel, to be told by a professional or family member that you were no longer capable of making your own decisions or living in your own home: a home that you had lived in for most of your adult life.

Yet, there seems to be an apparent paradox in the respondents' attitudes towards residential homes. On the one hand incapacity and becoming dependent is the worst calamity that could befall them. On the other hand, they argue quite fiercely about the need for residential homes. These views were expressed as a result of press disclosures at the time the interviews took place stating that a number of council run residential homes in Liverpool were threatened with closure. It seems to be the case that the knowledge that there are residential homes available acts as a kind of insurance against possible eventualities. According to some respondents if they reached a stage when they became 'dependent', they would prefer this dependency to be managed by the staff of a residential home rather than their own family. This

would avoid what they would otherwise see as becoming a 'burden', to their family as well as 'dependency'.

I soon became aware it was about not only breaking the emotional and spiritual attachment to their home, but also losing one's independence seemed to infringe on any sense of self and identity. Respondents believed that by losing one's independence they would have personal decision-making taken away from them, they would lose the right to be self-determining, which would mean that they would be unable to retain any sense of dignity. According to Wenger (1996:35), 'the very high salience of health, mobility and independence is an important message for policy makers and practitioners'. A tiny minority of respondents mentioned, that if the time came when they had to enter residential care, they would feel as if they had lived too long. Some had contemplated euthanasia; one respondent had prepared a 'Will for Life' and instructed her son to implement it if the time arrived. These were some of the views expressed.

PKM83

I hope I don't become a burden to anybody - that is my main worry. Then it would be a case of euthanasia.

PAF80

I think they should give us a couple of pills when we have outlived our usefulness. I believe in euthanasia. I have a 'Will for Life'. My son has instructions to give this to my doctor when I lose my marbles - particularly if I get Alzheimer's. Lets face it I never want to be a burden to anybody - either mentally or physically dependent.

JKM83

I would not like to end my days in a wheelchair. I think I would like to make an exit rather than become a burden. Euthanasia might be a problem being a Catholic. The only thing is that it would be called a suicide, and that would worry me. I think being a life-long Catholic, I would like a church service and I know I could not if I chose an exit.

A number of respondents expressed anxiety about someone other than themselves taking care of their physical needs. This response was from a woman interviewee.

JRF65

The fear of being dependent on someone else: imagine someone having to bath you. I have looked after three people, who I loved very much and I did it with love, but the thought of somebody doing it for me really upsets me.

One interviewee argued that 'going into a home' was the only thing she feared about getting older. One interviewee said that 'the worst fear of all' is being helpless. In only one case did a respondent accept the fact that she may one day become infirm and would have to enter residential care. The woman in question however, was relatively wealthy and therefore realised she would be in a position to buy the best care. A fact which was not lost on many respondents who would not be in the same financial position, and therefore unable to purchase the type of care they would have wanted.

One respondent in this study, a male had, been forced through circumstances to place his wife in a Nursing Home. Although he had nursed his wife with Alzheimer's disease a number of years, his wife's condition had deteriorated so badly that he was no longer able to cope. This gentleman told me about one incident that happened in the early years of his wife's illness that made him determined to take care of his wife as long as he could. However, as the carer it also meant that seeing his own friends and going out of the home became severely limited.

EBM76

I will be going to the work's party this year - they have one every year. Last time I went I told my wife where I was going and what time I would be back. A friend and I shared a taxi to the dinner, but the taxi was late picking us up. When I got home my wife was on the doorstep desperately upset and in flood of tears. She was so upset a neighbour had come out to see what the problem was. You see she had forgotten what I had told her and she was panicking because she did not know where I was. I never went again after that. I missed about four years.

The decision to place his wife in a nursing home was largely made for him. His wife's deteriorating illness had led not only to increasing isolation as friends stopped visiting, but increasingly it became difficult to cope with his wife's personal needs such as bathing, feeding etc. In addition, he believed that his wife would enjoy a



better quality of care in the final years of her life. Yet, it was tinged with a great deal of sadness reflecting on the life they had shared together.

EBM76

My wife was always the one that mixed well and always played the piano at parties. She is much loved wherever she goes. She sees people all day in the home. I go up there nearly every day, but she is better there now because people stopped visiting when my wife deteriorated.

The majority of the respondents therefore likened this idea of losing one's right to be self-determining as being an object of social redundancy. An objectification, which they have experienced before, simply by being an older person in a society that ascribes very negative characteristics to age. That feeling of objectification is now further compounded by being seen as unable to take care of themselves in their own surroundings and from which there is no return.

## **Bereavement**

The psychological and social effects of bereavement played a pivotal role in the lives of respondents. Some mentioned that for the first time they became aware of their own sense of mortality. The gender dimension was particularly significant in bereavement. For the majority of both men and women, losing a spouse was a cause of immense pain and sadness. For some women however although mourning the loss of a spouse, it also became the watershed to a completely new way of life. According to Davidson (1996:1) the orthodox view is that 'women grieve men replace' once bereaved. Meaning that men are more likely to marry again after the death of a spouse, but women are less likely to because of ongoing grief. Yet, what emerged from this research only partially bore out this orthodoxy. Rather than threaten their ontological security as Davidson (1996) infers, for some respondents bereavement became the catalyst for change. These women changed forever the way they lived their daily lives - seeing the death of a spouse as an opportunity to make changes that had been a point of contention within their married lives.

Women that had been in abusive or confining marriages, mentioned that for the first time in their lives they felt free liberated - an independent being, to live their lives finally, how they wished. This is how two respondents described the experience:

WMF82

When he died I said to myself I was going to take over now. You don't have to tell a man where you are going. You don't get a man asking you why you are wearing this, why you are doing that - it's great.

JSF93

Generally speaking, I felt I was in service to him. From when he retired our lives revolved around him - based on what he wanted. When he died although I loved my husband, I felt free.

Many of the women respondents stated that it was the first time in their long lives that they no longer had to take care of others. It was the first time for many that they had their own personal space particularly their own bedroom - as opposed to shared space. When I inquired whether they would marry again if the opportunity presented itself the majority of the women respondents categorically stated they would not. They argued that whilst they would love a relationship with a man for companionship, outings and perhaps even a sexual relationship, they would not like to have to take care of a man again. This is how some respondents summed it up.

MWF72

I would like to meet a nice man for a bit of passion - a nice bit of loving.

MGF72

I did meet someone four years ago and we had a good friendship even going on holidays together. In regards to a sexual relationship, though I don't think I could. After having a good husband I only want a platonic relationship again. I just think of all those shirts that I would have to wash - no thanks.

The points made by these women were that they believed that if they remarried they would lose their new-found freedom. Their roles would revert to a position whereby they had to take care of someone else again. A husband would expect them to be housekeeper, cook and companion. In a few cases women did not rule out the

possibility of remarriage particularly women who had been happily married and widowed prematurely, but they could not conceive of meeting someone who would measure up to their previous husband. Not surprisingly, given the gendered cultural climate this group of women originally married or formed relationships in, they could only perceive of a live in relationship in the conventional sense of marriage, and marriage as a relationship in which they did most of the work. Hence their reluctance to enter into much of the same. Out of a total of twenty-nine women respondents' seventeen of whom were widowed only two had married again following bereavement. Both of these had remarried fairly soon after the death of the first husband. One had remarried in her early thirties, and one in her early fifties.

Men differed greatly from women in the ways they coped with bereavement. Out of nineteen respondents' eight were widowed. All except one respondent had been married only once. However, of the widowed men they were more likely to be in relationships - four out of the eight were in long-term relationships. One seventy-eight year old respondent was the father of a five-year old daughter. This meant that fifty per cent of the widowed men had secured long-term relationships. Only one of the four had remarried in his early sixties. Nevertheless, this did not confirm Davidson's (1996) research that 'men replace' on the death of a spouse. If this was the case, the men in question would have married these women, or at least had live-in relationships with them. The reasons however, they gave for not remarrying was surprising. It seems that it was their partners' decision not to remarry rather than their own. Only in one case had the respondent decided against marrying. The reason he gave was that his partner had serious mental health problems - something he felt would be exacerbated with marriage. One respondent had gone as far as arranging the wedding, reception and honeymoon, but at the last minute, his partner had changed her mind. Giving her reason as whilst wanting to continue the relationship she preferred to live independently. Although demographic factors may influence these findings, Liverpool's older people were representative of national statistics whereby women outnumber men by two to one. Therefore, theoretically men are more likely to enter a relationship, having more women to choose from so to speak, as they have more of a scarcity value. Yet, what seems to be the case is that older women once liberated from the gendered environment of married domestic space are

very reluctant to enter into more of the same. Whilst relationships based on companionship with the opposite sex are seen as quite exciting for older women, live-in relationships or marriage tend to be viewed as returning to the drudgery of the kitchen sink. The fact that women do the majority of domestic chores in the home is not lost on these women, as well as the fact that based on their previous experience men expect to be taken care of. Men on the other hand as the above statistics have shown enter long term relationships more readily, and would have married given the opportunity by their partners - a fascinating area, which needs expansion.

What differed greatly between male respondents who experienced bereavement compared to women respondents, was in the way the men expressed severe regrets about the part they played in their relationship and role in marriage. Three of the male respondents believed they had been the source of much pain and unhappiness to their wives. One respondent stated that he had been utterly selfish during his marriage spending any spare money they had on himself and his friends. He said that he often stayed out at night drinking and gambling and yet he very rarely would take his wife out. Another respondent said that he never helped his wife around the house, never cooked or cleaned - he just expected his wife to do it. He eventually got himself into so much debt that he was taken to court. This caused his wife much embarrassment, which he deeply regrets. Eventually his wife developed cancer - something he could not cope with. He found it difficult to take care of his wife so he would pay a relative to sit with her whilst he went about his own business. During this time, he became bulimic often eating vast amounts of food and making himself sick. When his wife died the bulimia continued eventually driving his daughter away from home. Now however, he believes he can hold his head up high. The bulimia is under control, he has a good relationship with his daughter and grandchildren and he has just been informed that his credit rating is now excellent. The third respondent also suffers from severe remorse about his relationship with his wife. His wife took an overdose and committed suicide: she was found dead in the bath. He still finds it difficult to be in the house on his own and it is only recently that he has been able to use the bath once more.

It seems therefore that the experience of bereavement is mainly gendered. There are of course similarities in the experience of the pain and grief, which comes with the death of a loved one. In this research however, it was noticeable that women did not express any guilt or remorse about the role they fulfilled in their marriage. On the contrary, they expressed a deep sense of commitment to their role as wife and mother. Some did however state that it had been a difficult role, which meant that their own needs and requirements had had to be subjugated to the needs of their husbands. This expression of resentment was not mentioned concerning their role as mother however<sup>1</sup>. The death of their husbands had in fact brought about a sense of liberation and freedom which for many of the women in the research was the first time in their lives they were free to make their own choices. This new found freedom was something they were not prepared to compromise, thus were not likely to enter into a conventional marital relationship again, although other relationships would be welcomed. Particularly noteworthy was the level of grief and regret from some of the widowers about the role they played in their marriages. Most noticeably, the pain they believed they had caused their wives during their married lives. These widowers however, were in new relationships, and these findings although from a very small sample do confirm Davidson's (1996) notion that men 'replace' after bereavement. They do not however confirm that women continually grieve after bereavement quite the contrary. From my observations the men I interviewed who have been in conventional married relationships seem to lose sense of their own identity and role with bereavement and, moreover, find it difficult to see themselves in any other role. For many women however the opposite is the case. Although many experience the same sense of loss and grief on the death of a spouse they seem more able to find a new role for themselves and with this comes a new sense of identity.

### **Loneliness**

Loneliness has long been associated with ageing (Sheldon 1948: Townsend 1957: Wenger 1983). Yet, loneliness does not seem to be a major issue with the majority of older people I interviewed. I discovered that loneliness although experienced by

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<sup>1</sup> These findings concur with Scott and Wenger (1995) who state that in terms of older people marriage is more important for men and parenthood for women.

many of the respondents; it is usually only fleeting and it is triggered by specific experiences. For example, some respondents mentioned that the death of a spouse, siblings and friends triggered feeling of loneliness. One respondent in her nineties mentioned that all her brothers and sisters are now dead and she is the only sibling still living. Another respondent mentioned that she had lost four members of her family in five months, which caused her severe unhappiness. There was only one respondent I came across who stated that he felt desperately lonely since the death of his wife last year. Although this man has a large family - eleven children, they all live some distance away and find it difficult to visit him very often (his words). This is what he said about his feelings of loneliness:

AOM77

It's not nice for an old man to be alone. The doctor don't feel for anybody - he only has sympathy with you for having that physical pain - but he don't feel for you. The pressure on a man by himself no one knows how he feels - I can go off my head when I'm alone. So I pick up the phone and call my daughter and she comes down, but she lives in London. It's nice to have people to talk with, but to live alone by yourself it's not good for an old person. I am very lonely for my children who all live in Yorkshire or London. I want to go and live with them but I am waiting a long time to be moved down there - you see I am waiting for sheltered housing.

Whilst there does seem to be levels of loneliness, for the majority it does seem to be quite fleeting and only in the above respondents case did it appear to be so severe that it triggers depression. This respondent however, is now receiving help in the form of assistance in finding sheltered accommodation near his daughter in London. This assistance is from 'The Befriending Scheme' - an organisation set up by the Black community in Granby to assist older people experiencing problems.

Similar to the above, a number of respondents who lived some distance from their children mentioned how at times this triggered feelings of loneliness especially after returning home after staying with their children and grandchildren. This is what one respondent said:

JRCF86

Yes I do feel lonely sometimes - particularly at this moment, having just returned from staying with my sons.

### **Coping Strategies**

Many, therefore do feel lonely at times however, almost all have developed strategies to cope with feelings of loneliness. Respondents stated that such coping strategies came into play if they began to feel lonely, in which case they take themselves out or pick up the telephone and speak to someone and the feeling soon passes. Most of the respondents distinguished between feeling lonely and being alone. Feeling lonely was considered to be a very negative experience, yet, choosing to be alone was considered a very positive experience. Only one respondent stated that she did not like to be alone at any time - this is what she said:

MDF84

I never like being on my own that is why I go out so much.  
As soon as I feel lonely, I go out.

Most in fact stated that they certainly enjoyed spending time alone. Some stated that they enjoyed the peace that comes with being alone. A number said it gave them time to reflect – ‘to be alone with your own thoughts’.

PRF78

I always enjoy having a few hours on my own. I have friends whenever I need them.

EBM76

I like peace; sometimes it can get a bit boring but I can get out if I need to.

JEM93

Sometimes I like to be alone with my own thoughts.

DHM60

You do get used to your own company, I mean, I don't think I ever get lonely.

CJF89

It does not worry me being alone, but now I don't have my sister the nights seem lonelier. Overall it doesn't worry me - I have the radio and my book. I just wish people would just call in sometimes.

LTM78

I can enjoy my own company and I can be a bit of a loner. The thing is you can be selective in the company you choose. I don't need people around me to make me happy.

DPF73

I don't mind being on my own, but I always keep the radio on because the house doesn't feel so empty.

JTM83

I like company but it doesn't effect me being alone. In fact, I rather like it at times. I think it's nice to shut the door and get in front of the fire in winter - I like the warmth and comfort.

It seems therefore that loneliness although experienced, is managed through a number of coping strategies. However, it is worth pointing out the fact that the respondents in this research, by agreeing to be interviewed says something about the type of person they are, and the kind of social life they lead. By this I mean, the vast majority of respondents were 'engaged' with what was going on around them - they were not reclusive or 'loners' they enjoyed 'joining', volunteering, having friends, being with family, and so forth. They appeared to have developed strategies and outlooks, which could cope with and manage certain levels of loneliness. Nevertheless, It seems that when loneliness cannot be coped with, as was the case with one of my respondents, it can lead to serious depression, with a subsequent loss of the will to live. These most vulnerable of individuals who become seriously depressed through loneliness can be helped however with adequate community back up and a commitment by housing authorities and social services to prioritise the needs of such vulnerable people.

### **Social Trauma**

Social Trauma is a term I use to describe those aspects of daily living, which takes place in the public sphere, over which older people seem to have no control, and



which impact greatly on their ability to maintain a quality in age. It embraces issues such as how the quality of the urban environment influences older peoples' lives, their access to the National Health Service and specifically, the treatment they experience under the NHS. It focuses also on what is becoming an increasingly insidious part of health care for older people namely health care rationing, and considers a number of disturbing reports and accounts of the treatment that the most vulnerable of older people receive in NHS hospitals: treatment that can only be described as institutionalised neglect and abuse.

### **Quality of the Environment**

In the research methods chapter I stated that an important part of the reasoning behind using a ward-based analysis was to enable me to see how spatial features such as geographical location and urban space effected older people and to assess the impact of these features might have in effecting quality in age. The vast majority of my interviews were conducted in the respondent's own homes, which gave me the opportunity to witness first hand the quality of housing that older people inhabit. Visiting the eight wards also allowed me to compare the spatial characteristics of each ward. I discovered through fieldwork observation combined with depth interviews that housing, transport and crime were the three most significant environmental factors that effected older people's lives. I concluded that the quality of the urban environment does have a marked impact on the quality in age.

### **Housing**

The majority of respondents 62 per cent were owner-occupiers. Many had purchased their homes under the 'right to buy' scheme introduced in the 1980's. A significant number still lived in rented accommodation (27 per cent), ranging from local authority, private housing and Housing Action Trusts (H.A.T.). The remaining 11 per cent lived in high quality rented Sheltered Housing, with the exception of one respondent who had purchased a sheltered apartment in a private complex.

The quality of the housing and internal decoration varied from adequate to in some cases luxurious, but there were two exceptions. One was an eighty-year-old man

from the Somali community. He lived in what can only be described as the most appalling conditions. His home was a small family terrace in the centre of Liverpool. Most of the houses in the street were boarded up and due for redevelopment but he lived alone following his wife's death two years earlier. I interviewed this gentleman through an interpreter from the Somali community. Although he informed me that he received help in the form of cleaning and meals on wheels from social services, most days of the week, the conditions he was living in were quite appalling. The room where he spent most of his time was ill kept and dirty. His heating consisted of a calor-gas heater in the centre of the room, and although it was a warm day, he sat on top of it during the entire interview, obviously feeling the cold. I discovered that this man did get support from his family and he spoke very highly of them. In fact, his daughter and granddaughter paid a visit during the interview. However, in my view this man was suffering from the most serious neglect, by both social services and his family. It later transpired that he had been on a waiting list for sheltered housing for over two years yet did not have a date for moving.

The second exception was a Black Liverpudlian of Ghanaian decent. This respondent had fought in the British army during the Second World War and was given nationalisation in 1948 (his nationalisation certificate was framed and mounted with great pride in the centre of his wall). This respondent and his family have lived in Liverpool since 1948. This gentleman's wife died last year and although he lives in excellent sheltered accommodation, he feels severely lonely and depressed. The depression gets so bad at times he said; 'that without God's help I couldn't go on'. The reason he told me was that although he has eleven children, all lived in different parts of the country so he very rarely sees them. All he wanted was to be able to move closer to two of his daughters, both of whom live in London, and his daughters also want him to move closer so that they can take care of him. The problem is however, that his daughters have large families so he would need to go into sheltered accommodation. Yet, despite a number of people within the Black community trying to arrange this transfer, to date no sheltered accommodation has yet been found.

The above examples raised a number of important issues. First, both cases came from Liverpool's Black community and could reflect what Norman (1985) describes as

'Triple Jeopardy' meaning that to be 'old' and Black and have limited access to social services you suffer from the severest forms of discrimination. Also, as a possible consequence of 'triple jeopardy', which applies to all older people, is the fact that older people do not have the time to wait for the slow wheels of bureaucracy to move. Although older people may live in adequate social housing, quality in age is jeopardised, by the inability of officials to recognise the psychological damage caused to older people, through forced separation from their families. These cases also highlight what may become a significant factor in the future, particularly if government policy is serious about supporting older people in their own homes as long as possible. Namely, the need to provide more high quality sheltered housing and to manage transfers more effectively to ensure that older people can be close to caring families. As my research has shown, 11 per cent are already in the sheltered sector. This need is bound to increase as more older people reach their eighties and nineties and still wish to remain independent. The Liverpool Public Health Annual Report 1997 (1998) confirms my own findings when it concludes 'the expected growth in the population of older people has implications that major investment will be required in the near future to enable people to retain the ability to stay in their own homes. Of those older people thinking of moving, the vast majority sought rented accommodation, very few showed interest in a residential home' (p.29).

Although nearly two thirds of respondents were owner-occupiers, many had purchased their homes under the 'right to buy', and as such were part of the old social housing on council estates. Many who bought under this scheme did so when the quality of their estates was quite good. However, many believe that the quality of their environment has significantly deteriorated. Furthermore, they argue that their estates are now being used as areas for 'social dumping', with the council using these estates as a repository for 'drug addicts, criminals and single parents'. These characteristics confirm what Burrows (1997) refers to as the trend for two quite distinctive communities to emerge on such estates. He goes on to argue that within this sector quite profound differences in culture and lifestyle are causing a particular polarisation. At one end there are the long standing older residents who have lived in social housing all their lives and remember a time when having a council house was a desirable goal. At the other end are the new younger residents, experiencing many

problems: unemployment, low income, poor work skills and perhaps drug abuse. As Burrows (1997) makes clear whilst social housing is being given to those in most need this has severe penalties for the stability of the community in which they are placed.

The respondents believed that not only is there a change in the type of people in the area but that they bring with them an unacceptable lifestyle and culture. Much more serious in their view however, is that this lifestyle and culture is now the accepted norm. They believe that this new standard threatens their own lifestyle and culture. They believe the 'newcomers' get all the benefits of social housing, moving into homes completely refitted and decorated yet, contribute little to the community. Both of the following respondents have lived in their council houses since childhood, both purchased under the 'right to buy' and both live in Pirrie Ward.

VFF74

It has changed around here in fact we call our house a little palace within Beirut.

JRF65

I think they could sort the housing out and not just turn these estates into dumping grounds. Most of my old neighbours have gone now, and as each neighbour goes, they seem to be putting in one-parent families. I have nothing against one-parent families - I have them in my own family. I was born in this house and it was lovely here (Norris Green) but now there is a known criminal living in the house opposite. Frankly, I think it is unfair that they should be given houses here- it's quite frightening. My mum brought three of us up here and we brought no problems but now you see all this. Why are they putting such people in these houses it was such a happy place.

Pirrie Ward was the only area in this research about which residents expressed such anxieties.

A number of respondents lived in two tower blocks that were situated in areas of mixed social and private housing. One was in Arundel Ward bordering Sefton Park and one was in Church Ward by Wavertree Clock. Both blocks had been taken over

by Housing Action Trusts, which had completed extensive renovations. Many of the residents in these blocks are long standing and consequently knew each other very well. My first impression of these blocks was that they seemed quite unacceptable for older people. Yet, I soon came to realise that living in such blocks was more like living in a vertical village consequently, had many advantages for older people. Each flat had an entry phone system and double doors at the entrance, which enabled the residents to see any callers at their own front door before they opened it. There was also a resident caretaker, which gave the residents a considerable feeling of security. The H.A.T also employed residents as block representatives and a flat had been set aside to encourage residents to mix and discuss possible problems and requests. Many of the residents living in the flats bordering Sefton Park have the most wonderful panoramic views over the park to the River Mersey. One could begin to understand why living in and wanting to remain in these high rise blocks had so much appeal.

I also began to understand just how important the concept of 'home' was to older people. The respondents displayed a deep emotional attachment to their homes that provided them with a profound sense of personal and emotional security. I believe this goes some way towards understanding why some of the respondents felt such resentment towards those who threatened this. Each home is not only their personal space that they have lived in for many years but its very walls provide the warmth of a security blanket. Each home carries with it the memories of their grown families and friendships - the fabric of which seems to echo with their spirit. One respondent told me about the tremendous sense of comfort he feels from sensing his dead wife's spirit in the house. Another respondent recently bereaved, told me about being able to smell her husband's cologne that gave her a deep sense of security. Each home therefore carried the spirit of their entire life-course - energy of its own that is almost tangible.

The majority of the respondents had lived in their homes for fifty, sixty and seventy years in some cases; hence, you can understand the deep emotional and spiritual attachment to these very personal spaces. You also understand the real apprehension older people feel about having to move out of their homes through incapacity and

into residential care. Yet, if the need arises then to be able to make a home with their own furniture, clothes and smells around them, will go some way towards helping older people adjust to new surroundings. This is why the point I made earlier about the need for sheltered housing becomes so imperative (see Peace & Johnson 1998).

### **The Fear of Crime**

Alongside the apprehension older people feel about losing their home is the fear of crime. In the literature on 'the fear of crime', older people are usually discussed as a group who experience high levels of the fear of crime yet low levels of victimisation (Pain 1997). This is usually discussed as an irrational fear that has no bearing on reality. Yet, as Pain (1997) points out the missing discourse in work on crime and older people are the perceptions of older people themselves, and the various ways in which they identify or situate themselves in relation to crime or fear.

Although my research showed that geographical location had virtually no bearing at all on the emotional and spiritual attachment older people have with their homes, fear of crime did. Of the eight wards in the research, the precautions that older people took bore a direct correlation to the type of residential area and the levels of deprivation in that area. Of the four areas that had deprivation scores, Granby, St Mary's, Pirrie and Arundel, respondents in all four areas expressed a high level of fear of crime. In three of those areas Granby, St Mary's and Arundel four respondents had been the victims of crime: crimes that included; mugging, burglary and bullying by teenagers. In the remaining, four wards that had minus deprivation scores, only two respondents in two of the wards, Woolton and Church reported experiences of crime. In both cases, it was harassment and bullying by teenagers.

Some of the crimes committed may or may not have a direct bearing on age. However, the taunting and bullying by groups of teenagers does. It seems older people are seen as the soft option by certain teenagers, who taunt and bully just as they probably do or have done to younger children in the playground or elsewhere. This seriously restricts older people's ability to move freely around an area. This was how one woman expressed her fear:

EDF73

I am afraid of going out in the dark. I do go out if somebody will go with me because groups of youths intimidate me. I know there are many good youngsters about but there are many uncaring youngsters who must have grandparents themselves. Sometimes I wonder how they feel towards their own grandparents when they know they intimidate you.

My research challenges the idea that older people experience high levels of fear of crime but low levels of victimisation. As my findings indicate the fear of crime and the experiences of crime correlate closely. Both of the previous factors also correlate closely with levels of deprivation in a particular area. So older people's fear of crime and experience of crime is also dependent on the type of area in which the older person lives. Therefore, contrary to the opinion that older people magnify the likelihood of being victims of crime, the fact is that older peoples' fear of crime appears to be directly informed by their experiences of crime.

However, the management of the fear of crime effected all my respondents to a greater or a lesser extent. Therefore the daily management of the fear of crime becomes a crime prevention exercise, which for older people is structured around two central themes; what I term the '*Curtailement of Time*' and '*Spatial Exclusion*'.

#### **'Curtailement of time'.**

I stated earlier that time loses its significance and authority in terms of clockwatching once retired from waged work. It becomes more fluid and less constraining. However, time takes on a different meaning when it is related to the fear of crime. Time for older people is split into two periods, the hours of daylight and the hours of darkness. Daylight hours are the freedom hours - the hours in which outdoor activity is undertaken because it is within these daylight hours that older people feel most safe. Most recreational and essential activities are undertaken during the day. Shopping for example takes place during the day. Late-night shopping and hypermarkets open twenty-four hours a day are of little use to older people, given that only 18 per cent of older people in this study drive cars, of which only 8 per cent were women. All drivers were also under eighty. Of those respondents without cars

only two mentioned going out at night. One respondent had the means to take taxis wherever she wanted to go. The other respondent was eighty years old and she simply had no fear about going out at night on her own. She went out to various functions most evenings using public transport.

### **'Spatial Exclusion'**

The appropriation of locations by certain groups left many of the respondents feeling excluded from certain spaces. This was particularly noticeable with the city centre at night. The majority felt that the city centre is geared to the needs of a much younger generation. A culture has developed therefore which is geared for the twenty-somethings to inhabit mostly during the hours of darkness. The creation of ageist space is being actively promoted by city planners who promote Liverpool as a 'student city', and where student culture is promoted through the bars, nightclubs and shops. Very little account is taken of the fact that older people represent almost 21 per cent of Liverpool's population who also have needs for entertainment and socialising. Just as in the past city planners created gendered space they have now created ageist space in the city centre. One of the few places that older people could visit for a night's entertainment was the Playhouse Theatre, which has now been allowed to close through lack of funding. This is but one example of the manner in which older people are purposefully excluded from the city centre at night. This is what one respondent said about the city centre at night - a point made by many respondents:

LHM76

There are certain slots in society that you have to accept you do not have access to.

Another area of spatial exclusion for older people is 'the streets at night'. Many of the respondents mentioned that they remained indoors during the hours of darkness because they were generally fearful of the streets at night. Almost without exception, older people feel that the streets of Liverpool at night are out of bounds to them. This is also true of public transport - 98 per cent of those interviewed would not use public transport at night. Therefore, if respondents did not have access to a car or



were unable to afford taxis - they simply stayed indoors. This means that in the winter months older people afraid to walk their own streets and use public transport during the hours of darkness, can be confined in their homes for up to seventeen hours a day. Perplexing really, given that lifetime is getting shorter that more restrictions are placed on the use of that time.

Also of fundamental importance to older people is the effect that this curtailment of time has on their physical activity. Physical activity is fundamental in maintaining health, functional independence and well being (Ginn, Arber & Cooper 1998). In their paper '*Healthy, wealthy or wise? Which is most important in influencing physical activity among older people*', the writers have conceptualised the lack of physical activity around the issues of gender, education and material deprivation. The fact that older people, regardless of any of the above variables may have their physical activity restricted by 'curtailment of time' and to 'spatial exclusion' is yet to be recognised as a fundamental factor in maintaining physical activity. For older people to be forced to stay in their homes up to seventeen hours a day in winter months means that their physical activity is being severely restricted. This not only increases the risk of many illnesses associated with sedentary lifestyles such as obesity, high blood pressure, cardiovascular disease and stroke (WHO 1995). It also, severely detracts from their overall well being; increasing the possibility of mental health problems such as depression (Council of Europe 1995). Knock on effects in terms of resources could include extra costs in healthcare, Community Care, Emergency Care and residential care.

The concessionary bus-pass however seems to be one of the greatest contributions the city council has made to promoting physical activity and therefore the well being of older people in Liverpool. It is available to all pensioners free of charge and can be used on Merseyrail, as well as all Liverpool buses during non-peak hours. With only one exception, all respondents made a great deal of use of their bus-pass. For many it was a valuable source of extra income, also a lifeline that allowed them to travel freely throughout the Merseyside area. Something, which many could not otherwise do on very limited pensions. Free transport also has a tremendous knock on effect with physical well being since keeping older people active helps to guard

against morbidity. Being able to visit family, friends, and different places of interest also contributes to the psychological well being of older people. Many used the bus-pass to shop around for the best value food - often travelling two or three miles by bus to find the best value supermarket. This is what the respondents said about the benefits of the bus-pass:

PKM83

I do think the bus-pass is excellent - I do not know what I would do without it. I can get about all over the place, which I could not afford to do without it.

VFF74

We think our bus-pass is great without it we would be lost.

PAF80

I had my car until I was seventy-five. I kept it going as long as I could but I am lost without it. I would be really lost without the bus-pass though.

The Liverpool Public Health Report 1996 (1997: 63) recognises that the relationship between physical activity and health is not new and it states:

Studies have clearly shown that people who do not take enough exercise are much more likely to develop coronary heart disease. Physical activity also helps to protect against the risk of developing stroke, non-insulin dependent diabetes mellitus and obesity, and it can help to promote good mental health. It may also protect against osteoporosis and some cancers.

The bus-pass therefore becomes more than just free travel when viewed in this context. It can also be the passport to maintaining good physical and psychological well-being, as well as making an important contribution to very limited incomes.

This association between older peoples' health and environmental factors was acknowledged in Liverpool's Public Health Annual Report 1997 (1998). It stated that in 1996 Liverpool Health Authority established the 'Older Care Management Project'.

Following on from focus group discussion they had implemented a 'Strategy for Older People', which recognised the following needs:

An adequate income to support a modest lifestyle.

A decent home to live in that is warm and dry.

An environment that is benign.

Accessible transport.

Freedom from crime and the fear of crime.

Opportunity to socialise, learn, get exercise and contribute to the community.

Adequate, accessible health care and care in the community when needed.

Excellent! At last Health and Social Services understand what the older community want, but then you read on a little further and examine what you hope to be the implementation of an action plan to address the aforementioned issues. No such plan exists. What is stated however, is that a new post has been created entitled 'Care of the Elderly Co-ordinator'. This is the result of a joint initiative between Liverpool Health Authority, North Mersey Community NHS Trust and Social Services. It goes on to describe what this new role involves (p.55):

Care of the Elderly Co-ordinator is to work closely with Primary Health Care Teams and staff at local Social Services offices on a neighbourhood basis.... To improve the health and quality of life of the over 75 population, and to reduce their demand for avoidable or preventable acute secondary care. Their role incorporates the co-ordination of a more comprehensive and cost-effective health screening of the population aged 75 and over by the Primary Health Care Team, in order to identify any unmet health and social care needs.

There are however a number of problems with this strategy. For example, older persons' needs have already been identified in the Public Health Annual Report 1997 (1998: 54) as shown above. There is also a problem of targeting only those persons over seventy-five, thus failing to recognise the sixty to seventy-five age cohorts: a cohort that would benefit greatly by preventative health care education. Enacting this kind of initiative with the younger age-cohorts could prevent many problems in the

future and avoid deterioration with the risky over seventy-five year age-cohort. What is most disappointing with this initiative is that although the Public Health Report 1997 (1998) recognises that older people can best be served by a holistic approach, the stated aims of the Care of the Elderly Co-ordinator appear to be wholly informed by a bio/medical understanding of the needs of older people.

Older peoples' quality in age is continually being undermined by those who view ageing with medical needs and stereotypes alone. Although older people do not deny that they have specific medical needs, which I will come to further on in the chapter, the majority feel that these needs become the stereotypes by which they are portrayed. The reality is that they are a diverse group of people with multiple identities, multiple needs and multiple experiences.

### **Healthcare Rationing**

As I noted earlier, the biggest single fear that older people have is loss of independence. Loss of independence means serious decline in their physical health leading to incapacity – 'losing the ability to be self-determining'. A small part of this fear is a recognition that the physical body is deteriorating, but many older people regard themselves in relatively good health whilst living with some form of incapacity such as asthma, heart problems, loss of eyesight, deafness and so forth. Many older people accept and live with levels of incapacity without it limiting their activity. The following example is just one of many I came across whereby various levels of incapacity did not limit activity.

MDF84

I have Angina for which I carry a spray. I also had a heart attack two years ago, but I think I am doing well for my age (84). I go out socialising every day, and I cook for the luncheon club twice a week.

However, the biggest part of this fear is the dawning realisation that they are not been given the health care they need, at the time they need it, in order to stop further deterioration. Generally there seems to be little difficulty in securing an appointment to see a doctor, although I did come across instances where patients had to wait up to

a week for a 'non emergency' appointment. This seems to arise where doctors' receptionists are asking older people at the time of telephoning for an appointment - whether or not their wish to see a doctor is an emergency or non-emergency. On the surface, this may seem a good way of prioritising the doctor's time. However, there could be a problem when the receptionist requires the older patient to self diagnose. Some older people afraid of being seen as a nuisance will be very reluctant to prioritise their own needs above that of others. One respondent I spoke to who suffers from severe arthritis in his spine, and, is in pain most of the time, informed me that if he is not prepared to say it is an emergency, he may have to wait up to a week for an appointment. One particular respondent herself working in a pharmacy gave me this insight into what is happening to some older people in the community:

JRF65

There is one lady who pays hundreds of pounds a month for care - ok she has the money, but that is her savings. Now because she called the locum out too many times in the last eighteen months, because she is ill and going a bit senile, they have crossed her off the list - isn't that disgusting. Her friend now has her onto another list. I can tell you now, this day and age being old is a crime they do not want to know.

Several of respondents' concerns highlighted the often-arbitrary way that their health needs are dealt with at local GP level, referrals to hospital, and the length of time spent on waiting lists.

LTM78

The biggest problem is my arthritic hip, which is deteriorating - I need a new hip joint. My doctor says he cannot refer me because you have to be crippled. I said I am bloody crippled. I have been so active all my life and it just annoys me because it stops me going to places in the town. I have to try to work out what needs doing, and meetings, which I need to attend so that I do not have to go back into town twice in one day. If I got my hip replacement, I could start all over again.

PKF83

When my wife was suffering with her hip, she waited 18 months for an operation. After the operation, the social services support was very poor. No help was offered to us at all.

SBF90

They told me that I had a cataract on my eye. They said they would definitely have the operation done by last August (now February) and it isn't done yet.

EDF73

I have trouble with my hearing and I went to the Royal Hospital last October to get it checked out. They said I needed a hearing aid so they put me on the waiting list - I am still waiting (now February).

DPF73

I should have a stair lift - I've been on the list since 1995, but apparently the council have only ordered another 10 (1997) and I am 21 on the list - so I don't know when I will get one.

I found in this research that 11 per cent were waiting for hospital appointments, some of them a very long time. I was also astonished to discover that no official statistics are kept about the length of time that patients have to wait for an appointment following referral to hospital. This is extremely serious given that many older people's condition could deteriorate rapidly and could become an emergency admission; some could even die 'waiting'. No statistics are kept about the length of waiting time for hip replacement, cataract operations or hearing problems. Yet according to the Liverpool Public Health Annual Report 1997 (1998) there is documented association between hearing and visual problems, and depression amongst older people.

According to the Liverpool Public Health Annual Report 1996 (1997: 143) amongst older people, there is an extraordinary high number of emergency admissions: the over 75-year-olds accounting for 22.4% of all emergency admissions. Alongside this high number of emergency admissions is a very significant increase over the last six years; a 7% rise in admissions for those aged between 65 and 74; no rise for those aged between 75 and 84 and a 26% increase in admissions for those aged over 85 (p.141). According to the same document, it recognises that in order to support effective emergency care, work is needed on the prevention of emergencies. It states:

There is good quality evidence from a randomised controlled trial of case finding and surveillance of the over 65s, that health surveillance of those identified to be at risk by a

screening questionnaire has a significant impact on mortality and improves self rated health status. Whilst this study did not show any difference in the hospital rates of the intervention and control group, the length of stay of those aged 65-74 was significantly lower in the intervention group. GPs are encouraged to undertake health screening of those aged 75 and more; the evidence suggests that this screening would be more effective if it were targeted at those identified by survey to be at greatest risk..... And it is recommended that part of their function should be to ensure a cost effective system is developed for health checks of those aged 75 and over, concentrating on those at greatest risk, e.g. in deprived areas (p.144).

There is evidence therefore as stated above, that health surveillance of those most at risk 'has a significant impact on mortality'. It also showed that those screened had greatly improved recovery rates. However, the report omitted to acknowledge that factors such as those mentioned earlier by the respondents; referrals from GPs, length of time waiting for hip replacements and cataract operations, inadequate help with mobility could drastically increase the levels of emergency admissions of older people, as a result of waiting so long for help and treatment. It maybe the case that an increasing number of older people needing surgery to drastically improve their quality in age, may only receive it under emergency admission, and then only if the hospital concerned is not operating implicit rationing of services to older individuals. There are cases where older people have been denied access to emergency services as was the case with Hillingdon Hospital in October 1996, when it was announced that all persons aged 75 and over referred by their GP for emergency treatment would be refused due to lack of available beds (Evandrou 1998).

Some authors have argued that the spiralling rise in health care costs have meant that many countries have found the need to set priorities in healthcare, (Honigsbaum, Calltorp, Ham & Holmstrom 1995: Hunter 1997: Moody 1998) which according to Hunter (1997) is a euphemism for rationing. In this country however, many GP practises act as their own budget holders which means that many GP practises have tremendous autonomy in setting their own priorities, and indeed in the decisions about who gets access to secondary care (referral to hospital). Health authorities can face major difficulties when trying to set priorities (Hunter 1997). This can have

major consequences for older people, as respondents' experiences have shown, when GPs implicitly or explicitly practise age discrimination. Whether this is denying them access to hospital consultants, or, delaying appointments, both of which is another way of withholding treatment. Once in the secondary care system, older peoples' needs seem to be viewed as a very low priority on waiting lists. Hunter (1997:22) argues 'decisions not to treat are couched in terms of clinical decisions thereby obscuring what are in effect rationing decisions'.

The Department of Health maintains that treatment is not denied because of age or lifestyle alone arguing that the Act, which created the NHS, calls for a comprehensive service; that statute must remain. Yet, health authorities have been free to exclude services if they wish (Honingsbaum et al 1995). A number of American Bioethicists have stated that some British patients can wait up to five years for a hip replacement because the thousands of people with arthritic hips would impose extra costs on the NHS if all were treated (Moody 1998:121). Therefore, it is quite justifiable to conclude that GPs also are practising implicit rationing given that some older people experiencing crippling pain cannot even obtain a referral to hospital by a GP.

The British NHS has often been held up as an example of excellence, no mean feat considering that it consumes only 6 per cent of gross national product, one of the lowest rates in the developed world (Honingsbaum et al (1995). However, now it is being viewed as setting the precedent for health care rationing, and a model of health care rationing by age, which could be introduced in the United States. This is how Moody (1998:98) sees it:

In Britain for many years, kidney dialysis has routinely been withheld from people above a certain age - usually 55 years. Doctors do not refer these patients to clinics that offer dialysis treatment and they simply die. In addition, despite official denials, it is estimated that in Britain 19% of coronary care units have upper age limits for admission and 40% have upper limits for clot-dissolving cardiac therapy. CT scans, total parenteral nutrition, hip replacements, and cancer chemotherapy are administered at lower rates than in the United States. In short, British health care authorities use a



variety of mechanisms to avoid providing care to the elderly for some conditions, including deterring people from seeking health care, delaying services, diluting the quality of care and outright denial. British primary-care physicians have been forced to serve as gatekeepers for the system; they are responsible for denial of lifesaving care or for imposing age cut-offs. Some officials have defended these policies on the grounds, as resources are limited, it makes more sense to provide funding to improve quality of life - for example, offering ample home health care for elderly people. However, as the covert practise of withholding some treatment for older people has become known, public defence of the practise has been abandoned.

Hunter (1997) substantiates this state of affairs when he argues that there is evidence that age discrimination exists particularly for coronary care, thrombolysis and end-stage renal failure. Hunter also goes on to argue

There is also a view that age discrimination could arise if purchasing authorities in the NHS negotiate separate contracts for different age groups especially if resource pressures continue to exist. These will, or could encourage practitioners to inhibit the access of older patients to expensive but beneficial care. While age discrimination does not officially exist, it clearly occurs in practise (p.22).

Therefore, can there be any justification for age based rationing of care? Howse (1998) argues that along with the increased pressure in demand, that has accompanied the expansion in 'available interventions', a very important debate has emerged about the kind of policy response that should be made to this demand. As Hunter (1997:5) argues 'there is little to be gained politically by a government seeking to be rational and explicit about rationing', and cites Rudolph Klein's famous observation, which is, 'governments centralise credit and diffuse blame'. Hunter (1997:13) continues:

Since no astute minister or right-thinking politician could conceive of any credit being forthcoming from centralising responsibility for rationing health care, it only makes sense to devolve responsibility for it to the agents of ministers: namely, health authorities and trust boards. How they cope with the task, or more likely do not cope with it, is therefore of greater interest than that associated with what ministers

should or should not do. And who can blame ministers for not wishing to get involved? They of all people are very well aware of the dilemmas and pitfalls arising from rationing especially when it becomes explicit. They embrace it at their peril.

There are it is stated, simply not enough resources both financial and human to satisfy all the demands placed upon them. According to Hunter (1997:11-12)

Rationing health care is, then, an issue of growing concern and interest to all those engaged in this activity whether as policy-makers, practitioners or recipients. Nevertheless, this is not to argue that it is a new problem. Far from it. Rationing is as old as the NHS - indeed, older. What has changed, to be more precise what many wish to see changed, is the degree to which rationing should remain implicit or should become explicit. Those who argue in favour of rationing becoming explicit cite the 1991 NHS reforms as heralding a significant shift in policy. Somewhere between the paternalists who wish the status quo to continue unchanged on the one hand and advocates of citizen power on the other is a third group who might be labelled realists. They take the view that the implicit system of rationing has many advantages and that we overthrow it at our peril. Being explicit may not always be preferable or an improvement on what went before. But this same group also acknowledges the need to equalise the power balance between professionals and users respectively where the latter are often unable for a variety of reasons to get their own views across or be seen as genuine co-partners or co-producers in their own health.

Hunter (1997) argues quite unequivocally that his intention in writing the book was to set out the relevant arguments about health care rationing. Whilst he also makes his own position quite clear, namely, that though the present system of implicit rationing is imperfect, 'it may be a good deal less so than any of the alternative approaches being proposed' (p.12). Although he does not make the case explicitly, implicitly he appears to believe that age-based rationing should occur.

So what are these alternative approaches being proposed? According to Moody (1992) the idea of age based rationing in America came from the British practise of withholding kidney dialysis based on age. 'Although the early debate about rationing did not extend to the 'elderly', they were considered part of the 'deserving poor' and

as such there was no question that the health care needs of the old could and should be met' (Moody 1992: 402). However, that soon changed with the cost containment policies of the Regan era (Moody 1992)<sup>2</sup>. One of the chief protagonists of age based rationing is Daniel Callahan who advocates in *Setting Limits: medical goals in an aging society* (Callahan 1987) that all human beings have a natural lifespan of 80-85 years. Therefore, when people have had their fair share it is time to move over and let others have their turn (Moody 1998). This kind of rationale has come to be known as the 'fair innings argument'. 'It is proposed, not merely that Americans should be persuaded to accept the idea of a natural lifespan and so moderate their demands on the health care system, but that someone who has exceeded the natural life span should be deemed ineligible for life-preserving technology' (Howse 1998:241). Daniel Callahan argues that other cultures believe that ageing should be accepted, and that it should be in part a preparation for death. Whilst he undoubtedly gets the first part right he is way off in the second. If we accept that there is meaning in ageing, than we cannot justify the process of ageing in Callahan's terms simply as a preparation for death.

Yet, as Moody (1998) points out most of the money spent on health care for older people doesn't go for high tech care in hospital settings; instead, it goes on primary care such as prescription drugs, nursing home care and home health services. Even Callahan 'the fair-innings man' agrees on spending more resources funding long term care. The costs of long term care are predicted to rise in the future: however, the increasing costs of healthcare according to Moody (1998) cannot be attributable to longevity alone. Several other factors must be added to the equation such as the increase in expensive new technologies; the rise in wages of healthcare personnel, as well as fraud, waste and abuse, including excessive and futile medical treatment. Moody (1992) believes making a scapegoat of the older population misses the big picture.

A fact that is lost when longevity is seen as a costly exercise is the reality that the majority of older people do not live in high cost residential establishments. In

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<sup>2</sup> For a fuller discussion on the impetus, for age based rationing in America see Harry R. Moody (1992) Bioethics and Aging. In Cole et al (1992) *Handbook of Humanities and Aging*.

Liverpool's case for example, just over 4 percent of those over pensionable age are living in communal establishments (see Liverpool Older People's Strategy 1998-2003). Neither do they differ in their health needs compared to the rest of the population. This can be shown by the fact that although 80 per cent of all deaths occur in the over 65 year olds, the cause of death profile of the over 65 years is almost identical to that of all ages (Liverpool Public Health Annual Report 1996). In only one area did the cause of death profile differ significantly between the 15-64 year olds and the over 65-year-olds. This was in death caused by stroke: 15-64 year olds, 6 per cent of all deaths, 65 years and over, 11 per cent of all deaths. Stroke however, can be managed or even avoided by better management of hypertension, atrial fibrillation and use of aspirin for high-risk patients: Indeed a Stroke Strategy is now being developed city-wide in Liverpool (Liverpool Public Health Annual Report 1997). This profile suggests that older people do not need or indeed do not have access to costly high tech interventions anymore than any other age group.

There are dire consequences to these rationing choices particularly for the very vulnerable in society - those of age without disposable income. It becomes a problem not only of age but of class as well. The least well off will continue to have the least access to preventable health care. If age based rationing continues to operate albeit in an implicit way, or, there comes a point where high age disqualifies you from medical care, then access to healthcare becomes polarised amongst the older population. Those older people who have the income to 'buy in' increasingly scarce healthcare, will survive, those who have not, will simply be allowed to die.

There seems to be an underlying theme running through the discourse that the NHS can never be as good as its original intention that indeed the principle of universal health care free at the point of need was always a myth. Rationing has always existed and paradoxically it will continue as more breakthroughs in clinical knowledge develop. However, the practise of inhibiting access of older people to beneficial care is perhaps one of the most morally repugnant practises covertly operating in the National Health Service - it cannot be justified. The concept and practise of health care rationing disputes the very founding principles of what is generally understood to be at the core of the National Health Service, notably that healthcare is available to

all at the point of need. As Hall (1922:434) pointed out 'why is it assumed that older people's hold on life is so precarious that medical care is less likely to be rewarded with success than at earlier stages of life'. Are the claims of older people weakened simply because they have lived longer (Howse 1998)? This rationing of health care at the point of need to older individuals is I believe seriously damaging their health and their quality in age.

### **Defective Hospitalisation**

In this research although I was interviewing older people whose ages ranged from 60 to 94 years of age I found that only 10 per cent of the sample had been an in-patient in hospital during the last year: none were suffering from a life threatening illness and all were discharged back into their own homes. These figures challenge many of the assumptions about bed blocking and older people as a drain on healthcare resources. All the respondents believed that they had received adequate care as an in-patient. Yet, it must be pointed out that those interviewees who had been an in-patient in hospital were also quite assertive and articulate people who I believe were quite able to command an adequate level of care. However, it has been brought to my attention that once in hospital some of the most vulnerable older people are not given adequate care and attention, and indeed many are not treated with the respect and dignity that should be a fundamental part of their care. I was informed by a senior social worker that many older people deteriorate drastically once admitted as an in-patient to hospital. This is believed to be caused by inadequate care and attention on a daily basis. Some older people in Liverpool hospitals are not fed adequately at mealtimes. Some wards with large numbers of older patients can have only two student nurses to assist in feeding - if they do not have the time they have admitted the patients simply do not get fed. Some patient's false teeth go missing; others do not get any exercise, in fact a chronicle of abuses, which unfortunately are not isolated instances. It is part of a much wider problem that is only just beginning to be recognised.

In an article in the Sunday Times (19 July 1998) by the medical correspondent Lois Rogers argues that 'the situation is becoming so serious that some relatives have

accused medical staff of 'involuntary euthanasia'. In the same article, Rogers states that the British Medical Association has admitted that decisions on whether to save the lives of very ill patients vary from hospital to hospital. There are as yet no guidelines or set procedures for ensuring that patients receive as much medical care as is necessary to save life. Rogers (1998) also states that in an analysis of 1,263 deaths over three years at four general practises in Merseyside it was found that more than 130 of them were the fault of doctors. A senior toxicologist, who was brought in to help with several investigations states that 'people are becoming aware of what doctors are up to'; the doctrine of dual effect, where clinicians alleviate suffering at the same time as hastening death.

A recent article in The Times by Michael Horsnell entitled *Police check hospitals over 'backdoor euthanasia'* (January 6 1999:1) states 'that the deaths of at least fifty hospital patients around Britain are being investigated by police and health officials amid allegations of a creeping tide of backdoor euthanasia'. The article highlights claims that doctors have withheld intravenous drips from patients suffering from dehydration, often while they were under sedation, which left them to die from thirst. In the most serious of these cases police are investigating forty deaths at the Kingsway Hospital in Derby where nurses claimed that dementia sufferers on a psycho-geriatric ward were starved and dehydrated until they became so weak that they died from infections.

Alongside these very serious allegations of involuntary or backdoor euthanasia are also the very serious findings made in a report published by the Health Advisory Service 2000 (November 1998) entitled 'not because they are old'. This report is a result of an investigation instigated by the launch of 'Dignity on the Ward' campaign by the Observer newspaper and Help the Aged. The report produced ten main findings, which chronicled a list of abuses against older people, which included serious lapses of care and ageist practises by nurses and medical staff. The report documented older patients being bullied by nurses (p.43); inadequate help with feeding those patients unable to feed themselves (p.18); patients left without a drink for over twelve hours (p.21); lack of help with washing and personal hygiene - one patient stated she had one bath during an eleven day stay (p.19). Possibly, the worst

example of institutionalised ageism was from the chief executive of a large, acute trust who believed that the hospital was 'compromised by the presence of older patients' (p.58).

The rationing of healthcare to older individuals therefore operates at many levels within the NHS. It is a system of gates and gatekeepers operated by the most unqualified at the first level of entry the doctors receptionist to the most highly qualified the hospital consultant. Further compounded by those Government agencies who devolve power and decision making down to the Health Authorities, hospital consultants and GPs who enjoy such autonomy about who receives care and who does not with such pernicious consequences. The stated aims of the NHS is that care is freely available to all at the point of need. The practise however makes a mockery of the statute on which the NHS was founded. Care is not freely available to all. Rationing operates and has always operated albeit implicitly, however, rationing of care to older people is accepted practise. The facts and the consequences speak for themselves. Rationing or exclusion from the most fundamental of provision based on age can only be described as institutionalised neglect, and severely hinders the ability of older people to enjoy a quality in age. Whilst I can state than none of my research subjects had experienced such abusive practises, their testimony has shown they had at the primary level of care experienced severe shortcomings in the system. It must also be pointed out that neither were they the most vulnerable being relatively fit, active and non-institutionalised. The documentary evidence in this section suggests that it does not bode well for those that are.

### **To conclude**

It is a truism to state that each one of us will experience personal trauma in our lives. We handle it the best way we can within our own experience. Age however increases the risk of personal trauma simply by the fact that you have lived longer. You are more likely to experience the bereavement of a partner or spouse - the risk if you like increases with age. Loneliness or the fact that you will be alone also carries increased risk as you age - particularly if you are a woman. However, in the majority of cases these experiences can be coped with, and if they cannot the community should be

there to provide a safety net, which we hope springs into action to catch those who are at their most vulnerable. The biggest fear however, for older people is the loss of independence - losing the ability to be self-determining. The loss of independence, brings with it feelings of intense vulnerability. These feelings may intensify when you become ill, need a doctor, or have to be admitted to hospital. The realisation that you have to put your care in the hands of other people; this is usually achieved however in an atmosphere of trust. When those of age are at their most vulnerable however, many experience what is described as the darker side of trauma - social trauma. Trauma caused by the institutions of the society in which we live that looks negatively on those of age. This chapter has highlighted those characteristics of social trauma such as spatial exclusion and the curtailment of time that older people have to face on a daily basis in the urban environment. Those aspects of the NHS such as defective hospitalisation, healthcare rationing for older people and those who justify rationing by age, also include, those very serious practises which can cause premature death which have been described as 'involuntary euthanasia' or 'backdoor euthanasia'. It is a shocking situation and causes much fear to older people to realise that they may be treated in such an expendable way. At best social trauma severely hinders and detracts from older people being able to enjoy a quality in age; at worst, the consequences are life threatening.



## Chapter Five

### Reconnection

#### **Introduction**

The previous two chapters have concentrated on documenting the roles, challenges and injustices that shape the daily lives of older people. It is an analysis, which supports Phillipson (1998:139) who has argued that 'older people are involved in sustaining their sense of self and identity in conditions that many yet to be defined as old would find difficult if not intolerable'. Part of sustaining their sense of self is the apparent paradox for older people, which surround the meaning of what it is to 'feel old'. Older people continually state 'I don't feel old', yet, when individuals of a high chronological age, state that they 'feel young inside', it is often dismissed by many as an attempt to cling on to some semblance of youth as the physical signs of ageing increase. Conflict therefore appears to exist between the outer ageing body and the inner youthful sense of self with the ageing body being objectified as the site of tension (Hepworth 1991; Biggs 1997). Others argue that tension exists only in those who experience a problem filled ageing (Tornstam 1996a). Following conversation with respondents I have attempted to conceptualise what they have described about this experience of 'feeling young inside'. It is my contention that rather than this being an attempt to cling on to the attributes of youth in a youth centred culture, it is more esoteric. This means that this experience is restricted to, and seems to be, understood only by the initiated minority - older people themselves.

This chapter explores the apparent paradox between the physically ageing body, and the inner subjective sense of self that remains 'young'. It builds on the work of Hepworth (1991), Biggs (1997), and Featherstone and Wernick (1995). The above writers all explore the concept of 'Cartesian Dualism'. Descartes contended that personal identity consists in the continued existence of a unique mind and that the mind and body are connected causally; I refer to the above theorists as 'dualists'. The

paper continues the analysis by contrasting a number of theorists of ageing whom I term the 'holistics', such as Oberg (1996) and Tornstam (1996a), both of whom challenge the 'dualist' school of thought. They argue that the ageing individual is less likely to experience a conflict between the outer ageing body and the inner youthful sense of self. In reality, they argue that the ageing individual is more likely to experience a sense of wholeness where body and mind come together. My contribution to this discourse is concentrated around the tension, which exists not between the physically ageing body and the inner youthful self, but the perplexity older people feel in finding a way of unlocking this inner sense of self; of finding a voice for their inner identity. An exploration of this inner identity, what older people term 'feeling young inside' has so far lacked theoretical development. This chapter therefore develops what I have witnessed amongst many of those I have interviewed, and demonstrates that whilst the characteristics may bear similarities to 'feeling young inside', what they experience is much, much more. Rather, than this experience being the site of tension between mind and body, it becomes a liberating force, the key that unlocks the secret garden to a whole new terrain of identity.

### **What is 'Old'?**

With few exceptions, the people I interviewed did not consider themselves 'old'. They all talked about this feeling of inner youthfulness despite the fact that their bodies were getting older. Chronological age therefore seemed relatively unimportant with respondents' ages ranging from sixty to ninety-four years of age. Even those in the higher age cohorts expressed the same type of feeling. Some respondents stated that they never thought about age. Others stated that it was only professional people who categorise you as 'old'. Respondents resented language or stereotypes, which could be used to categorise a person as 'old'. Many also stated, that they would like to escape from the marker of chronological age, as chronological age is viewed as the biggest stigma. It also became apparent that the respondents themselves also attached negative connotations to high chronological age: high chronological age being associated with 'old' and old representing an amalgam of negative stereotypes. However, if respondents could put an age on being old' it was always someone much older than himself or herself: simply being classed as old, did

not appear to fully represent their own experience. Respondents, whilst reluctant, to put a chronological age on 'old', were prepared to say, that there was such a thing as a state of old age, that could be defined by certain criteria rather than number of years lived. This I examine later in the chapter. However, before I explored this feeling of inner youthfulness with the respondents I wanted to know just how they did feel about the concept of 'old'.

PRF78

If somebody said to me that I am ninety, I would say gosh, that's old. If you had asked me this twenty years ago, I suppose my answer would be different. Certainly, it would have to be somebody much older than I am to be old. I am sure that as you get older the goal posts get further and further away.

WMF81

There are lots of old miseries out there - I don't feel old. Somebody who is older than me. Some people of sixty are old but as long as you have an interest in life. I might look eighty odd but I do not feel it. I would like to escape from my age.

LTM78

My attitude is I don't feel old and I resent people saying 'you old so and so', 'you silly old bugger'. I get very uptight when people say that. I make a point of saying just because I am a certain age it does not mean to say I am an old man. I put many people to shame who are younger than me. I put myself about and overcome the physical infirmities the best I can. I think old is in your mind - what you do with your life is more important - it is an attitude of mind. Just because you reach sixty-five life doesn't stop - it gives you the opportunity to do the things you want to do with a bit more quality, because you have the time to do it. If you just sit down and watch television all day and vegetate - blimey you will be dead.

SBF90

I don't think you are old until you lose your senses. Well I meet people who are seventy or eighty and they reckon they are old - they think they are old, but I do not think so. Some people look after themselves for their age, but some others just let themselves go which, you are not supposed to do. Friends of mine see me in town and say to me 'where do you get all that energy'? I say I have to keep myself going.

WHF65

I don't think about it. I suppose when you feel old. But I still feel the same as I did years ago.

JEM93

I think it depends if you are healthy, but I would say about eighty or ninety years. We do not have a word for 'old' in Somali; our word is 'older' so it does not carry the same meaning.

JSF94

Depends on your personality - I know people who are old at forty.

DMM69

I don't think age is important - I don't like to be regarded any different whatever age I am.

AHFM81

They used to say three score years and ten so I suppose I'm living on borrowed time. Well, I suppose I must be, being over eighty. But I do not feel as though I am decrepit - I do not feel old. It is the opinion of other people - you feel as if you have to listen to the opinion of other people. It effects you in the sense that when you go to the Doctors and all that. They turn around and say to you - 'well what do you expect at your age'. So it's the professional people that are putting that idea into your head - you ask any person around my age.

CJF89

I don't see myself as old - you are as old as you feel. I do mix with a person now and she is eighty-three, but she is always moaning. She says she cannot do this and she cannot do that - she has been like this since she was about seventy-eight. Now she does not have very good health, but she was a marvellous walker and a marvellous speaker. She has had everything except something internal. But she makes it worst for me because she is always moaning about it.

DCF77

You can meet some people and they tell you they are eighty, and you say 'gosh you don't look it'. Other people tell you they are eighty and you say, 'hard luck' (laughing). It helps to have a sense of humour.

MWF72

I never think about it. I get really upset about the word age - why is everyone so obsessed about age. Old-age, middle-age, the country is ridden with ageism and far too much is made of old-age.

Many of the respondents stated that age was an attitude of mind. Despite this, some still considered that there was such a category as old age. The respondents, who were prepared to categorise themselves in old age, or other people as 'old', did so on the basis that old age seems to revolve around the notion of incapacity or loss of independence (entering residential care). Either they themselves were suffering from some incapacity or they had witnessed friends or family becoming ill and having to enter residential care. The following respondents are just a sample of those who believed that incapacity rather than chronological age was the marker of old age.

LHM76

There's nothing good to be said about getting older - it's ok I accept it but it seems as you get old you are losing something every day - I feel I am going down a big cliff. As Muslims we accept age, it is something you have to pass through - you cannot go back.

PRM61

I would not say one is old until you have reached a stage of being infirm.

DHM60

I think about seventy or eighty, but I think it depends on your physical condition.

JRCF86

I never thought I was old until just recently. This flu has made a tremendous difference to me. When I get over it properly I will be ok - otherwise I feel fine.

PAF80

I did not feel any different until my eightieth year when I developed Angina.

Regardless of the chronological age of the respondent, if they did not suffer from any physical incapacity they did not regard themselves as 'old'. Moreover, the majority of individuals interviewed believed that 'old-age' was not defined by chronological age, or by the social category of retirement, but many believed that 'old-age' was defined by 'health status'. Therefore, by far, the universal and unanimous definition of old age was ill health, incapacity and subsequent loss of independence. This accounts for the common tendency amongst older people to believe other people my age are old, but not me, Thereby, ascribing the properties of old-age not by

chronological age but by health status. Consequently, older people could regard people chronologically younger than themselves, in 'old age'. However, regardless of how individuals feel, one of the respondents pointed out, 'the language associated with getting older or reaching a certain period in your life, is always there to remind you'. When I asked if the language such as 'elderly', 'old-person', or 'senior-citizen' offended her, she stated that, 'the language doesn't offend me, it just reminds me that I am'. To emphasise her point, about ageist language and how it interacts with incapacity - one reinforcing the other she stated; 'I have a friend who suffers from arthritis and bad eyesight, who now says, she's sorry she had to join this old-age club - meaning that because of her deteriorating health - she's now part of the old-age club'. The language associated with getting older therefore compounding the incapacity and setting you apart as a group. When you are older, it seems you cannot be ill because you are ill, you are ill because you are old.

### **'Joining the Old Age Club'**

'Joining the old age club' had a deep psychological meaning. As the previous person explained increasing incapacity meant that psychologically as well as physically older people now understood themselves to be a part of this old age club - to be in old age. However, for a number of respondents this also had a social dimension. They believed that being seen to associate with groups such as pensioners groups, luncheon clubs and so forth carried with it the stigma of 'old-age' 'old-age' by association. For some therefore to join such clubs meant that you had in fact accepted old age, and this, they were not prepared to do. This is what two of the respondents said about joining 'old-age' clubs.

#### **BKM76**

Some people ask me to go to the luncheon clubs; they tell me you can get a nice meal, that kind of thing. I act soft, 'what luncheon club is that I say', they say, 'you know the pensioners'. I'm not a pensioner and I do not consider myself that way. I know I am becoming old and decrepit and all of that carry on, but let me explain what I mean. I was invited down to one of those places when it first opened. When I got down there they all had party hats on, and there were streamers and cakes and the ladies made a fuss of me - that

type of thing. They said to me 'sometimes we have tea parties and things'. Well you know I couldn't get out of there quick enough and instead of going in my usual direction home, I went the other way, just in case they caught up with me. I felt it was all slightly demeaning.

MGF72

I personally have never been one for old-age clubs - I'm too busy. I think if I joined an old-age club it would mean that I had accepted old age, but I feel too young for old-age.

However, many of the respondents gained a great deal from joining older persons' groups, particularly luncheon clubs. It was for many a very enjoyable social occasion. The luncheon clubs were particularly welcomed, because they offered an opportunity to meet people, and also provided a very substantial home cooked meal, at an affordable price. In most cases, a three-course meal with a cup of tea could be purchased for £1-50. Some of the respondents I interviewed visited various luncheon clubs, a number of times per week and obviously gained a number of benefits from doing so. I found that the people I interviewed who used these kinds of facilities were not 'sad', lonely, people as is sometimes believed. On the contrary, they were outgoing; sociable and fun people and thoroughly enjoyed these occasions.

Nevertheless, there is a paradox here. On the one hand, many older people gain socially and psychologically from their association with such groups, and for some, it is a way of subsidising a very small income. Many enjoyed the camaraderie, the development of friendships, and the many outings organised by the groups. On the other hand, some respondents believed that becoming involved with such groups was a source of categorisation by age, which reinforced the myth of homogeneity amongst older people. Some respondents believed that these groups reflected only the negative stereotypes of ageing - a stigmatising age connection, and therefore did not reflect their activities, interests or lifestyles. The respondents who voiced such misgivings were not anti-social individuals, on the contrary, many of the newly 'retired' played fundamental roles in caring for young grandchildren whilst parents worked. The majority had a history of activism in the community - many still holding responsible positions in tenant action groups, school governing bodies, volunteering and local councils. Consequently, for these individuals, what they can contribute is

more important than chronological age. It was important for them also to be recognised for their contribution rather than their age. In some cases, there was also an element of 'Dowager' rather than 'ordinary folk' in how they saw themselves but only in the nicest possible way!

### **The 'Dualists'**

As I mentioned at the beginning of the paper, many times during the interviews, the respondents whilst acknowledging that their bodies were ageing, repeatedly stated 'but I don't feel old I feel young inside'. I could almost feel their frustration as they attempted to articulate exactly how they felt. Thompson, Itzin & Abendstern (1990: 250) recognised this frustration in their groundbreaking book *I don't feel Old*:

I don't feel old is a cry of protest against a myth, which causes both pain and fear: a call for the recognition of human individuality and resourcefulness at any age.

I simply put it to my respondents; if you do not feel old - what do you feel? Some respondents stated that although physically they were getting older, inside, they still felt young. When I asked the respondents to elaborate on this some respondents found great difficulty, other than saying they felt no different than they did thirty or forty years ago. Other respondents however, stated that it was something inside of oneself - that makes them feel young. When I pressed them on this point there seemed to be a real frustration in finding the language, the expression to explain this feeling. Hepworth (1991:93) recognised this dilemma in what has come to be conceptualised as 'the mask of age', which he states is:

At the heart of the difficulty of explaining what it feels like to be old lies the awareness of an experiential difference between the physical processes of ageing, as reflected in outward appearance, and the inner or subjective sense of a 'real self' which paradoxically remains young.

A number of theorists have offered understandings of the 'mask of age' concept, (Hepworth 1991; Turner 1995; Featherstone & Hepworth 1995; Featherstone & Wernick 1995; Oberg 1996; Biggs 1997). In Hepworth's (1991:93) conceptualisation



of the 'mask of age' he draws on the narration by Owen, a character in Stanley Middleton's novel Vacant Places to explain the paradox between the outer physical ageing self and the inner ageing self:

A peculiar process. One does not feel old inside the person. Painful joints, fatigue, failing powers are increasingly noticeable, but the real self is still young, still indefatigable, blest illimitable. I do not expect you to understand that; you think a moment's perusal of my face in a looking glass should disabuse my mind of such mistaken ideas. It is not so.

Hepworth (1991:93) identifies this as 'a tension between the physical and psychological, between outward appearance and inner sense of reality... an expression of personal alienation from one's physical body'. Biggs (1997:559) takes up this 'alienation' standpoint when he argues

...as ageing gathers pace, it is increasingly difficult to re-cycle the body and it becomes a cage, which both entraps itself and denies access to the world of choice. An endgame emerges with older people being at war with themselves, an internalised battle between the psyche and the body....

Both theorists, therefore, see the 'problem' of the ageing process as this alienation between mind and body - separating the mind from the body. This according to Oberg (1996) is one way of separating oneself from the negative attitudes that surround the ageing body. Another way he suggests that may be used is to correct this dilemma by cosmetic surgery. Featherstone and Hepworth (1990) also argue that in order to realign the ageing body with the inner youthful self, the older person may engage in cosmetic surgery as a way of combating this paradox. This also seems to be confirmed in a study undertaken by Goodman (1994) in which he found that older women underwent cosmetic surgery in an attempt to put their faces into synchrony with their inner feelings of youthfulness (cited in Oberg 1996:707). The ageing physical body is then brought back into alignment with the youthful inner self. Featherstone (1995) suggests another way of coping with physical ageing would be in cyberspace - to enter the world of virtual reality. In this virtual world older people wouldn't have to view each other face to face, they could take on other bodies such

as Sharon Stone (sic); pleasure would therefore only be limited by our own needs and imagination. I must admit I am with Heidegger (1978) on this one when he proposes that, 'this type of technology inhibits our ability to develop a meaningful relationship to the world' (cited in Featherstone 1995:242).

The discussion so far has centred on the 'dualists'. Sharon Kaufman was a contributor to this school of thought, in her book *The Ageless Self*. She found in her own research on older Americans that 'they do not perceive meaning in ageing itself rather, they perceive meaning in being themselves in old age. They express a sense of self that is ageless - an identity that maintains continuity despite the physical and social changes that comes with old age' (1986: 6-7). Oberg (1996) suggests that 'the ageless self' is a myth. A myth inherited from the Platonic-Christian religion, which viewed the body as simply the prison of the soul. As the above points out it was the philosophy of Descartes which continued this tradition, by establishing the separation of the mind/soul and body.

The idea that we exist either as a body, a thing in line with matter or we exist in mind - the possibility therefore for the body and mind to exist completely separately in hierarchical opposition.....In Christian tradition the soul is seen as immortal - the body subject to mortality.  
(Oberg 1996:702-3)

The original mask motif identified the apparent paradox that older people were experiencing. The awareness by individuals that regardless of their outer ageing body - the inner self remains young. The body is viewed as a cage imprisons the inner self. 'The mask therefore in its conventional meaning is a form of concealment or disguise. The mask can also be viewed in its historic location with the Latin 'persona'. The mask in this case can represent the conception we have of ourselves - the role we are striving to live up to this mask is our truer self, the self we would like to be. It is to this meaning that Goffman conceived as the mask' (Hepworth 1991:94).

## The 'Holistics'

However, Oberg's (1996) Finnish study challenged the 'dualist' approach through a 'holistic' understanding of the ageing process. The holistic approach views the physically ageing body as neither a mask of concealment, nor a mask of persona. In the Finnish study, he identified two extreme opposites amongst others in terms of body/mind dualism. First Oberg (1996) identified those persons who experience 'a problem filled ageing' and it was amongst this group that they were likely to witness what Featherstone & Hepworth (1991) conceptualised as the 'bodily betrayal', in which the individuals concerned experienced more severely the disconnection between the ageing physical body and the inner youthful self. Second Oberg (1996) identified those experiencing 'a successful ageing', of which the pattern was entirely different. These individuals did not experience this disconnection from the outer ageing body and the inner youthful self. On the contrary:

Such persons feel that they can present themselves to a great extent through their body, which they feel at home in, and identified as bodily well being. Which is characterised by a holistic understanding of the relationship between the body and the self? In this way of life, people have adapted to the bodily changes taking place during the ageing process (p.713).

To exemplify this Oberg (1996:716) cites the archetypal picture of the wise old man, in which the old body and the self constitute a unit. 'It is difficult to visualise the wise man without his ageing body. The body and spirit therefore come as an integrated whole'.

The mask motifs therefore would seem to apply to those persons, who have not achieved wholeness, that is, those who, experience conflict between body and mind, and who struggle to align their physically ageing bodies with their inner youthful self. Such individuals are probably those who seek refuge in the hands of the plastic surgeon or the pleasure domes of virtual reality. This maybe the case with some whom Oberg (1996) describes as suffering from 'a problem filled ageing', who view

their body as an 'iron-cage' or 'prison' (Featherstone & Hepworth 1990, 1991). Those persons however, who experience what Oberg (1996:714) describes as 'a successful ageing', do describe a difference between the ageless self and the experienced ageing body. They do not deny for example the aches, pains and wrinkles that come with ageing, but they do not dissociate themselves from their body. Instead, they feel they can present themselves in a desired way through their expressive body.

### **Acceptance of Ageing Body**

My own research suggests that there is not so much a tension between the ageing body and the inner youthful self, but more of an accommodation - an acceptance of the ageing body. The biological changes, particularly physical appearance that comes with age, are viewed by most, as a natural part of the ageing process - 'a fact of life'. As such older individuals are much more at ease with their ageing bodies than some of the writers above would have us believe. This is not to say that older people do not take an interest in their appearance. The vast majority of respondents did take an interest in their physical appearance, which for the most part included a continued interest in smart clothes and hairdressing. For women this also included make-up, which usually consisted of powder and lipstick, some also used mascara and eyeshadow. Some also had manicures and some respondents wished they had the money to 'pamper' themselves even more. Many argued, women in particular that shops simply did not cater for their age groups in terms of clothes. They argued that most shops catered for body shapes of the very young, and trying to find clothes both fashionable, without being trendy, and with sizes that reflected their changing body shapes, was almost impossible. One eighty-three year old woman I interviewed was particularly striking. She had the most beautiful smooth and luminous complexion which, ironically she informed me was the result of not being able to afford holidays in the sun, and routinely cleansing her skin on returning indoors.

For the respondents however, taking an interest in one's appearance was not born out of an obsession - 'to break out of their bodily cage'. On the contrary - they worked with what they had. Many older people particularly women noted significant

psychological benefits from personal grooming routines particularly, visits to the hairdressers, having a manicure, buying a cleanser or moisturiser for the skin. Indeed, many understood the therapeutic qualities of such hands on 'pampering', achieved through the finished effect, but also through such physical contact. Physical contact with other people being a pleasure, which is often overlooked in the needs of older people. Going to the hairdressers also has social, as well as psychological benefits, because it is an enjoyable social occasion. As such, it is one of the very few social occasions, and one of the very few places that all age groups meet on an equal basis - it is an age-irrelevant space.

This type of therapeutic maintenance therefore is not some feeble attempt to escape from the prison of the ageing body. This research found that most just take the necessary steps to feel good without becoming obsessive in any way. It may be the case that some older women and men see their ageing bodies as a 'prison', and will undergo cosmetic surgery to release their inner youthful self. These individuals however, present characteristics that Jung (1930) would ascribe to a retarded individuation meaning, the inability to accept the ageing process, which includes the body, makes them cling to the value norms of the middle years. This quote from the humorist Fran Lebowitz (1997: 97) an older women, offers a more plausible analysis of the ageing body as part of the integrity of self, rather than an object of loathing, which some theorists would have us believe.

I don't think what's happening to your face is that bad. I see what is happening to my face and the faces of those around me, and, yes, we definitely used to look better, there's no question, and we're going to look worse unless we die. And we wish we didn't look this way, because it is less good. This I freely admit. However, do we look that worse that surgery is called for? I for one do not. Now on the other hand, I was not the reigning beauty of my day. Plastic surgery, for the average looking person, is a kind of ersatz democracy. Who are the only people who used to have plastic surgery? Rich people and movie stars. These are the people who should have it. If you were astonishingly beautiful at 25, if you were say, the young Julie Christie, the normal process of ageing is a genuine tragedy not only for you but for all those who looked upon you. Average-looking people who are perfectly willing - in fact delighted - to dwell at the bottom of the

moral and intellectual heap hold themselves to a standard of beauty that is psychotically high. I hear people complain about how they look, people I've known for 25 years. To them I say 'what are you complaining about? You never looked that good to begin with. You looked better than you do now because you were young not because you were beautiful'. But the truth is youth isn't everything when it comes to beauty, because without question, the present day Iman still looks a million times better than almost every single 20 year old on the planet. What does ageing mean to the average person? That you look better at 20 than you do at 40. What does ageing mean to the great beauty? What brain damage would mean to Stephen Hawking.

For the vast majority of the older population, surgically changing their physical body, or entering the virtual world as Sharon Stone (sic), does not represent their experience. Some of the older people I interviewed would find it difficult to buy a new winter coat, or keep themselves warm without layers and layers of clothes, let alone pay thousands of pounds for a surgically altered face or body. No doubt, some older people do use plastic surgeons in the hope of delaying the physical ageing process. I believe that it is more as Lebowitz argues an attempt by the average looking or rich person to achieve an 'ersatz democracy' of physical beauty. This practise I believe is more likely to found amongst younger age groups who have been exposed to this kind of consumer and media led culture. Therefore, it may become a significant trend in the future, as the baby-boomer cohorts reach older age; however, it bears no relation to Liverpool's older population at present.

The physically ageing body does not represent a 'cage', or 'prison', in conflict with the inner youthful self for the vast majority of older people. This is not to say that a tension does not exist. I believe the tension exists more deeply within the psyche, and it is unlocking the spiritual cage where older people find the most difficulty. The difficulties arise in their incapacity to express their inner identity and spiritual growth, in a society that increasingly does not recognise the spiritual dimension and development of peoples' lives, and fails to recognise that there is meaning in ageing whilst simultaneously promoting a culture of youth and beauty. It is a culture that views the ageing face and body as something from which to turn away. This needs to be addressed by the rest of society, not older people.

## **Social - Dualism**

The physically ageing body therefore loses its primacy as a place of conflict for the ageing individual. However, this is not to say conflict is absent. The conflict arises when the ageing individual encounters an ageist society. A society that sees the ageing body as a reflection of programmed decline, rather than the ageing body as a source of its inner identity: an inner identity that has the possibility for continued growth and rejuvenescence. Biggs (1997:564) argues:

The psychodynamic of later life sets in motion two contradictory processes. On the one hand, elders have the capacity to express a broader and more integrated sense of self in more flexible and symbolic ways, but on the other this holistic self must be protected from an inimical social environment..... When the individual ageing person encounters a hostile and unfriendly ageist society. The cause of which is initiated by intergenerational disparities of power, unfavourable political economy and ageist social attitudes during the second half of life.

Therefore, there can be a conflict between older people's personal identity and socio-cultural identity. The problem for those who have achieved wholeness is not located in a struggle between body and self, but between self and other (Biggs 1997). 'The social mask therefore becomes one that does not restrict self expression, but it becomes a social mask that protects parts of the self that are vulnerable to social forms of attack' (Biggs1997: 564). This has caused a major disconnection between older peoples' social and cultural expectations and others. A socio/cultural lag exists between older people and the rest of society, which may cause serious repercussions for those who, are identified as 'old'.

## **The Inner Cage**

Working from the respondents' own testimonies I have identified what they ascribe 'to feeling young inside'. It is an inner identity, which is not in conflict with the physically ageing body yet it is qualitatively different from 'feeling old'. It is to some extent the properties we usually ascribe to the young, but it is not just about feeling

young inside - it is a great deal more, and it can only come with those who have lived long. Therefore, it is about finding meaning in ageing itself.

Earlier in the chapter, I described how the majority of the respondents in the research articulated a 'feeling', which was not derived from any attempt to disconnect their inner selves from the physically ageing body. On the contrary, the majority felt quite at home in their ageing bodies. For those who did not share this experience, it centred on their notion of incapacity, and compares well with Oberg's (1996) findings of those who experience a 'problem filled ageing'. This is not to say that incapacity of some kind automatically means 'a problem filled ageing'. In this research, I met older people whose increasing morbidity was in no way a reflection of their inner sense of self. Indeed, I met one woman in serious physical decline through cancer, whose sense of spirit was so strong and infectious she was a joy to be with. Regardless of the fact that many people experience aspects to their lives that at best are unpleasant, at worst deeply distressing, those older individuals who have learnt the ability for self-adjustment and compensation between the objective and subjective areas of their lives, I believe, experience a 'quality in age'. A quality in age brought about through their ability to make adjustments between the objective and subjective areas of their lives: a process, by which individuals continually develop new coping skills. In this process, something is discovered within them - a new ability, to develop alternative ways of coping. The following respondent articulates this experience beautifully:

AOM77

As age goes on so we are left thinking, we can't do that. It makes you feel weak because you cannot do it. But there's a way. The brain is still functioning and while you are thinking of a way to do something - you develop this ability to discover other ways of doing things. I love that, I love that.

This example illustrates perfectly Baltes's (1993) ideas on cognitive functioning in age. The differences in fluid and crystallised intelligence.

The cognitive mechanics of the computer- information processing - can be compared to fluid intelligence, which is biology based and tends to decline with age. On the other



hand, cognitive pragmatics factual knowledge and problem solving are ascribed to crystallised intelligence which can grow with age and can compensate for losses in processing power..... with advancing age, hardware declines, while software becomes enriched (Baltes 1993; cit. Moody 1998:407).

In the above respondent's example are many developmental experiences that we usually ascribe to the young, such as discovery, excitement, sense of purpose and achievement. Yet, clearly older people experience these things. Just as the young child needs to find ways of understanding the world around them, through the learning experience, and discovering ways of coping with this new world, the older person also needs to find new ways of coping with the ageing experience. The example also highlighted the deep sense of joy and fulfilment as each discovery is made. These feelings have resonance with childhood, and trigger similar experiential feelings of childhood. It is a feeling, which could be mistaken for 'feeling young inside, yet, it is much more. It has more to do with fresh and original ways of seeing. This new way of seeing has also deep psychological benefits in terms of spiritual experience or identity - that inner sense of self. Therefore, just as the body is deteriorating, the spiritual self begins to grow. Once one has become one with the body the spiritual self begins its journey to maturity (Oberg 1996). Below are a number of examples of the way the spiritual self begins to grow, and the process of this spiritual journey.

EBM76

What were once mountains in your younger years are now molehills as you get older - you don't get upset so much. You have more experience so you form opinions about things more - you have more to form them with.

PRF78

One has learned to deal with things over the years: petty things do not concern you - you become more tolerant. Even one's attitude to people over the years changes when you see them experiencing problems - this does affect you.

JRF65

I find life exciting - I know there are better things in store for me in this life. I know God is there for me. You learn from

every experience in life. I think it is to do with having a positive attitude and having fun; life still has a lot to offer at my age.

ASM69

When I got into my sixties I thought I would start thinking again.

## **The Inner Sense of Self**

However, what does a spiritual dimension mean? The 1971 White House Conference on Ageing defined 'the spiritual' as that which pertains to peoples' inner resources especially their ultimate concern, the basic value around which all other values are focussed, the central philosophy of life - whether religious, non religious or anti-religious which guides a person's conduct. The supernatural and non-material dimensions of human nature (Moberg 1990).

In Jung's theory of individuation, he describes the process and task of the second half of life as qualitatively different from the first half of life. The second half requires alternative priorities were one should seek to know oneself. The individual seeks a wholeness of mind and body, through, the integration of the conscious and the collective unconscious (Moody 1998). The same can be said of Tornstam's (1996) theory of gerotranscendence. The gerotranscendent individual 'experiences a redefinition of time, space, life and death, and the self' (p.38). Both theories therefore, offer an understanding of a natural maturing process, towards maturation and wisdom. For those individuals who had achieved individuation, this conflict between the ageing body and the inner identity has been resolved.

Many of the theorists of ageing have argued that maturation and wisdom is the ideal state for the ageing individual to achieve. Through this the ageing individual, will develop a sense of fullness, ripeness and completion. Yet, little is understood about the concepts of maturity and wisdom. What are the criteria for example of maturity and wisdom? James (1997) sees maturity as something other than just mental health. It is something that is present in individuals who have achieved something other than just normal mental health. He views mature individuals possessing vitality,

spontaneity and childlike playfulness. What are the attributes of wisdom then? The psychologist Paul Baltes (cited in Moody 1998:407) has tried to develop a psychological test to measure wisdom. Baltes and his associates set about developing a set of scenarios, which he tested with adults - this is one of those scenarios: A fourteen year-old girl is pregnant. What should she consider and do? In assessing the tests Baltes was not looking for any set answers, but instead was trying, to measure how wise people go about dealing with difficult questions. He surmised that not all older people are wise, but more than half of the top responses on Baltes 'wisdom test' came from people beyond sixty years of age.

According to James (1997) 'maturity is a healthy mind, which exhibits qualities of 'positive illusions'. Those individuals who possess maturity have an over optimistic evaluation of the future. Crucially, the mature know their own identity. This gives them a stable self that travels with them from social role to social role. They are not me, me, me people who seek to stamp themselves on others or the external world. They live in the present and they demonstrate authenticity and integrity'. According to Baltes (1993) wisdom is defined as an expert knowledge system derived from experience and capable of dealing with pragmatic problems. That definition is similar therefore to what Moody (1998) describes as a common-sense understanding of wisdom as consisting of good judgement in response to uncertain problems of living. If this approach is followed, wisdom, potentially at least might increase with age.

All the respondents I interviewed, to a greater or lesser extent, had a spiritual sense of self - there was a spiritual dimension to all their lives. Yet, what was most evident was how this spiritual dimension manifested itself. Depending on the individual, the spiritual influence moved from having a passive effect on their lives, to being, in a real sense, a centre of constant renewal on the individual's total philosophy, and therefore their way of seeing the world around them. I have argued earlier that all respondents who took part in this research had a quality to their lives subjectively defined by themselves, which I termed 'quality in age'. However, this is where the similarity ended. From that point onward, there was a marked difference in the process and the levels of growth and development (which will be shown in the next

chapter). The way of seeing the world and one's own place in it is continually being reconstructed. As Hall (1922:418) argues, 'age sees more clearly'. This process is not dependent on good eyesight but good vision.

This chapter concludes with the notion that dualism exists. However, it is not simply dualism that exists within the mask motif's conceptualisation, that is, the ageing body is a prison or cage of the inner identity; the mask being described as a way of coping with their bodily betrayal. On the contrary, this piece of research has shown that older individuals have more of a holistic acceptance of their physically ageing bodies than the mask 'dualists' would have us understand. This compares favourably with the 'holistics' findings of the ageing process. Yet, there is a tension. The tension this research identified lies in the lack of understanding and self-expression of this inner identity - this spiritual part of self. However, there are older people who understand and who seek the conception of growth. Those individuals who seek meaning in ageing itself, consequently, view ageing as an opportunity for spiritual growth, rather than bodily betrayal. This will now be explored in the following chapters.

## Chapter Six

### Realisation

#### **Introduction**

The previous three chapters were developed to demonstrate how older individuals integrity of the self 'can be sustained and even enhanced despite limitations in objective circumstances' (George 1998:145). These findings also concur with the research by Baltes and Carstensen (1996) on successful ageing mentioned in chapter three. At the theoretical level, the research so far has also shown that despite heterogeneity in the objective conditions of ageing, homogeneity amongst subjective areas of older individual's lives was prevalent. Yet, in the discipline's haste to challenge the stereotypical images of ageing, the shared experience that comes with age has been glossed over. Unfortunately, older individuals are viewed as a dichotomy between what I conceive off as the 'grey hedonists' on the one hand - those who experience older age as one of activity, leisure and financial security - on the other hand, the 'grey heartbroken' who are portrayed as sad poverty stricken, ill and dependent. The reality is that in many older peoples lives there are many similarities that they naturally share as a consequence of ageing. They share for example, the collective experience of a long-life – a shared history. They share the experience of nurturing children, grandchildren and great grandchildren. They share the experience of life-long relationships and friendships – almost a shared biography. They share the experience of community and neighbourhood involvement. They also share a psychological security in each other's presence - a security that can only come with shared experience. Concluding, therefore that there is a unique and shared experience that comes with age. However, respondents' conversations revealed that there was also a deeper level of meaning apart from this shared experience.

This insight emerged through what Merton (1967) describes as the 'serendipity factor' meaning, that findings will emerge almost by accident as the result of listening to the voices of your respondents; a factor he argues which is essential to

any theory building process in qualitative research. These particular findings however, although a result of respondents elucidating on past achievements - therefore an 'accident' in Merton's terms became clear as each transcript was analysed and more evident as I checked and re-checked the transcripts. This chapter is also defining stage in the overall study because up to this point I have tried to resist a structuralist approach. By that, I mean that I have tried to avoid schematisation and the application of typological groupings to the research findings. This process has always seemed to me far too dehumanising to the participants of the research, as well as far too scientific. I believe this approach may serve the continuation and perpetuation of stereotypes stereotypes, which imprison rather than liberate those under study. A process moreover, which may limit the ability to see, that, which has not previously been seen. However, when patterns emerge quite spontaneously it would be just as short-sighted to disregard the emerging knowledge, and the contribution it could make to the study. Therefore, with this in mind the chapter focuses on three central issues. First, it begins to identify those characteristics of individual identity, and uncover those personal traits that serve as mechanisms towards self-realisation in age. Second, on the theoretical level it charts or maps out the conceptualisation and trajectory towards finding what older people believe is the meaning in ageing. Third, it identifies those individuals who are most likely to pursue a meaning in ageing and actively seek this added dimension - this deepening of meaning to their existence.

The findings, which surfaced in the research indicates that there comes a point in the process of ageing, when the individual begins to define their own agendas, and in some cases - frontiers. They choose their own journey and how far that journey will take them not only through the process but also through the meaning of ageing. This defining stage I have conceptualised as the *realisation period*. It is a point at which individuals begin a process of taking stock of their own personal biographies. Through the process of analysis, it became increasingly clear that this period effects older people in differing ways. What emerged was the recognition that when individuals go through this 'realisation period' there are clearly three broad and very different responses. The significance for each individual is the outcome following this process. This study has been able to identify three very different pathways taken

by older individuals following this period. The first pathway I have termed the '*discordant*'. 'Discordant' individuals although achieving a quality in age also view age as the culmination of missed opportunity. They are both passive and absorbed with self-centred reflection. They allow the past to control their present. The second pathway are a group of individuals I have termed the '*contented*'. 'Contented' individuals are happy with their lot they do not hanker after any more. They believe where they are now is the culmination of a job well done. Unlike the 'discordant' they see their lives in a positive light. The third pathway, I have termed '*the efficacious*'. 'Efficacious' individuals are both self-confident and positive, and find excitement and fun in ageing. Unlike the other two groups, they have an understanding - a need even for personal growth. Their life is a reflexive endeavour. At this stage it might be useful to have a sense of the numbers of individuals in each pathway and to have some sense of their size vis a vis each other. At the same time however, it may be too prescriptive to categorise each group by numbers. As I came to realise the process for each individual is very fluid and dynamic, it can alter, and be changed by the individual at any point. What I can say however, is that the 'contented' group seems to be most prevalent in the sample. The 'efficacious' are more noticeable in numbers than the 'discordant' also, the 'discordant' seem to be the least fluid and dynamic of all three groups. The 'discordant' as I suggest further on are most likely to be the least fulfilled and dissatisfied of the three.

### **Taking Stock**

Without exception all the respondents in this study talked about entering a phase in their lives, which they referred to as 'taking stock' of the lived life so far. It revolves around the concept of reflective rationalisation. It is to some extent a curriculum vitae of life. It is not written down but it is to some extent a psychological process of evaluation individuals undertake of themselves - a cost benefit analysis in effect to see how they measured up to the job of life. This process involves taking stock of their lives so far: what they have accomplished, and what hopes, dreams, or ambitions they have for the future. For some, the process leaves them feeling incomplete, for some it leaves them assured, but for others, it is a passport to the future. Therefore, it is a process and stage in people's lives that very much

determines how they will be, and how they will live their lives in the future. Hall (1922:68) stated that ' we must recall at night all we have said or done during the day'.

This process seems to be triggered by a number of events, such as, voluntary, or mandatory 'retirement', and as I mentioned in the last chapter bereavement is a particularly significant event that forces you to take stock. This process is similar to what Giddens (1991) believes occurs in much younger people when faced with an incurable disease. It can also be triggered by the chronological age factor the recognition that you are entering the third trimester of life. You are entering that stage in life that carries with it such stereotypes of fixed negative characteristics 'imposed by a hostile and unfriendly ageist society' (Biggs 1997:564). Older people measure themselves against these stereotypes also; therefore, it is almost impossible to enter this period without taking stock. Robert Butler (1977) in his book *Aging and Mental Health* also discusses this process. Butler however referred to it as '*The Life Review*' (Butler first identified this process in 1961). 'The Life Review is a process that is believed to occur universally in all persons in the final years of their lives...Individuals realise that there own personal myth of invulnerability and immortality can no longer be maintained. All of this results in reassessment of life, which brings depression, acceptance, or satisfaction' (Butler 1977:49). This research identified a similar phenomenon occurring in those of age, akin in characteristics to Butler's (1977) concept of the life review. This is how the respondents brought this process to my attention.

LHM76

This period in your life is a period of taking stock. You start to ask yourself have you done anything to hurt anyone.

PKM83

Looking back at what you have accomplished in your life. The satisfactions of watching your children grow up and do well especially with all the drugs around. Looking back at my past life what I've been through, but particularly what I've achieved. At one time, some others and I started a homeless shelter in the Crypt of the Cathedral - I am very proud of that.



CJF89

I have been involved with the Girl Guide Movement since I was 21 that is almost 70 years. I loved the Guides - I am still in it. I get letters from past guides thanking me for what I did for them. I have had two children named after me. My best friend now is one of my ex guides. It all gives me a lot of satisfaction.

PRF78

I think probably looking after my husband for the last three years of his life made me grow stronger - made me feel mentally stronger. One had to make all the decisions and be the carer, because my husband did not want other people to look after him.

### **The Realisation Period**

The realisation period is in the broadest sense a type of introspective about the subjective areas of one's life, an evaluation of life experiences. The objective conditions that have affected the lived life so far such as financial and health status undoubtedly influence it. Yet, these objective conditions whilst undeniably important are not the only issues to connect to. I discussed in chapter three how older people have learnt self-adjustment and compensation through the objective and subjective areas of their lives. In effect taking control over its shape and character by drawing on all those resources built up from a lifetime of experience. Depending on the individual as they enter this phase, it can be either passive or active. Meaning the realisation period can be a passive acceptance of what has gone before, or it can be a period that acts as a catalyst for continued growth and change. Whatever the outcome this period of realisation is a watershed that determines how you will be in the future.

#### **'The Discordant'**

Many older people have unresolved issues in their past lives that still effect them deeply. They are unable by the very nature of these issues to move on, to enact what is known as closure. By closure I refer to the ability to find a way of coming to terms with what are often very painful experiences, or major regrets about some aspect of their lives: by accepting that what has happened cannot be changed, and move on.

Some individuals have not found the psychological or spiritual resources to do this. Indeed individuals such as these in many ways allow the past to control the present. One particular women respondent in the research now in her eighty-third year had been unable to come to terms with the death of her young son sixty years ago. This particular child had died of meningitis in a local hospital in Liverpool. However, the respondent could not understand why her son had been ill for such a long period before his death: whereas in the last few years the publicised cases have stressed just how quickly victims have died of the disease. This knowledge caused her much anguish believing that her son had suffered needlessly. The respondent therefore recently telephoned the hospital concerned and asked for more information about her son. The hospital could not help, the information being no longer available to them but suggested that she should attend counselling. However, to suggest counselling to some older individuals, who have been raised, and raised their own families in a culture of emotional containment: who may not have been encouraged to express their inner subjective sense of self, particularly when it's in pain, seems completely alien to them. Whilst the idea is good, the skills needed for such emotional and practical engagement would first have to be learnt.

Another respondent attributes the fact that she was widowed early in her married life to 'missing out'. She has not allowed herself to form other relationships believing that her husband was the only one for her. She exhibits what can be likened to a type of 'funeral pyre' indulgence following the death of her husband.

JRF65

I feel as if I have missed out with my husband dying so young. I miss his protection and friendship. I always felt I had someone special there for me. If anyone hurt or upset me he was always there, so I feel very sad about that.

This example can also be ascribed to substantial role loss, meaning the loss of the role as wife. A theoretical perspective which explores this loss of role or role vacuum is 'Role Theory' (Rosow 1985). Role theory propounds the view that the self and identity are based largely on roles. It is through role participation that the basis of our identity is established, and it is via successful role performance that one develops a

sense of competence and self worth. If we lose the roles that form the foundation of the self, self-perceptions of competence and self worth will erode (George 1998).

Some respondents also had unpleasant memories of childhood, which still affected them deeply. This particular respondent now in her nineties remembers her mother as extremely tyrannical and cold-hearted.

SBF90

I was one of eleven children. My mother was Irish and my father was Jamaican. My father died when he was 37 leaving my mother with all those kids. She was a very strict woman. We could not leave the house without a hat. We could not walk up Princes road without a hat. She used to rent rooms, so when she needed the rooms she used to shove all of us into one room and rent the rest off. When I started work at fourteen although I wanted to be a Tailoress, she put me into service to get rid of me. Things were hard then so you did as your mother told you. I did not like it so I came back. I managed to get a job cleaning but sometimes when I came home from work late at night she would make me wash all the floors in the house. I would say to her that I was tired and she would reply 'never talk to me about tired, tonight when everyone has gone to bed you get on your hands and knees and scrub this carpet'. And we used to do it - she was a terrible woman. She eventually married a white man and had three more children to him but we never got on with my stepfather.

Circumstances such as these have deeply affected individual's ability to move on. They are to some extent 'stuck' in the past, they have been unable to establish what Rainwater describes as 'autobiographical thinking' (cited in Giddens 1991:72):

Whether or not the autobiographical thinking takes the form of a written journal or not it is a kind of self-therapy that enables the individual to be done with the past. For developing, a coherent sense of one's life history is a prime means of escaping the thrall of the past and opening oneself out to the future... The autobiography is a corrective intervention into the past, not merely a chronicle of elapsed events

Rainwater argues that if individuals undertake this process, feelings of 'if only' can be finished with, and the individuals concerned will move on. Clearly, the

individuals above have not been able to achieve this. Some individuals have major regrets, particularly about unfulfilled ambitions but they rationalise this by regarding unfulfilled ambitions as probably unrealistic anyway.

#### LHM76

You develop the ability to rationalise what you have done, compared to what you could have done and could have had. You are sometimes disappointed but you become a realist.

Jung (1930) believes that many older people have unrealistic expectations about how their life could have been anyway when he argues,

For many people so much un-lived life remains over - sometimes potentialities which they could never have lived with the best of wills, so they approach the threshold of old age with unsatisfied demands which inevitably turn their glances backwards (cited in Moody 1998:454).

Others believe that on reflection they made the wrong decisions earlier in life. These decisions deeply effected their quality of life. This particular respondent believes that it is rather callous trick of nature that we achieve wisdom later in life, enabling us therefore to see clearly the mistakes of the past.

#### MWF72

I feel very regretful when I think about the past. I regret divorcing my first husband; I regret my second marriage. After the death of my second husband my first husband contacted me again, he had been living in America. He came over to see me and we decided to get back together. Unfortunately, he died suddenly. I believe that if I had sorted out the problems in my first marriage I would have been a lot happier. I believe it is a terrible shame that we actually get wisdom later in life.

For these individuals then there is an expression of dissatisfaction with the past as articulated above, and this has affected their present. There is a sense of discord expressed but also with such individuals this discord effects them on an emotional and psychological level, to the extent that one can feel a sense of disharmony in their presence. They have been unable to come to terms with often unpleasant issues or thwarted plans in their past lives. Such respondents exhibited an overdeveloped sense

of passiveness, which undoubtedly contributes to their victim centred stance. These individuals believe they cannot resolve what they perceive as now the unresolved. Some indulge in a fantasy retrospective, and reminisce about 'what if', or how things could have been 'if only'. Giddens (1991:72-73) argues that:

This 'hopeless-helpless' attitude implies a conception of fate like that found in many traditional cultures, where people are the prisoners of events and preconstructed settings rather than be able to subject their lives to the sway of their own self-understanding.

What was a noticeable characteristic of this group was that some within this group also found it difficult to develop deep friendships. although they hankered after such friendships.

LHM76

I know lots of people that I'm friendly with but I don't have people who I could count as my friends - a buddy you know, someone special like that.

If one considers that developing deep friendships is a pro-active pursuit, that takes a lot of commitment by both parties regardless of the other demands in life, it is understandable therefore that individuals with such passive characteristics would find this pursuit difficult to establish and maintain.

One particular respondent I mentioned above had also been in an abusive marriage. When I asked why she didn't try to get some help, or tell a friend what was happening, she stated: 'I didn't have any friends because I had to work night-shifts and take care of the children during the day: there was nowhere to go in those days'. This respondent stated later in the conversation that she was 'ashamed' to tell anyone, and now on reflection she very much resented the fact that she had put up with it for so long. Unfortunately, for this respondent not only does it highlight how isolating abusive marriages must be both psychologically and socially but also the continuing repercussions. She had neither the time nor the confidence to build up the support networks of friends that may have been able to offer support or advice. This respondent's case also reflected the cultural climate of the time where abusive

marriages were considered part of that 'private' territory of marriage. Consequently, she now believed her only friend was God: 'I go to church and tell God all my troubles instead of the neighbours'. When I asked her if she would like a close friendship, she replied, 'not really, I always think I have to be on my best behaviour with other people especially if I hear people gossiping, I feel as if they will gossip about me also'.

Seemingly, this wish to remain without friendships stems from the inability to place one's trust in other people following a negative experience of broken trust. Trust is according to Giddens (1991:65-66) one of those phenomenon's that is closely linked with shame.

Shame is involved in a fundamental way with the fear of abandonment in infancy... Shame depends on feelings of personal insufficiency.... Overt shame refers to feelings experienced by a child when another person somehow humiliates it. Trust in others is the key to the development of a sense of ontological security in the young child. Therefore, shame and trust are very closely bound up with one another, since an experience of shame may threaten or destroy trust. Basic trust is established in the child as part of the experiencing of a world that has coherence, continuity, and dependability. Where such expectation are violated, the result can be that trust is lost not only in other persons but also in the coherence of the object world ..... With every recurrent violation of trust, we become again children unsure of ourselves in an alien world (pp.65-66).

Therefore, this inability to develop trust could for this respondent and perhaps others have continuing ontological repercussions to develop this sense of self-identity and undertake the process of positive self-realisation. We may for example develop the foundations and accoutrements for self-actualisation in age, not in the objective world of materialism but in the subjective world of infancy. Moreover, once the concept of shame is introduced into the equation in infancy, and then compounded with violations of trust such as an abusive marriage, the possibility for psychological well being and spiritual growth must be without some form of counselling a bridge too far for some older people. Some still hanker after what could have been or what

should have been, what Kohut (cited in Giddens 1991:68) describes as 'narcissistic personality disorder', the result of unfulfilled ideals and ambitions.

Although this research has found that older individuals' inner identity can be sustained and even enhanced despite limitations in objective circumstances (see chapter 3), more research is needed to examine just how far self actualisation is restrained by subjective factors as postulated above. What can be concluded so far however, is that the 'discordant' individual sense of self is negatively embedded in the past therefore as George (1998:145) states 'the beauty of the self cannot be enhanced'. The discordant individual therefore continues to age but is unable to grow.

Some individuals however despite experiencing significant trauma in their own personal biographies can overcome this. Compare the above examples with the example of Nelson Mandela whom until fairly recently was President of South Africa. Now in his early eighties Nelson Mandela spent twenty-seven years imprisoned under the Apartheid regime. Here is a man that could have been embittered having spent over a third of his life in prison yet, there is no bitterness in his face, demeanour, or pronouncements. On the contrary, there is something in his demeanour a certain joy of life that infuses everyone around him. He more than most could have allowed himself to feel resentment about injustices in the past and allowed this to influence his present and his future. Yet, despite this he has allowed himself to move on from what must have been a very painful time of his life: moving into a deeper level of acceptance and contentment. This point is made by Victor Frankl (cited in Johnson and Slater 1993:219) when he argues that 'in the face of great adversity people do find a reason for their existence and illustrates this in an account of his own experiences in a Nazi concentration camp. Despite great suffering, he maintained the will to survive'. Johnson and Slater (1993: 219) argue 'perhaps there is a general lesson to be learned here: that our well being lies in our capacity to find meaning and to conduct life accordingly'. How is it therefore that some individuals who have experienced serious trauma in their lives compared to others find the psychological strength to move forward? The following section will elucidate the conditions under which self-actualisation may be stunted in some

individuals, and yet under similar conditions, other individuals find such satisfaction as they continue to age.

### **'The Contented'**

Many older people express a great deal of contentment about what they have achieved in their lives. Particularly, in relation to their families, and wider relationships. Unlike the discordant however, for the 'contented' it is more important to reflect on what they have achieved, rather than what they have not. Such individuals generally exhibit a more positive attitude about their past and present. For the 'discordants' they view their past lives as the vessel which is 'half empty', the 'contented' however see the vessel as 'half full' - they seem to be more readily gratified. McCullough (1993) argues that this is indeed a possibility for human ageing – 'the possibility that time, the past in particular, has the power to arrest some lives, to bring them to a stop without death occurring', (p.185) he identifies this as arrested ageing... 'when ones past becomes the whole of one's being, the present is consumed and along with it, the possibility of novelty that is one's future' (p. 201). Nevertheless, McCullough (1993:202) argues that this should not be devalued because each individual experiencing 'arrested ageing' is psychologically entirely coherent and whole, perhaps even satisfied and content. None seems to devalue his or her life'.

Quite the reverse in fact, many respondents who expressed this feeling of contentment did so in terms of personal relationships. It centred quite specifically around their roles as parents and their friendships. One particular respondent believed that through her children her contribution to society and her own 'after-life' (in the secular sense) was assured. She believed that by raising and nurturing the next generation she was leaving something worthwhile behind.

JRCF86

I think what makes me so happy is the feeling that I am leaving something for the future.



This affirmation of postmortality resonated through many of the respondents particularly when they talked about their grandchildren and great-grandchildren (see chapter 3). Some confirming what Hall (1922) expounded when he suggested that there is no immortality except that in our children, our love and influence and the things we leave behind.

Yet, friendships also figured quite prominently amongst the 'contenteds' particularly amongst those who never married, and who did not have children (live-in partners outside marriage did not figure in the lives of any of the respondents). Less than 10 per cent of the sample had never married. The one women respondent amongst the group who had never married stated that she had never married 'because my pattern has not been knitted'. They did however maintain social networks of extended family and friends. They had more disposable income than their married with children counterparts which, is only to be expected given that according to the latest figures a child could cost at least £50,000 by the time he or she reaches the age of 17 (Observer 7 February 1999). I suspect that is one of the factors why early 'retirement' figured prominently amongst this group also. All the 'contenteds' enjoyed high levels of social activities - they enjoyed socialising with family and friends, and enjoyed high levels of reciprocal relations with the above, although children and grandchildren took precedence.

LHM76

My wife and I consider ourselves really blessed with the family that includes the two son-in-laws as well.

One or two respondents had also reached the point whereby they had to think in terms of cutting back expenditure on social activities.

AFM81

Some cutbacks now have to be made because of financial reasons.

There is also amongst this group an exigency to put their personal affairs in order before they die. It is not voiced in any morbid way, they see it as very much part of

the consolidation process. In as much as they see putting their affairs in order, as part of the responsibility towards the next generation 'leaving things straight'.

MGF72

I suppose I realise I am getting on now and I must do my best for my family. I would not like to think that they would have any hassle over anything. Death is inevitable so I just want to leave things straight for them when I have gone.

DCF77

I want to leave no burden for the children. So I have already arranged and paid for my funeral.

Although for those who had children it was connected as the above respondents explained. However, this process was not confined to those with children or siblings. It was as well more of a formal or ceremonial exercise to go through, and more importantly one in which they had control. As discussed in the last chapter, for those who had established 'living wills' it was part of a psychological process that ensured that they were in control at the end: having the formalities in place ensured their wishes were carried out. This procedure was also part of the same process - the empowerment of being proactive not only in life but also about one's death.

PKM83

Not all experience can be positive. Age brings you the ability to look back and look forward. I think being able to look both ways in your life is important.

The 'contenteds' therefore see age or the markers of age, as a time of integration and consolidation, there is a level of understanding and coherence about life. Unlike the 'discordants' there is a greater sense of satisfaction, which brings about a sense of wholeness. There is experienced with these individuals a sense of ease and serenity - contentment. There is in essence a sense of completeness that has often been viewed as 'disengagement'. Yet, it is different from disengaging completely- it is more the climax of a job well done - where they have done their best. For the contenteds, their personal journey is complete.

## 'The Efficacious'

The third group are individuals whom I term the '*efficacious*'. Efficacious individuals seemingly have control over their own lives: surpassing both the discordants and contenteds in terms of enhancing the self. As Charles Taylor puts it, 'in order to have a sense of who we are, we have to have a notion of how we have become, and where we are going' (cited in Giddens 1991:54). This is the crux of the matter. The efficacious individual does have a sense of a journey but where that journey will take them remains to be experienced. The important point however is that they have the courage to try. Tillich calls 'the courage to be' (cited in Giddens 1991:38). Anthony Giddens (1991) argues that although individuals have a sense of the past and the future is not left open to the full play of contingency self actualisation implies a mode of controlling the present:

Holding a dialogue with time is the very basis of self-realisation, because it is the essential condition of achieving satisfaction at any given moment - of living life to the full (p.77).

This living life to the full is something that the efficacious individual exemplifies. One aspect of this is the very full lives that many older individuals lead. It was quite astonishing to hear about the level and number of activities undertaken in one week. The following quotes typify the daily lives of some of the efficacious:

DPF73

I lead a very full life and I have a wide group of friends. I go out every day and two nights a week dancing. Wednesday is my only free day, which I keep for anything special (like you). People say to me when they ring 'oh I've caught you in at last'.

JTM83

I go to the luncheon club at The Reading Rooms in Garston on a Tuesday and Thursday. I also attend the Methodist Chapel luncheon club on Friday. Friday afternoon I go to bingo. I also belong to the Garston Over 60s Club and we go on a lot of days out with them - I really enjoy all these activities.

NDF75

I go to lots of functions at the two schools where I serve as Chair of Governors. I visit one of the schools most days. I also keep one lunchtime a week free for my daughter who comes over for lunch. I also look after my granddaughter two days a week.

LTM78

I have a very wide and varied social life. I go to many functions and clubs in my role as a Councillor and Chair of a number of Organisations. I am also a season ticket holder for Liverpool Football Club.

DMM69

I enjoy a wide circle of friends. We go out to concerts and restaurants and meet in each other's homes. I am also a member of the National Art Collection Fund - this gives me the opportunity to visit various art exhibitions. I also take two or three holidays a year.

PRF78

I help run The English Speaking Union and I help administer The Speech and Drama Festival. I attend concerts when my son is performing, and I do enjoy having lunch or dinner with friends.

JSF93

I spend a lot of time at the Community Centre which is the large house just next door. I also attend the Women's Club and The Townswomen's Guild. I am also a member of The University of the Third Age.

Giddens (1991:53) argues that self-identity is not a distinctive trait, or even a collection of traits possessed by the individual. It is the self as reflexively understood by the person in terms of her or his biography. Identity here still presumes continuity across time and space: but self-identity is such continuity as interpreted reflexively by the agent.

JSF93

It was a conscious decision with me that you have to plan your life with purpose.

Efficacious individuals unlike the other two groups engage with bigger existential questions about the meaning of experience. This particular respondent had engaged

with the concept of 'happiness'. What did happiness mean? What does it mean to have had a happy life? Are we supposed to be happy? Is happiness a marker of a successful life? This is what she said:

JSF93

You realise that one cannot be happy all the time - happiness comes and goes - it is an extreme. Happiness is therefore fleeting - a butterfly thing. What you do realise however is that you reach a stage that is more stable - you reach a stage of contentment. Then you realise you do have more contentment in age.

This respondent therefore expresses a willingness to engage with the bigger existential questions but also as a way in which these intellectual endeavours act as a bridge to increasing her own insight and understanding into her own identity. This was part of the process of creating the opportunity - a framework if you like for continued personal growth. Such individuals express their reality as 'damm good' in an extemporaneous fashion stating quite unequivocally 'I am better than I was' yet, it does not end there. They perceive this in the understanding of a positive ontological future, in as much as they have a belief in the 'more than I am' sense of growth.

The efficacious individual is one who has achieved self-efficacy and it is essentially a judgement about self-confidence. Such individuals believe they are sufficiently competent to achieve what they set out to achieve and to avoid those, they do not want (George 1998). Embedded within individuals who achieve self-efficacy are high levels of self worth and confidence. Erikson in his book *Identity and the Life Cycle* (1956:104) has argued that only those who in some way have taken care of things and people and have adapted themselves to the disappointments and uncertainty's of being can bear the fruit of what he describes as his eighth stage - integrity over despair and disgust. This stage if achieved through integrity is said to be the point whereby one accepts one's own and only life cycle, and of the people that have become significant to it as something that had to be, and in the acceptance of one's life as one's own responsibility. According to George (1998) there are debates about whether self esteem is in part a function of self-efficacy, or that the

causal direction is in the opposite direction: that feelings of self worth increase perceptions of self-efficacy. Regardless of the causal direction however, the self-efficacious individual's life direction is most definitely proceeding. The efficacious unlike the previous groups are proactive in as much as they have a perception of personal growth potential. They view ageing as an opportunity for discovery about their own identity but also about the meaning of ageing itself - a deepening of meaning.

## **Conclusion**

This chapter has shown that there is a realisation period in the process of ageing where individuals begin to take stock of their lives so far. It is a defining stage in as much the process itself becomes the catalyst that determines their future selves. The research has identified three distinct groups of individuals exhibiting at the subjective level three unique sets of characteristics, and what it is about the characteristics of these groups of older individuals that influences the process of ageing. Furthermore, the research quite clearly shows that the outcome of this process very much depends on the individuals own ability to develop 'autobiographical thinking' (Rainwater cited in Giddens 1991:72). The seeds of which may have to be set down at a very early age therefore, our ability to continually grow and develop in advanced age could be determined in infancy. This particular finding is tentative at present but it could form the basis for future research.

The research suggests that some people may be unable without assistance to change with age. The 'discordant' individual is unable to establish 'autobiographical thinking' (Giddens 1991) which, means that they hanker after what could have been or what should have been. They suffer disproportionately when compared to others, from substantial role loss (Rosow 1985) which leaves them unable to take on new roles. They have many unsatisfied demands, which they could not achieve anyway - they suffer from what Kohut (cited in Giddens, 1991:68) describes as narcissistic personality disorder, the result of unfulfilled ideals and ambitions. Largely they lack the self-confidence or courage to try new roles and new experiences, which in effect means stunted growth. They are unable to grow with age. The second group

conceptualised as the 'contenteds' - live very much in the present. They do however exhibit a much more positive attitude about the past and present. They are more reflective than reflexive; meaning that they are quite contented with their lives: they view their lives at present as the culmination rather than as an opportunity for continued growth. This has been described as arrested ageing (McCullough 1993) nevertheless as the author suggests this should not be devalued because each individual who experiences this feels entirely satisfied with life. The third group - the 'efficacious' exhibit distinct characteristics from both of the above groups. They use reflexivity as a tool for future growth. They have the courage to be who they want to be, or at least they have the courage to try. They do not dwell on negative experiences from the past - they are able to enact closure. Which means they do not suffer from the 'what if', or 'what only' syndrome. They live life to the full. The efficacious grow richer and better with age because their curiosity about life is never diminished. The efficacious are the individuals who begin to chart out the new territories of ageing that the rest of us will follow. The following chapter will explore with the respondents what it is about the inner spiritual self that produces a deepening of meaning in age.

## Chapter Seven

### Deepening of Meaning

#### **Introduction**

This chapter explores with older people what it is that gives them a deeper level of meaning to their lives and the characteristics, which shape this process. The research shows that regardless of the very full participation in the social world, the respondents elucidate the importance of their inner spiritual sense of personal growth. The respondents define what they mean by personal growth, what factors contribute to this process, and how this personal growth manifests itself in terms of social interaction with others. During the process of research the study found that all the respondents had what could be called a spiritual dimension to their lives manifesting itself in many and complex ways. It would be correct however to suggest that the 'efficacious' lead the way on the spiritual journey. By way of comparative analysis this chapter also examines how many of those engaged in the critical study of ageing have confronted the question, does older age have meaning?

#### **Searching for Meaning**

Within the scholarship itself, Havinghurst & Albrecht (1953) have concluded that understanding the meaning in ageing is linked with the continuation of mid life activity and patterns. The original *Disengagement theory* (Cummings & Henry 1961) proposed that older age was qualitatively different from anything previously experienced. The psychologist Erik Erikson believes that each stage in life has special practical and psychological tasks to achieve (1963, 1964, 1982, 1986), older age offering the pinnacle of achievement - a sense of completeness. The psychologist Carl Jung (1960) represents the view that older age holds out the possibility of individuals attaining individuation. By this, he means, for those who conceive of it there is some special meaning in age. Maturity in his view is a time for detachment and reflection as we begin the spiritual journey. Moody (1998) argues that for the



individual 'old age' is a time when we are likely to come face-to-face with questions about ultimate meaning. Simone de Beauvoir stated in *The Coming of Age* (1972), that there is only one solution if in 'old age' our life does not become a parody of our former life; that is to go on pursuing goals that give our existence meaning. She rejects traditional views that older age is a time of disengagement, arguing that only by continuing to take on new roles throughout the life course, gives life meaning. She sees this as a commitment to individuals, groups and causes, and in the pursuit of social, political, creative and intellectual pursuits. Yet, Tornstam (1996a) believes that we run the risk of misinterpreting a naturally increased transcendence in older people as negative disengagement, rather than seeing this as an intrinsic drive originally described in the theory of disengagement.

At the individual level Abraham Maslow the founder of humanistic psychology believed that most human beings avail themselves of only a very small part of their potential. This potential can be demonstrated in what he termed 'peak experiences'. Maslow believed that it is at these peaks in our lives, that we have the opportunity to move towards self-actualisation - that is to become more fulfilled. Those people who have achieved self-actualisation are to be found among those who are mature in years (cited in Moody 1998). Jung (1960:399) also observed that:

Ageing people should know that their lives are not mounting and expanding, but that an inexorable inner process enforces the contraction of life. For a young person it is almost a sin, or at least a danger, to be too preoccupied with himself; but for the ageing person it is a duty and necessity to devote serious attention to himself. After having lavished its light upon the world, the sun withdraws its rays in order to illuminate itself. Instead of doing likewise, many old people prefer to be hypochondriacs, niggards, pedants, applauders of the past or else eternal adolescents - all lamentable substitutes for the illumination of the self, but inevitable consequences of the delusion of the second half of life must be governed by the principles of the first.

Jung (1960:400) concluded that there are different tasks to be achieved throughout life. 'The significance of life's morning lies in the development of the individual, our entrenchment in the outer world, the propagation of our kind, and the care of our children. When this has been attained through the earning of money, the extension

of conquests, and the expansion of life go steadily on beyond the bounds of all reason and sense, must pay for it with damage to his spirit'.

## **New Independence**

Many of the respondents when asked about the distinctive qualities that growing older bring to their lives remarked on experiencing a new sense of freedom. This new sense of freedom was expressed as 'achieving a freedom point' in their lives whereby time or clockwatching no longer dictated or ordered their movements, except in exceptional circumstances such as when their own sense of personal safety was an issue (personal safety was discussed in chapter three). Apart from this, time was now the servant rather than the master, regardless of the very busy lives that many of the respondents had they finally felt in control of their own time. This feeling was expressed as being able to make choices in their lives - being able to choose how they used their time. For many it was a new experience particularly for women who had been wives, mothers and also worked outside the home: their time had always been ordered by others (see chapter four). Still, men experienced this newfound freedom experienced by women also. Many of the men in the research mentioned that regardless of how they felt about mandatory 'retirement' from paid work, undoubtedly, the major advantage was having the freedom which accompanies the liberation of time constraints. This is how a number of respondents' described the experience.

### **LHM76**

The best part of getting older is having the time, to be master of my own time. I do not feel actually tied to anything anymore - only of my own choosing. You have a tremendous sense of freedom, and you always feel that if you do not want to do something today you can always do it tomorrow.

### **MGF72**

Freedom to please yourself. To choose what time to get up in the morning. To choose what you want to do with the day. Just having time to go out and meet new people - having the time to do just that - take your time.

### **VFF77**

Clockwatching loses its significance- you are not tied to time anymore. But that is not to say that routines lose their

importance. I personally like to keep to a routine - I must do all the housework for example particularly spring-cleaning.

This release from established time constraints therefore has a social, as well as a psychological function for older individuals. On the social level, this freeing up of time gives opportunity to engage in all manner of activities the variety and scope of which has been explored in previous chapters. However, and most importantly the freeing up of time allows for the expansion of psychological space, in other words - time to think. One respondent described this as 'reaching a certain harmonious balance' (EDF73).

### **A Creative Endeavour**

Searching for meaning in age therefore can be likened to a creative endeavour. Creativity in this sense is not just about creating things in the material world, although it can incorporate such actions. It is also about recognising those parts of the inner spiritual self that can be developed. Actively seeking growth through creativity of oneself: a process of constantly reinventing oneself, or constantly growing. Creativity is a theme encountered with increasing frequency among life-span developmentalists and psychoanalytic approaches (Kastenbaum 1992). Creativity often viewed as a set of abilities that finds expression in some material end: the great writer, artist, and composer for example - the distinguished few. Creativity therefore is not often viewed as a characteristic of ordinary people because there is no tangible set of abilities to demonstrate. However, we can suppose that the set of abilities we do possess are psychologically specific to each individual, and are only limited by each person's imagination or put another way each person's spiritual creative ability. One can become the creator of great works of art not in the explicit temporal form but in the implicit spiritual form. Deep meaning can be found in the process of this creation just as the great artist would in the creation of a great masterpiece. By undertaking, this process something is left behind - a contribution to the collective consciousness and [unconscious] that enriches the future. Once this meaning is created it can never be desecrated. As Hall (1922:435) stated:

We need not be faith-curers but must be vitalists and believe in some kind of elan vital or creative evolution, as opposed to

materialistic or mechanistic interpretations of life, to understand the true psychology of age. It is the nascent period of a new and unselfish involution of individuation, which is impossible under the domination of egoism. The new self now striving to be born is freer from the dominion of sense and the environment and has a autonomy and spontaneity that is reinforced and recharged with energy from the primal springs of life, and man (sic) may well look to this as one of the great sources of hope in his present distress.

In Florida Scott-Maxwell's personal journal that she kept in advanced age she reflected on the fact that even in the advanced stages of life it is possible to find a creative ability and deep meaning in age:

....we also find that as we age we are more alive than seems likely, convenient, or even bearable. Too often, our problem is the fervour of life within us. My dear fellow octogenarians, how are we to carry on so much life, and what are we to do with it? Let no one say it is an "unlived life" with any of the simpler psychological certitudes. No one lives all the life of which he was capable. The unlived life in each of us must be the future of humanity. When truly old, too frail to use the vigour that pulses in us, and weary, sometimes even scornful of what can seem the pointless activity of mankind, we may sink down to some deeper level and find a new supply of life that amazes us..... A long life makes me feel nearer the truth, yet it wont go into words, so how can I convey it? I can't and I want to. I want to tell people approaching and perhaps fearing age that it is a time of discovery. If they say - "of what?" I can only answer, "we must each find out for ourselves. Otherwise it won't be discovery." I want to say - "if at the end of your life you have only yourself, it is much. Look, you will find" (cited in Moody 1998:458).

John Berger once wrote, 'in life, meaning is not instantaneous. Meaning is discovered in what connects, and cannot exist, without development. Without a story, without an unfolding there is no meaning..... Certainty may be instantaneous; doubt requires duration; meaning is born of the two' (cited in Cole, Van Tassel and Kastenbaum 1992:268). For some individuals, this takes on increasing significance as they exhibit a longing for a deepening of meaning to their lives. As mentioned earlier Jung (1960) has described this as the beginning of the spiritual journey. This experience is reflected in the words of this respondent:

LTM78

I think old age could be a tragedy so you have to try to overcome that and put yourself about. So many people are trapped in a defective body. As you get older everything wears out - it is the nature of things. Personally I think you mature, you become more aware of things as you get older - you have a bit more understanding, and a bit more compassion consequently, you can make a better contribution. I think getting older has it's for and against, you lose things and you gain things. You lose your physical attributes but you are gaining wisdom, experience, recognition of other people's problems - you become more caring and tolerant.

Such individuals develop a range of attributes that Manheimer (1992) has likened to a type of 'secular redemption'; meaning that frailty, limitation, dependency, can undergo an inversion becoming qualities such as capability, strength, possibility, autonomy and wisdom. This experience, was described by a number of respondents:

LTM78

It is only when I reached sixty that I decided to live - to do things you know. I have learned a lot, which I have put to good use. I have learned tolerance, developed wisdom through experience; those are the things that develop as you get older. I also tend to see the other point of view more now. I enjoy life.

PAF80

Age gives you the experience to overcome most obstacles. Older people know that you can get over anything - you have to.

JSF93

Fairly early in life you have to realise that you will probably live until you are old, and all your actions and tendencies are becoming stronger as you get older. I mean if people criticise you or your children, point something out to you or a good friend suggests you do something, it is worth listening to because there is usually a spark of truth in it. If you are criticised you must listen and put a brave face on. I do think a lot about what people say - I ponder over it and it is usually worth it.

## Autobiographical Cognisance

There is an acknowledgement amongst older people that age brings with it accumulating knowledge. This is built on the recognition of how cumulative life experiences assist in this process, and how one grows from this experience. It is also a status conferred on the individual by others. As one respondent stated 'more people seem to ask your advice' (DCF77). For some as I mentioned in the previous chapter it is a reflexive endeavour. Meaning that it is both a consequence of personal biography, and plays a fundamental part in one's unfolding future. Those older people who seem to be able to undertake this process mention achieving a level of self-confidence that they had not personally experienced before. They remark on a newfound courage, and a new assertiveness, which enables them to be more open and outgoing in their daily lives.

ASM69

I feel I can now speak the previously unspeakable.

JSF93

I have a determination to enjoy what there is to look forward to, not to look back.

JTM83

I think I have learnt to be more assertive now.

DMM69

Age has given me more confidence. This has a knock on effect, which means I am more content. I have been a tolerant person throughout my life but life should also teach one something.

EHF73

I found the confidence to help to organise the setting up of the University of the Third Age in Liverpool, consequently there has been a fulfilment about these years.

MDF84

I feel I could cope with anything that is thrown at me. I am also very lucky in as much as I know I can speak to my daughter if I need to.

An increasing level of tolerance accompanies this newfound confidence. However, it was not a tolerance bound up in sufferance, it was far more discerning. Many mentioned that they no longer 'suffered fools gladly'. They finally had the confidence to be more discerning in their relationships with others.

AFM81

You become more discerning as you get older and see the bigger picture.

EDF73

I have become more discerning as I get older. I can spot things easier now than I did before.

JSF93

You become less judgmental as you get older - consciously less. You begin to understand why people do things and how difficult life is for many people. However, I do not suffer fools gladly if they go on making the same mistake repeatedly.

AHG80

The older you get the more tolerant you become because of all the experience of your life.

EBM76

What were once mountains in your younger years are now molehills as you get older - you don't get upset so much. You have more experience so you form opinions about things more - you have more to form them with.

PRF78

One has learned to deal with things over the years - petty things do not concern you, you become more tolerant. Even one's attitude to people over the years changes when you see them experiencing problems - this does effect you.

JRC86

I think I have become more tolerant and understanding because I've dealt with so many people in my life.

AOM77

I never take offence, it is a question of give and take in the way you live your life, and you have to be flexible to enjoy it.

LHM76

I am more tolerant now of people making mistakes. In fact, I feel quite uneasy with older people who are judgmental. You become more philosophical because you realise you are

getting near the end of your span. You do not lose your commitment but you expect less - you are more apt to say 'what the hell'.

This testimony concurs with what Tornstam (1996a) has described as 'everyday wisdom' (see the Theory of Gerotranscendence 1996a). This is part of the process of transcendence. A process in which the right/wrong duality loses its clarity, leading to a more broad-minded understanding of other people. However, some of the respondents although they believed they had become more tolerant in terms of understanding personal idiosyncrasies within relationships and people generally, they had become less so in terms of how they viewed certain types of behaviour. As I mentioned in chapter three, the intimidating conduct of some younger people they believed was unacceptable. So too was the behaviour of some politicians.

MGF72

I have become more judgmental about politicians. They keep making cuts on the poorest members of society. I don't like the word 'underclass' it's dreadful. I am also very worried about the lack of funding in the NHS.

NDF75

I have in the past put certain politicians on a pedestal but then you realise what they have been doing is totally dishonest.

PRF78

About people, I have become less judgmental, about things around me especially the way politicians behave very much more.

According to Erikson, Erikson and Kivnick (1986) older people are by nature conservationists' - longer lives and longer memory lead to an understanding of how their natural environment has changed. Respondents in this research spoke at length about the changes in parklands; the appalling housebuilding programmes based on slums replacing slums, the re-routing of public transport that leaves access to once open waterfronts (Pierhead) almost impossible. Moreover, as the above examples have shown longer memories and wider perspectives have quite important implications for politicians and policy implementation also. Older people so far have been fairly quiet and moderate in their requests, and tended according to most political scientists to demonstrate loyalty in terms of voting behaviour. Nevertheless,



what have seemed innocuous murmurings by older people to date, could become a very important constituency in the future, particularly as their voices grow louder as their numbers increase.

## **Age Gains**

What is particularly noteworthy about efficacious individuals was that growing older was very much seen in terms of what they had gained through the ageing process rather than what they had lost. Growing older for them was a continuing learning curve and had resonance with what Manheimer (1992:431) has describes as a 'growing interiority'. Yet, this growing interiority was not simply about self, indeed, it transcended self-interest, but it was about ontological human growth. Meaning that although there is an element of personal growth this only seems to be validated by the fact that it is viewed by them as a contribution to the collective growth potential of society. They had achieved a level of confidence and understanding whereby they understood the purpose, and the meaning of ageing both for them and for the community. As Abell (1998:90) 'argues the confirmation of one's generativity must surely come from others, who can respond to our contributions. Without this confirmation one will draw closer to despair and disgust, the antipathetic counterparts of wisdom'.

Such individuals recognise that older age brings forth a multitude of opportunities for personal growth. Kohlberg (1973) argues that this is triggered by the realisation of the finitude of one's life - the finite self in a world of infinite possibilities. Kohlberg believes that somewhere in middle age to later life individuals who are highly morally developed may experience a type of ontological reversal of self and world. This leads Kohlberg to the observation that 'we sense the unity of the whole and ourselves as part of that unity' (cited in Manheimer 1992:431). However, Carl Jung argues in *The Stages Of Life* (1960) that society does not value the development of the psyche very highly; quite the contrary, its prizes are always given for achievement and not for personality. The latter is rewarded for the most part posthumously. Jung believes this forces us to limit ourselves to the attainable, and to differentiate particular aptitudes in which the socially effective individual discovers

their true self. By limiting ourselves to what seems attainable in society means in effect renouncing all our psychic potentialities.

The nearer we approach to the middle of life, and the better we have succeeded in entrenching ourselves in our personal attitudes and social positions, the more it appears as if we have discovered the right course and the right ideas and principles of behaviour. For this reason, we suppose them to be eternally valid, and make a virtue of unchangeably clinging to them. We overlook the essential fact that the social goal is attained only at the cost of diminution of personality. Many - far too many - aspects of life, which should also have been experienced, lie in the lumber-room among dusty memories; but sometimes, too, they are glowing coals under grey ashes (p.395).

Jung believes that during this phase of life an important change in the human personality is in preparation. It is not a conscious and striking change; it is rather a matter of indirect signs of change that seems to take place in the unconscious. It is often seen as a small change in a person's character. In some people convictions and principles, especially the moral ones begin to harden and grow increasingly rigid, until somewhere around the age of fifty, a period of intolerance and fanaticism is reached. 'The wine of youth does not always clear with advancing years; sometimes it grows turbid' (p. 396). Conversely, in other cases certain traits, which had disappeared since childhood, come to light. In some cases interests which had been dominant begin to weaken and others take their place.

### **Reversal of 'Masculine' and 'Feminine' Traits. (Reversal of Gendered Roles)**

This can also be accompanied by a reversal in masculine and feminine psychological traits. What were once subdued feminine aspects of men's personality rise into the ascendant: same too of woman's personality; masculine traits find expression. As Jung (1960:398) states:

This change is even more noticeable in the psychic realm than in the physical. How often it happens that a man of forty-five or fifty winds up his business, and the wife then dons the trousers and opens a little shop where he perhaps performs the duties of a handyman. There are many women who only awaken to social responsibility and to social consciousness after their fortieth year. In modern business

life, especially in America, nervous breakdowns in the forties are very common occurrence. If one examines the victims one finds that what has broken down is the masculine style of life which held the field up to know, and that what is left over is an effeminate man. Contrariwise, one can observe women in these self-same business spheres who have developed in the second half of life an uncommonly masculine tough-mindedness which thrusts the feelings and the heart aside. Very often, these feelings are accompanied by all sorts of catastrophes in marriage, for it is not hard to imagine what will happen when the husband discovers his tender feelings and the wife her sharpness of mind.

This explanation concurs with the study completed on contemporary grandparenting (Kornhaber 1996) examined in chapter three. This research concluded that many men experience a mellowing in age resulting in what was identified as the 'male-grandmother'. Kornhaber (1996:82) states:

The hormonal and situational changes that occur with age can diminish male aggressive behaviours, lower the threshold of arousal, and diminish the level of physical activity.

Gutmann (1975) also recognised the changes occurring in this stage of life when he argued that women have the opportunity to be more aggressive and assertive and master the world outside the family, whereas men have the opportunity to appreciate their nurturing sides (cited in Kornhaber 1996:82). Citing David Guttman's observation of the "sex-role crossover" in older people Moss (1998) points to the 'counter-sexual traits' to be found in literature. In both Shakespeare's King Lear and The Tempest she argues that both Lear and Prospero experience self-awareness and the expression of their repressed femininity. Jung (1960) goes on to argue that worst of all most people live their lives without even knowing of the possibility of such transformations. 'Wholly unprepared they embark on the second half of life' (p.398). 'There are no colleges for forty-year olds which prepare them for their coming life and its demands as the ordinary colleges introduce young people to a knowledge of the world' (p.399). The reason for this void maybe the fact that it is a reaction against an earlier exaggeration of the dignity of age, or it may be the result of false ideals (Jung 1960). Certainly, a number of writers have argued that there have been very few periods in history when advanced age has achieved preferred status (Simmons 1960, de Beauvoir 1972, Minois 1989). Neither has there been a time

when older age has achieved equal status with youth and beauty (de Beauvoir 1972). As Jung (1960:400) states: 'In the United States it is almost an ideal for the father to be the brother of his sons, and for the mother to be if possible the younger sister of her daughter'. However, given that an estimated 7 million children in America are now being raised by grandparents (Kornhaber 1996) the result of many and complex social problems, it bodes well for that generation of children that their grandparents have 'rediscovered' subdued psychological traits<sup>1</sup>. By being with children Erikson (1950, 1986) maintains that the older individual can best express their instinctual and selfless commitment to the future of humanity. Conversely, the wisdom of older people will give children their greatest hope.

### **Religion as a contribution to the spiritual**

According to Moberg (1990), very little attention is given to religion and spirituality in gerontological research and education. Most textbooks he argues almost completely ignore the subject and treat the church as an unimportant part of the social and service network. Moberg (1990:7) argues that there are many reasons for this not least the 'complexities of generalising fairly about the tremendous range of religious ideologies and practises in our pluralist society'. Now although Moberg was commenting on the American experience similar can be said of the diverse range of religions practised not only at the international level but also at the national and local level in this country. Consequently, whilst undertaking this research, it was my intention to find out what part religion played in the lives of older people in Liverpool, I came across the 'complexities of commenting fairly on the different religions', particularly the diversity of religions practised within one locality.

It is even more complex to identify teachings within the diverse range of religions that explore the meaning of ageing. However, according to Cole, Van Tassel and Kastenbaum (1992), Christian thinkers such as Dostoyevski and Augustine proved to be particularly fertile ground in their exploration of meaning in ageing. Augustinian teachings state that a major test of Christian orthodoxy was the acceptance of ageing and death as proof of original sin, and a life of purposeful virtue under the shadow of

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<sup>1</sup> For a fuller discussion on demographic trends in relation to grandparents in America, see Kornhaber, A (1996) pp. 130-145.

retribution. The scriptures teach us that death is the penalty for original sin (see Cole et al 1992:127-146 for a fuller discussion). Today's ageing individual according to the teachings of Augustine struggle with meaning as they age. Ageing has meaning only because it can involve the agent on a path of spiritual and ethical maturation. Meaning in ageing derives from a retrospective critique of the pride, sloth, avarice and sensuality of earlier years. According to Cole et al (1992:139)

The Augustinian standard is rigid and demanding. It implies that a great many people never achieve true meaning in growing old. They may think that they live meaningfully through accumulating wealth, through worldly recognition and status, and the like. But there can be no genuine meaning in the idolatry that pervades the lives of those who are trapped in worldliness.

Nietzsche (1968) for example believes that it was the Platonists and Christians who denigrated ordinary human life by contrasting it with a superior form of eternal life. Put simply, by believing this promised hereafter, we delude ourselves into accepting and delimiting our true potential. In Reform synagogues, on Yom Kippur eve, the congregation recites a poem by Alvin Fine. It reminds the congregation that birth is a beginning and death a destination, and life a journey from childhood to maturity, from youth to age. A sacred pilgrimage to life everlasting (Holstein and Cole 1996:7). Yet according to Moberg (1990:9) 'in traditional Protestantism and contemporary evangelicalism, one cannot have spiritual life without trusting Jesus Christ as Saviour: without life there can be no growth'. Moody (1998) however, points out there are a subtle difference between the concept of spirituality and the formal aspects of religion. Although not mutually exclusive, there is a distinction between the two. The formal practise of religion is shown in some studies to enhance well being in later life (Ellison 1994). However, whilst stressing, the importance of religion for mental health, Blazer (1991) identifies six dimensions of spiritual well-being: self-determined wisdom, self transcendence, the discovery of meaning in ageing, acceptance of the totality of life, revival of spirituality, and preparation for death (cited in Moody 1998). Moody (1998:443) argues that 'none of these tasks are easy to accomplish, and the fact that some individuals undertake such a spiritual journey is evidence that the effort can yield a profound sense of meaning for the later years'.

Yet, I found in this research that less than two thirds of the respondents followed any particular religion. The majority did not take part in any formal religious practise. However, those that did the majority followed the Christian teachings and believed in the formal religious concept of an after-life. Of those who did practise their religion, my research concurs with Ellison's (1994) findings that religion provided a vital function in the well being of those individuals. For those individuals I interviewed from the Somali community for example, religion was the central focus of their lives and their community. They attended the Mosque daily, reciting from the Koran five times a day also. Within the Muslim religion, there is a profound understanding of the meaning of ageing. Ageing is viewed as the opportunity for spiritual growth; bodily decline is almost immaterial. Yet, because their body is regarded as the embodiment of their spirit, it is treated accordingly, and a precise diet is followed. In accordance with their religious teachings older individuals are worthy and accorded very high status within the community. Because older people are seen as the purveyors of wisdom, they receive utmost respect from the younger community. Their advice is sought on secular, as well as spiritual matters; long age being honoured as a sign of accumulated experience and knowledge. It is a fine example of the cultural, as well as the individual meaning of ageing, from which the majority culture could learn.

Just over a third of the individuals stated that they did not follow any religion, and did not believe in the concept of God or the concept of an after life. However, a number of individuals who described themselves as 'humanist', 'agnostic', and atheist had perhaps unsurprisingly explored the meaning of religion and spirituality. Such individuals were represented quite strongly amongst those whom also actively sought a deepening of meaning. However, their ontological growth was centred in a secular spirituality rather than a religious spirituality based on immortality. This research has shown that for some older people although religion contributes to the spiritual and for some religion is an integral part of their culture and community, for others spiritual growth is not based on religion. It is as Moody (1998) points out important to separate the two. The difference is subtle. Individual spiritual growth takes two forms; one is based on temporal or worldly redemption within the individual. The other is based on heavenly redemption, and embedded within a

Supreme Being. What is interesting is that the majority of respondents who described themselves as atheist or agnostic, received religious education in childhood and youth, and therefore had a very early introduction to the concept and understanding of an inner spiritual self..... As Moberg (1990) argues religious, spirituality is fully consistent with, if not a central component of spiritual maturity and wholeness. Moreover, spiritual growth whichever form it takes must be an intrinsic part of finding a deepening of meaning in ageing.

## **In Conclusion**

For those individuals actively seeking to explore the meaning of ageing, they appear to find a deep level of spiritual well being. This experience is part of the barely tapped human potential that enables older individuals to find a high level of fulfilment. It is according to the theorists very much part of the spiritual journey, which is part of the meaning of ageing. According to older people themselves it is about liberation - achieving a freedom point in their lives, which gives them the time and psychological space 'reaching a certain harmonious balance'. This allows for the creative process of discovery - discovery about yourself as a spiritual, as well as a social being. As the respondents have testified it is the acknowledgement of accumulated knowledge, and the attributes that accumulated knowledge brings such as courage, tolerance, and discernment. Being able to see the bigger picture, and where right and wrong loses its intransigence and clarity. Therefore, it is a reflection on the gains rather than the losses achieved with age. Jung (1960:400) posed the question in *The Stages of Life* 'where is the wisdom of all our old people, where are their precious secrets and their visions? According to Hauerwas and Yordy (1998), such a void is to be expected in a society that assumes it can survive without memory. Yet, those older individuals who seek this deepening of meaning are uncovering for the rest of us those precious secrets and vision that can lead to a new understanding of the meaning that comes with age.

## Chapter Eight

### Age- Pioneers

#### **Introduction**

Whenever the discourse emerges regarding whether society has reached a stage of high modernity, or, that we have entered a period of postmodernity it is more often than not discussed in terms of abstract constructs; almost a two step back observation of how these changing social and economic structures affect the agency of the individual. There is a movement however within social theory particularly embracing theorists such as Giddens (1991b) and Beck (1992) whose scholarship focuses on what it means to be an individual in this modern society or what some have termed a post-modern world. However, it is those involved in the critical study of ageing who give primacy to the evolving often hidden identity of the older individual in a post-modern world (see: Featherstone and Hepworth 1991: Cole, Van Tassel and Kastenbaum eds. 1992: Cole, Achenbaum, Jakobi and Kastenbaum eds. 1993: Jamieson Harper, and Victor eds. 1997: Moody 1998: Phillipson and Biggs 1998: Phillipson 1998). With such theorists, it has meant challenging traditional boundaries. For others it has meant developing within their own fundamental principles new ways of seeing, what were once sacrosanct viewpoints. Others such as Holstein and Cole (1996:) have offered a much more guarded approach to the construction of a viable identity in ageing when they state:

When a culture fails to communicate its ideas in ways that are inwardly viable, individual life stories become detached from larger meanings and purposes. The self may become quintessentially post-modern - fragmented and lacking a coherent way to make choices and to act purposively. In this schema, several core ideas emerge. As individuals, with emergent and emerging selves, subject to change and threat, we seek to make sense, that is, to find meaning, through narrative, as essential to our self definition and our existence in the world. But this process of self-construction and meaning making cannot be understood apart from the cultural milieu in which our action occur. We are self-defining and meaning making only in context (p.11-12).



Yet, Giddens (1991) offers a much more optimistic evaluation of the construction of individual identity. He argues that the construction of identity in high modernity can be viewed as, a reflexive organised self, built around the formulation of coherent yet continually revised biographical narratives. Both of the above writers offer an understanding of the construction of identity in what is known as the move towards a post-modern society (Phillipson 1998). Yet, often the voices of individuals themselves are often omitted and therefore are unheeded in many of the grand narratives. As a researcher I came to this realisation at the commencement of this study when I recognised that older individual's reality did not fit comfortably with much that is written or theorised about them.

As I discussed in chapter five many of those interviewed in this study expressed a certain disunity between the negative stereotypes associated with high chronological age. On the one hand, they are supposed to feel 'old', on the other they continue to feel young inside. 'I don't know what 'old' feels like' said one respondent in her eighties. Pursuing this apparent paradox with the respondents the research identified a considerably more involved process. Rather than simply being a disunity between their perceived ideas of what 'old' should be and the inner subjective sense of self, which remained young, this experience was considerably much more complex. A realisation, which many of the respondents stated was both surprising and rejuvenating, and bore little relation to her or his own internalised expectations of how advancing age would be. It was a discovery within the individual of new ways of coping and new ways of seeing, and it is experienced by the majority albeit in different ways and on varying levels as the research so far shows. However, it is those individuals identified as 'efficacious' in chapter six whose own personal significance in growing older takes on a much deeper meaning (see previous chapter). Such individuals have come farthest along the road in finding a rich involved personal meaning in ageing. Mindful of this individual process there emerges the genesis of an exemplar in which, we begin to understand from a metaphysical perspective that increased longevity is much more than added years. Such individuals alert us to the possibility that there may be more to this unprecedented leap forward in the ageing of society than simply the side effect of

increased nutrition and decreased morbidity. It is those individuals I describe as age-pioneers that are at the forefront of this process. This chapter therefore explores with those individuals the highly evolved and particular characteristics, and the processes they go through, which makes them so distinct from other older individuals. They offer through their own experiences an insight into that ongoing journey. By way of comparative analysis the particular experiences and the highly evolved processes such individuals go through are compared and contrasted with theorists such as Hall (1922), Erikson (1959: 1982), Tornstam (1996a: 1996b), Ahmadi (1998), whose own research has looked towards a developmental and multidimensional understanding of the ageing individual. Foucault (cited in McNay 1994: Simons 1995) is also discussed briefly, not the usual theorist to draw on in ageing studies but his writings do alert us to the possibilities of the power within the individual.

Foucault in his writings challenges or calls on the power within the individual to effect change. For example, Foucault urges individuals to 'refuse to be what you are' meaning we should refuse to be tied to the identities to which we are subjected. Foucault associated his own oeuvre with all those who struggle against the ways in which they are individualised i.e. rendered into the sort of individuals they are. For example, he linked his own work to prisoners who refused to be regarded as delinquents, and to gays who resist their definition as homosexuals. He was also particularly interested in the invisible hand of power located in the discourses of those human sciences and modern government in which various definitions of human subjectivity developed. As a corollary to this Foucault believed that human beings participate in their own subjectification by exercising power over themselves - tying themselves to scientific and moral definitions of who they are. However, as a way of overcoming this quiescence he advocated that we must work on the limits of ourselves, in so far as our subjectivities are tied to the limits of truths and science. Foucault suggested one possible way of doing this could be through philosophy and reflection itself, as a way of becoming of oneself and ones own thought (McNay 1994).

On the epistemological level, although never acknowledged in the literature Erikson (1959) argued that his eight stage theory was simply the beginning of a formulation

based on his own clinical and anthropological studies to date. In his own words he asked that 'each reader and each study group must continue to develop his or its own terms which I have gropingly begun in mine' (1959: 104). Yet, Erikson's eight stage theory of which only the last two stages dealt with the older individual, *Generativity* and *Integrity*, was seemingly set in stone in studies on ageing. Moreover, to some extent this theory became misappropriated in ways that researchers used this theory as the boundary rather than simply the beginning of a developmental model of ageing, which Erikson originally intended. Consequently, data on the older individual which did not fit into this model may have been prematurely discarded, and contributed to a theoretical lag between the older individual, and the discipline itself. However, Erikson did leave the discipline of ageing studies with one very important contribution, which is that the possibility of human development could occur in ageing, as it could throughout the life stages. More importantly, Erikson in the later stages of his life came to the understanding that his own life-stages theory was no longer adequate to describe his own experience. According to Moss (1998:232):

Based on his own experience his definition of the final period of life no longer served his experience. As he struggled to describe that experience, he discovered that the task in age not only seems to involve integrity and authentic selfhood, abandonment of mask and denial of paralysing defence, but generativity. In other words the final stage was not reconciliation with the end of life but a promise beyond stagnation, creativity that is the polar opposite of despair.

His wife and co-worker Joan M. Erikson also echoed Erikson's experience. According to Tornstam (1996a) as a consequence of conversations between himself and Joan M. Erikson about the merits of the theory of *Gerotranscendence*, she stated that her own experience had also led her into revising the original eight stage theory of human development to incorporate a ninth and tenth stage.

When I got 91 myself, I became aware of the inadequacy of the words "wisdom" and "integrity", feeling that in no way represented what I was experiencing as an elder. [...] So boldly I revised the eight [...] including a ninth and tenth

stage, which even attempts to deal with "gerotranscendence" (p.48).

The theory of gerotranscendence is the conceptualisation of maturing into 'old age' (Tornstam 1996a). It is one of the very few theories that has attempted through empirical grounding to conceptualise the developmental process of ageing and the transition into 'old age'. It is according to Tornstam (1996a: 37)

...qualitatively different from both Erikson's "ego integrity" and Cummings and Henry's "disengagement". It is a pattern where a high degree of gerotranscendence is related to higher degrees of both social activity and life satisfaction simultaneously as the degree of social activity becomes less important in attaining life satisfaction. Where in earlier theorising such concepts have been formulated in terms of either/or, the theory of gerotranscendence offers both/and.

Tornstam's theory offers a rare and unique conceptualisation of the individual ageing identity. It challenges previous assumptions that older age is a process of diminution of personal growth, and it aims to present the increasing complexity of personal identity. Further, gerotranscendence gives prominence to the richness and diversity of older peoples lives, and the lived reality of those individuals who have come furthest in this process. Those theorists of ageing such as the Eriksons have been able to contribute remarkable insight into the ageing process when they themselves have achieved this advanced state. They also through their own experience demonstrate to those of us involved in the research process, who may not have reached this stage in their lives, that we should really listen to those that have. As one of the respondents stated in this research, 'old age is so satisfying you have to come to it to enjoy it'. This respondent who happened to be ninety-four years of age was articulating what Erikson himself discovered as he entered his eighties (Moss 1998). Until that point in his own life Erikson (1959, 1982) in his own theory of life stages had postulated the view that in the final eighth stage *integrity versus despair and disgust*, was in essence a state of completion.

## Age-Pioneers

Just as the ageing theorists came to understand, this research has identified a group of older individuals the 'efficacious' that have no sense of completion: I have used the term age-pioneers to describe such individuals because they are pioneers in the true sense of the word. They are entering new territory in evolutionary terms and charting out for those who perceive it - a new model of ageing. This group confirms what the Eriksons personally, experienced as they entered advanced age. Completion for such respondents is not a desired goal, there is no end state to achieve, there is only life. Part of what makes them unique is their deep sense of personal discovery and continual curiosity. Their curiosity grows more not less with age. This is how one of the age pioneers put it.

JSF94

You have to learn to enjoy age. Old age can be so satisfying- you really have to come to it to experience it. You have to have a determination to enjoy what there is to look forward to - not look back. You are stepping into the unknown in a way, and you just take it as it comes.

The above respondent identified a process that one goes through and comes to and the possibility this process holds of reaching such depth in their own spiritual journey. Yet, it was not in some abstract or even obscure way. Neither was it in a detached way from the world around them. Respondents articulated how deeply they connected with the world. There was a kind of disengagement but it was from the material world of complication, as one of the respondents put it 'you extricate yourself from the banal - you simplify the complicated'. Their sense of discovery about themselves was almost palpable - and yet, it was not in some self-absorbing sense - 'to know thyself'. It was at a higher level of consciousness and has resonance with Jung's notion of collective unconscious.

What is immediately noticeable amongst age-pioneers, is their charismatic personality. There is a certain freshness about their character. They possess a special

energy, energy that is not necessarily a physical energy yet, they had that in abundance. It was more that they seem to radiate energy, a certain kind of lifesource that deeply effects those who encounter it - a kind of rejuvenescence. It is rather difficult to describe but could be likened to a peaceful energy similar to an inner quietness or peacefulness achieved through prayer or meditation - a certain cool-down factor. Yet, this inner quietness was not a detached passive disengagement. It was more a clear-sightedness that is devoid of confusion. Paradoxically however, this coherence did not lend itself to inactivity, on the contrary there was a special energy emanating from this coherence. This energy incorporated a notion of incompleteness, which manifested itself in a deep sense of curiosity about the world around them. By incompleteness, I mean that age-pioneers continually seek to try new experiences, to socialise as much as possible. Age pioneers enjoy spending time alone, yet, they are never lonely. They take time out, but do not disengage.

### **Religious and Secular Spirituals**

This experience also concurs with Ahmadi's (1998) findings in *Sufism and Gerotranscendence*. However, Ahmadi (1998) attributes the ability of his respondents need for solitude as a consequence of practising Sufism (Sufism is the generally accepted name for Islamic mysticism):

All interviewees in this study were immigrants. It is commonly stated that, in Sweden, immigrants often suffer from loneliness and exclusion. It was important, hence, to take into consideration this point when inquiring into whether there existed a need for positive solitude among the interviewees. The interviewees asserted that they did not suffer from living abroad and that they did not feel lonely. They view Sufi ideas and practising Sufism as the most important factors helping them to overcome problems..... (P.201).

According to the above therefore, following religious teachings, in this case Sufism act as a tool to enhance secular well being for those who practise such teachings. This also concurs with my own findings. However, as I discussed in the previous chapter amongst respondents that took part in this research spirituality takes two

forms - religious and secular. One is based on religious teachings, and one is not. In addition, religious beliefs appeared to enact both passive and active responses amongst respondents. For those respondents presenting a passive response, it was passive in the sense that religious practise stopped at the point of a belief in a higher authority. Therefore, in some ways it rendered them almost indulged in their own powerlessness to effect changes in their lives. Consequently, they believed that they had little effect in the creation of their own biography and more importantly for older people - their continuing re-creation; 'it is God's will' type of attitude. Such respondents figured largely amongst those in the 'discordant' group of respondents. Those however who maintained an active response to their religious beliefs had increased secular, as well as religious spirituality, which clearly had a knock on effect in their daily living. These individuals were highly sociable and enjoyed meeting people. They could be found amongst those who were not only active within their own church but also active within their community. A number could be found in voluntary organisations, local councils, governing bodies, and pastoral work in the community. This active participation was according to the interviewees very much part of their religious beliefs of giving something back to society. Yet, there are those who figure quite largely amongst the age-pioneers whose spirituality is not based on religion but could be termed a secular spirituality. They have the need for spiritual growth but as I referred to in the last chapter, they do not believe in an after life.

JSF94

Religion does not play any part in my life but I was brought up in a very religious family Scottish Presbyterian - very religious indeed with family prayers night and morning. But after I married my husband was an agnostic so I just left it alone. I think you make your heaven or hell here. I don't believe in an after-life, I suppose I'm a humanist from that point of view.

EHF73

Religion does not play any part in my life at all. I do not believe in an after-life.

As this research has found the respondents who lead a very active life, are often the ones that enjoy taking time out from their busy schedules and positively enjoy solitude:

EHF73

Being retired has been an important phase in my life. In the past few years I have helped to set up the University of the Third Age (U3A) in Liverpool, as well as continuing to see my friends and family. I also have a great need for my own time and space. I always spend my weekends on my own. I enjoy my own company so I enjoy being alone quite often.

Venturing out and meeting with other people however would be a major part of the day. Consequently, they are, as well as psychologically healthy, relatively physically healthy also. Still, there are those, I would consider as age pioneers who did have some kind of disability. The difference however, with the age pioneers approach to their disability was that yes it did have to be accommodated, but it was never indulged, compared to those who regarded themselves as old because of disability. As I mentioned earlier, as well as this special vitality age pioneers exhibited a kind of coherence about life, which manifested itself as a deep sense of clarity - they seemed to have solved the puzzle for which the rest of us have yet to find the pieces. Yet, alongside this coherence there is inquisitiveness about this world rather than the next. They see new sources of life everywhere. They are good to be around because they have a tremendous sense of fun and good humour. Age-pioneers simplify the complicated - they let go of the small stuff. As one respondent stated 'life seems to lose its nebulous nature'. This is how another respondent described the experience:

ASM69

You extricate yourself from the banal, and reach a freedom point. You take on a broader view - tiny points become unimportant - what the bloody hell does it matter. You can see more of the big picture because you can reflect back. There is a complexity yet, blinding simplicity about life.

The views expressed by this respondent bear certain similarities to what Tornstam (1996a) terms *emancipated innocence*. Emancipated innocence refers to 'the delight in doing things that one did not earlier do. A capacity to break away from certain social conventions... allows important feelings to be expressed regardless of the barriers of social conventions' (cited in Ahmadi 1998:203). According to Tornstam (1996a), these expressions are a type of disengagement from dominant conventional norms. Tornstam (1996b) maintains that the self of the individual is gradually changed and developed.



However, the experience of respondents in this research is qualitatively different from what has been described by Tornstam (1996b: 7) as 'the rediscovery of the child within'. This process refers to a re-established connection with the individuals' childhood. In this regard, childhood experiences came more alive in the individuals' older years. However, in Ahmadi's (1998) research on Sufis he argued that 'this phenomenon failed to hold true for the Sufi interviewees. They did not report recalling and living in the memory of childhood; in fact the interviewees rarely think about their childhood' (p.200). Nevertheless, as Ahmadi (1998) points out 'considering, the fact that Sufis live in the here and now, it is not difficult to understand why the interviewees are not inclined to recall their childhood' (p.200). In regard to this issue I found in this research that respondents often mentioned their childhood, and particularly certain childhood experiences both positive and negative that still seemed very cogent in the later years. This experience however was not as decisive and explicit as Tornstam's (1996b) notion of a reconnection with childhood, or, Ahmadi's (1998) reasoning that Sufis do not recall childhood because of the 'here and now' concept. In this research although childhood was still very real to these respondents and considering that childhood is the foundation stone of one's own biography, I believe it is reasonable to expect it to be so. It was more integral and implicit to the individual, as much a part of individual memory as any experience is allowed to be.

### **Transfiguration of Age**

However, as this study found there was a re-discovery of the child within but it was not a reconnection to the experiences or memory of childhood, as there had never been a disconnection. For age-pioneers this exciting new dimension was based on the re-discovery of the characteristics of childhood - characteristics, which prompted a transfiguration of the meaning of growing older. Growing older was now a creative endeavour, which potentially could be exciting, invigorating, enjoyable, and fun. As some of the interviewees had stated, rather than feeling how they had expected to feel in 'old' age, many were openly and pleasantly surprised that they could still feel the same feelings, and even more astonished that they could have new experiences. In many respects a phenomenon which, is viewed as the prerogative of

the young. Furthermore, these individuals had also traversed the obstructions of age stereotypes, and managed to achieve a healthy attitude to body relevance (see chapter five). In a profound way such individuals had now attained a transfiguration of that enviable status which is said can never be achieved in the young - an old head on young shoulders. As G. Stanley Hall (1922) stated 'I am grateful to senescence that has brought me at last into the larger light of a new day which the young can never see and should never be even asked to see' (p.438).

For such individuals there is a certain ethereal quality about life, living it has become easier, and as one of the respondent's, so eloquently stated previously 'you simplify the complicated'. I came to recognise when in conversation with such individuals that there is a significant lack of the necessity to perform and conform - a new simplicity, which is both engaged with living but detached from its complication. This characteristic seems to have a cathartic effect, and generates a relatively stress-free openness very similar to the spontaneous and unaffected characteristics of the young child. Such individuals have like their young counterparts a tremendous sense of fun. They are good-humoured and playful, and have a tremendous capacity for witticism. I found to be in the company of these individuals is both refreshing and invigorating. I also began to understand the significance of these characteristics for the research, as these findings of 'childlike qualities' adds a new dimension to what is generally understood to be the characteristics of identity in the ageing individual. It is as the research shows a transvaluation of what is generally regarded as entering a second childhood. It is a new state of postmaturity. Such characteristics are as far as I can gather add new elements to ageing research, and therefore add an exciting extra component to the complexity of the ageing process. It maybe the case that these 'childlike' characteristics have always been there, and are just a characteristic of certain individuals. It maybe the case that they have lain dormant through the complications of career, family and life during the middle years; finally re-emerging as they are able to drop the burdens and complications of life. It may simply be that researchers have just overlooked this characteristic in their research, or that they have been to constrained by their own pre-conceived stereotypes of ageing. It maybe the case that some theory development has never been fully demonstrated through empirical

study, such is the case with Erikson's theory (Moody 1998). There are examples of this playfulness and humour but until now, such examples are found in narrative form only (see: The Hen Co-op 1993; Fischer and Noland 1994). Where are the references to humour, fun and playfulness in the indexes of all the textbooks and the grand narratives on ageing? They are noticeable by their absence. This denial of the wider perspective is partly what deprives ageing of meaning. However, now this dimension has emerged through qualitative research it can now lend itself to further empirical testing.

It may well be that the clinical psychologist Oliver James has identified similar characteristics in his research on the mature individual. In James's (1997) article entitled *Why being ancient doesn't make you mature*, he has argued that the childlike qualities of playfulness is the key feature of mature individuals suggesting that:

Mature individuals have the following traits: vitality, spontaneity, and childlike playfulness; that they live in the present; and that they demonstrate authenticity and integrity. Of these, I would argue that playfulness is the most important.....

James argues there is a large body of evidence that suggests that the mentally healthy adult live-in a bubble of positive illusions. They believe themselves to be more liked, loved and so forth than they really are and they have an overoptimistic evaluation of the future. By contrast, the depressed have a depressive realism in which they focus excessively and unhealthily on the true odds. Crucially however, James (1997) states that mature individuals know their own identity. This gives them a stable self that travels with them from social role to social role. Still they are not self absorbed, and find the world's refusal to conform to their wishes stimulating and exciting rather than frustrating and malicious. This observation concurs with Tornstam's (1996b) findings, which he terms *transcendental wisdom* - the transcendence of the boundaries between right and wrong - part of the *everyday wisdom* discussed in the previous chapter. A process also found in Ahmadi's (1998) research on *Sufism*. It is also confirmed in this research by respondents who speak about an increasing tolerance as they age precipitated by their increasing ability to see the bigger picture,

and where the right/wrong duality loses its clarity. All of these elements form major building blocks in those individuals who have rediscovered the characteristics of the child within. According to Moss (1998) Jungian psychology supplements Freudian theory, and the emphasis on infancy and youth is supplanted by a vision of growing older. Ageing becomes internal and individual, marking a creative new beginning rather than a withered ending.

### **Consolidation of Wholeness**

Although I have argued that age-pioneers have no sense of completeness in terms of a future, their continuing curiosity and interest about the world remained undaunted. I found amongst this group an increasing certainty and sureness about their own personal biographies and ontological progression. They had taken control of the progression of their lives, which was moulded in their form and liking regardless of the hands, they had been dealt. By this, I mean that all the age-pioneers had experienced trauma in their lives but they had dealt with it, as they believed as best, as they could under the circumstances in which they found themselves. Although at the time of certain traumatic events or periods the interviewees stated that they experienced a 'why me' stage it was as if now they had come to understand that their ontological progression could have been no other way. In this respect age-pioneers exhibit similarities to what Erikson (1959) referred to as ego-integrity meaning, that there comes a point at which some individuals achieve a high state of maturity. It is a state in which there is an integration of all the elements of a personal biography and regardless of how good or bad is accepted. However, as Tornstam (1996a) has commented, Erikson's ego-integrity suggests a more backward looking integration process, whilst Tornstam's (1996a) own theory of 'gerotranscendence', 'implies a more forward or outward direction, including a redefinition of reality' (p.48). In this study, I have found that age-pioneers exhibit both characteristics. Moreover, by exhibiting both characteristics age-pioneers achieve what I term 'consolidation of wholeness', that is, a more holistic understanding of their own teleology.

## Ego Transcendence

I have termed this experience ego transcendence of the self paradoxically, because once the individual reaches this holistic understanding a movement occurs. At this point, the inner spiritual self seems to move on. In this sense, it is a developmental step from achieving ego integrity. It occurs when the individual moves from knowing thyself, to, looking out from who I am. It is a selfless rather than self-centred attitude. It is similar to what Tornstam (1996a) has described as 'self-transcendence' a process in which a shift occurs in the individual from egoism to altruism. However, Tornstam (1996a) argues that this shift occurs before ego-integrity is reached. My research has found that it occurs following ego-integrity has been achieved. It may be the case that what I describe as ego-transcendence is when spiritual and social maturity is reached thus the total yielding of the centrality of the ego. A step forward that can only occur once the individual achieves ego-integrity and following a consolidation of wholeness. Only then can ego-transcendence take place. As this study shows, those individuals who achieve this process now look outward not inward. G. Stanley Hall (1922) recognised that this process occurs and noted in the concluding remarks of *Senescence*:

It is the nascent period of a new and unselfish involution of individuation, which is impossible under the domination of ego. The new self now striving to be born is freer from the domination of sense and of environment and has an autonomy and spontaneity that is reinforced and recharged with energy from the primal springs of life, and man (sic) may well look to this as one of the great sources of hope in his present distress (p.435).

To put it simply, Hall recognised that that there is a period of growth for some older individual based on an unselfish involvement between the conscious self and the collective unconscious, which is impossible under the domination of ego (self). As one of the respondents in this research stated 'you have to get yourself together in your integrity' (ASM69). Suggesting therefore that this is part of a process to further development rather than simply the boundary.

## Discussion

Nevertheless, do age-pioneers exhibit any differences from the individual who achieves individuation, gerotranscendence, or ego integrity? A number of findings suggest they do. Therefore, what is different about age-pioneers? First, chronological age makes a difference. Although ageing as a developmental process is acknowledged in many of the grand theories - high chronological age, as a contributory factor in this developmental process is usually absent. This seems to be because high age is usually correlated with ill health and dependency. Accordingly, researchers' may have been too ready to overlook the fact that high age could mean healthy high achievers in the course of life - the longer one lives holds out the possibility of reaching the higher dimensions of ageing. Therefore, chronological age does matter. This research has shown that it is not necessarily the oldest individuals that achieve the higher 'dimensions' of ageing. Indeed, some of the respondents in their eighties when interviewed had not achieved these dimensions, but some respondents in their seventies had. However, those respondents whom I describe as age pioneers were predominately the oldest of my respondents, and therefore high chronological age is a component part. The longer one lives holds out the possibility of deepening the meaning of your existence. Not all individuals achieve this process. Not all individuals can achieve the integration of personal identity. As Meador (1998: 128) states: 'to become new or different is often assumed to be beyond the realm of possibility for elders, and we see considerable evidence that older persons have bought into these assumptions themselves'. This holds true in this research also. Although, I have argued that ageing is a developmental process it is quite clear that this is not the case for all older individuals. I have identified three distinct groupings, two of which can be said to be adaptational to the ageing process, the 'discordant' and 'contented'. The third the 'efficacious' as outlined in this chapter are the 'age-pioneers' and clearly show both an adaptive and developmental approach to the ageing process. Such individuals show how personality and perceptions of the world undergo significant change. They do not seem to be hampered to a debilitating extent by social or personal obstacles they encounter. On the contrary, they show an extraordinary desire to cram as much into their lives as possible. However, such a description throws up images of dervish-like activity,

which would be quite inaccurate. The energy is there but it is metaphysical rather than simply physical, and is expressed in their ongoing spiritual journey: spirituality that is influenced in some cases by religion.

Age-pioneers unlike those identified in Cummings and Henry's 'disengagement theory' show an engagement with the world around them. If disengagement takes place, it is a result of social structures such as mandatory retirement and age discrimination, which forces such disengagement, and is therefore not initiated by older individuals. Age-pioneers however, 'do not go quietly into the night' they use this time as an opportunity for continued growth. However, my findings do concur with Cummings and Henry (1961:14-15) when they state:

The equilibrium which existed in middle life between the individual and his [sic] society has given way to a new equilibrium characterised by a greater distance and altered type of relationship.

This greater distance in the case of age-pioneers as I mentioned earlier is achieved by their ability to stand back from the material world of complication. In their own words, they are able to see 'the bigger picture'; they view the world through new eyes if you like. This ability was also attributed to being able to 'see more clearly as you get older', where previously they had not been able to see the wood for the trees. This concurs with Tornstam's (1996a) findings with individuals who exhibit gerotranscendence, that the right/wrong duality loses its certainty. Furthermore, this research has shown that this ability has led individuals to be less judgmental in their everyday dealings with others which, led to increasing levels of tolerance. Yet, at the same time such individuals maintained that they had become increasingly discerning. They believed they had now developed the ability to cut through the crassness in personal and social relationships.

This increasing clarity however is not to say that what they see is always to their liking. As mentioned earlier many older people, as well as age-pioneers are concerned with bigger environmental and social questions. Questions such as the lack of once open spaces, the increasing creation of ageist spaces, the degeneration of

once well maintained neighbourhoods of social housing, the use and abuse of such neighbourhoods by politicians using them as dump estates. All these external factors lead to feelings of disempowerment. Yet, it is age-pioneers who are most likely to see themselves as able to effect change by working in some way to create change. This does challenge somewhat Erikson's (1959) final eighth stage of life *integrity versus despair*. Integrity being seen as the acknowledgement and celebration thus completeness of the life lived. What could be described as a culmination of growth. The age-pioneers are the ones' who continue to negotiate, continue to have the courage, curiosity, and motivation to try. Age pioneers do not grow out of growth potential, which may be the case with some older individuals. They never perceive of an end state, suggested by many of the grand theories of maturity and wisdom - they enter a phase of postmaturity. Their sustenance coming from a continuing curiosity and development - a continuing renewal - a rejuvenescence. This research concurs with Jung's (1960) vision of the meaning of ageing, which is that age-pioneers push forward the barriers of individual and the collective unconscious.

## **Conclusion**

This chapter has examined those experiences and characteristics found in individuals who achieve a very high state of maturity. By charting these experiences and characteristics a number of processes have been found, which establishes and places certain individuals in a unique position. I have conceptualised such individuals as age-pioneers because they are pioneers in their own personal journey through the meaning of ageing in as much as they are travelling into the unknown and expanding interiority of the self. They are pioneers in another sense also, because it is a personal journey that, the majority social group cannot yet conceive, and therefore has few social accolades. It is a courageous undertaking inasmuch as the respondents have shown that it is not always unhindered both at the personal and social level. The research has shown that some older individuals cannot conceive of such possibilities buying in to many of the stereotypes of ageing themselves. Others have little need for continuing personal growth finding a relative contentment in their age 'status'. The age-pioneers however, are the individuals who in some cases have radically changed the course of their lives. They seek deep personal understanding, and through this



comes the clarity and simplicity in which they view the world. This undertaking leads to discovery, in the case of age-pioneers; it leads to a multiplicity of discoveries about themselves and the meaning of ageing. They create not only a role model for their fellow travellers in age but also a blueprint for the rest of us to follow and develop further. By discovering the personal meaning of ageing, they reveal to the rest of the social group the possibilities for the ageing of society. Possibilities that we have yet too fully comprehend, and which only our present knowledge, and imagination may limit.

What should be recognised is that older individuals are now in a new phase of evolving identity. Unlike past generations there are no role models to imitate, no identities to reproduce - they are the first elders to enter what has been labelled this post-modern phase of humanity, and consequently are unique in many ways. Moreover, the most important point to take cognisance of is the extraordinary ability of the older individual to adapt to change. To adapt to change in both objective and subjective circumstances, and to compensate for a deficiency in one by creating in another and the fact that change and growing older does not always worsen circumstances. It may for example act as a catalyst for liberation of individual identity. What is fundamental however, is that we should not second-guess the effects of the post-modern world on the older person, nor should we patronise them into dependency. Most older people have never heard of the word 'post-modern', and therefore ascribe less importance to it than the theorists, to what is after all a process of change. Perhaps what is often overlooked is that older people are past masters (sic) of change with the probability that they have experienced more of it simply because they have lived longer. Moreover, this research has shown that very often older individuals are more adroit at handling change, and renegotiating social roles for which they are rarely given credit. This concurs with Riley (1996) when she maintains that all too often in the discourse and structures of an ageing society there is a recognisable structural and cultural lag. The same can be said of social theory, which can take the form of an express train that starts its journey and speeds to its destination without making stops or taking on passengers. Consequently, of little use to those it is intended to aid but keeps the stationmaster and guards occupied. Those identified in this research, as age-pioneers are the ones that find an alternative route.

When the journey begins to take them to a destination they do not wish to visit, they simply change trains, and take another direction.

Yet, it may be slightly naïve to presume that older individuals even age-pioneers can stand alone or continue to renegotiate their own social roles, what it means to be older, in a post-modern world when confronted with an ageist society. Therefore, a society that lags way behind the lived reality for an increasing number of older individuals. I opened the discussion about social-dualism in chapter five and the implications for the ageing individual who has achieved wholeness in terms of body and inner sense of self. Yet, this holistic self is then faced with what Biggs (1997:564) term's 'two contradictory processes'.

On the one hand, older people have the capacity to express a broader and more integrated sense of self in more flexible and symbolic ways, but on the other, the individual ageing person encounters a hostile and unfriendly ageist society. The cause of which is initiated by intergenerational disparities of power, unfavourable political economy and ageist social attitudes.....

Such individuals are facing the brick wall of ageism. A wall that is constructed around the multiplicity of stereotypes of what is perceived are the experiences and the needs of those growing 'older'. Furthermore, older people face policy implications, which are not simply benign applications of outmoded stereotypes but social policy that can have pernicious consequences. For example, as discussed in chapter four such institutionalised ageist practises may mean rationing of healthcare to older individuals based on the perceived 'no longer useful' or 'no longer just claim' rationing policies of some health authorities. Rationing of healthcare services further compounded by some bio-ethicists that presume older people who need health prevention and healthcare should have least claim. It is one example amongst many which highlight the consequences for older individuals of a society that does not keep up with its changing older citizens. The next chapter examines further the implications of social-dualism.

## Chapter Nine

### The Tyranny of the Majority

(J.S. Mill 1859)

**'It's only when age is used against you that makes you stop and think - why?'**

#### **Introduction**

This study has so far shown that older people represent themselves in complex and expressive ways. Their meanings have an integrity and intelligence that transcends the purely mechanistic and materialistic centrality of the dominant culture: a culture, which tends to view the meaning of ageing simply in terms of policy implications. Finding meaning in ageing however does not solely develop in isolation, but it is greatly influenced by the cultural norms and institutionalised practises of the society in which the individual lives (Littler 1997).<sup>1</sup> Older people co-exist in a social structure therefore, which promotes powerful social meanings transmitted through the culture in which they live. As the opening quotation suggests this is not always a positive experience. Yet, older individuals do not exist in some vacuum (Riley and Riley 1994), sheltered from the powerful effect of such non-affirmative culture, nor would they wish to. Consequently, this clearly puts considerable social constraints on older people when the dominant culture is antipathetic to ageing and advanced age as a meaningful part of human development. As Cole (1992) argues 'ageing and old-age are certainly real, but they do not exist in some natural realm, independently of the ideals, images and social practises that conceptualise and represent them' (cited in Featherstone and Hepworth 1995:30). The ageing individual therefore cannot be viewed simply as an autonomous agent. Human beings cannot be seen exclusively as either individual entities or socially constructed entities. Rather, they

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<sup>1</sup> See also Neugarten and Moore (1968) for a fuller discussion on the concept of 'social-age'. Also, see Riley, Johnson and Foner (1972), and Hazan (1994) for a fuller discussion on 'formalised age-norms'.

are self-creating, but within contexts, that involves various kinds of biological and social constraints<sup>2</sup> (Birren and Bengston 1988). Personal and social meanings of ageing are therefore inextricably linked. Within this context however, important consideration must be given to the powerful effect social structure, and its transmitted meaning has on human ageing.

The research so far has concentrated on the individual - the subjective meaning of ageing, its richness, diversity, and its adversity. This chapter examines wider social structures, and how these social structures communicate meanings about the ageing process. I will examine how social structures in their present form, are becoming increasingly removed from the concrete experience of everyday life of older people, and in many cases unresponsive to the need for change. Consequently, changes in social structure have not kept pace with changes in the ageing individual and human development. The central proposition therefore will be to examine the disparity, which exists between the meaning of ageing for the individual, and the social structure and its transmitted meanings of an ageing society. How the social structure of an ageing society lags way behind the development of the ageing individual. The chapter starts with the concept of social structure. A range of theoretical perspectives is offered, which provide a framework for understanding how through the development of social structure and its transmitted meanings, social reality is defined for the individual. It is followed by an examination of these interrelated structures and how social structure and cultural lag causes a particular type of 'social oppression' (Simey 1998), namely institutionalised ageism. The next section examines particular forms of institutionalised ageism – age discrimination in the workplace, and the contention that it may occur as a result of outmoded stereotypes. The chapter goes on to discuss what may be the root cause of institutionalised ageism namely, intergenerational competition over resources: the contention that the welfare state and public pension plans will collapse under the sheer weight of the numbers of

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<sup>2</sup> Birren and Bengston (1988: 7) presents a view of human nature as *personal existence*, and that the personal existence view can inform the understanding of human ageing. Personal existence proposes that of an interpersonal entity. This means that human nature is composed of social and psychopersonal dimensions, along with biological dimensions. (The term psychopersonal refers to the proactive aspects of human nature that are of interest to both social scientists and philosophers). Consequently from this point of view, human beings are to be understood as subject to biological and social structural influences; however, within this context, human beings also engage in decisive interpretations of their physical and social environments.

older people (Robinson 1997). For example, the central premise of the 'apocalyptic demography' (Robinson 1997:426) arguments is that the ageing of the population is presented as a huge problem waiting to be solved. It is followed by the views of the older people, and their responses to such comments. The following section examines the proposals outlined in the new Green Paper on Pensions especially the details of the new state pension. Finally, the discussion moves back to theoretical explanations of why there is such asynchronism between the ageing individual and the ageing of society.

### **How Social Structures Develop**

In Berger and Luckmann's (1966) book *The Social Construction of Reality* they contend that all socially constructed universes change because they are historical products of human activity, and the change is brought about by the concrete actions of human beings. To understand this process Berger and Luckmann (1966:77) argue that we must first consider how institutions or social structures arise....

An institutional world then, is experienced as an objective reality. It has a history that antedates the individual's birth and is not accessible to his biographical recollection. It was there before he was born, and it will be there after his death. This history itself, as the tradition of the existing institutions, has the character of objectivity. The individual's biography is apprehended as an episode located within the objective history of the society. The institutions are there, external to him, persistent in their reality, whether he likes it or not. He cannot wish them away. They resist his attempts to change or evade them. They have coercive power over him, both in themselves, by the sheer force of their facticity, and through the control mechanisms that are usually attached to the most important of them...It is important to keep in mind that the objectivity of the institutional world, however massive it may appear to the individual, is a humanly produced, constructed objectivity

Therefore, we can apply Berger and Luckmann's concept of the 'institutional world' to show how social structure requires legitimisation, that is, ways by which it can be explained and justified. This is not necessarily because it seems less real, on the contrary the reality of the social world may gain in magnitude through its

transmission through the generations. This reality however as noted by the above is an historical one, which comes to the new generation as a tradition rather than a biographical memory - a good example of this process would be the baby-boomer generation and their parents. The baby-boomer generations born post World War II were born into the Welfare State and the practise of institutionalised retirement. Their experience then is one of tradition in the social institution of mandatory retirement. However, this tradition now carries with it, transmitted meanings, which can also carry with it negative associations with age and retirement. Their knowledge of the history of the institution is by way of hearsay, because the original meaning of the institution is inaccessible to them in terms of memory. Their parents however were not born into a Welfare State and institutionalised retirement - the Welfare State being created during their lifetime. Therefore, their experience is one of biographical memory. That is they can arrive at the meaning of an institution by their powers of recollection. As Berger and Luckmann (1966:79-80) argue, because the original meanings of the institution are not within the living memory of the second generation...

It, therefore, becomes necessary to interpret this meaning to them in various legitimating formulas. These will have to be consistent and comprehensive in terms of the institutional order, if they are to carry conviction to a new generation. The same story so to speak must be told to all the children...[however] the new generation posits a problem of compliance and its socialization into the institutional order requires the establishment of sanctions...the development of specific mechanisms of social control.

Therefore, if we go back to Cole's (1992) notion that 'old-age' and ageing is certainly real but they do not exist in some natural realm independently of the ideals, images and social practises that conceptualise and represent them. Moreover, apply Berger and Luckmann's (1966:134) contention that reality is socially defined but the definitions are always embodied, meaning concrete individuals and groups of individuals serve as definers of reality. Therefore, to understand the state of the socially constructed universe at any given time, one must understand the social organisation that permits the definers to do the defining.

## The Definers

Townsend (1981) in the theory of Structured *Dependence* argues that the state plays a large part, by determining the events in later life (this is particularly true of the institution of retirement and its associated stereotypes). By the state, Townsend (1981) intended not just the government of the day, but the ruling complex of central administrative, legal, economic and political institutions which have become established over time and, which shape the nature of everyday social activity. Although structured dependency theory has come under increasing criticism of late for its lack of historical accountability, Townsend's theory revealed just how powerful and lingering social structures become. Once established, they can shape and determine attitudes and cultural stereotypes, which not only become internalised by the individual but also institutionalised by society. Moreover, despite increasing evidence that social structures are out of synchrony with social change they remain such reactionary forces. Social structures therefore become the vehicle for what Simey (1998) has described as a 'particular form of social oppression'. Simey (1998:257) continues

Inevitably this allocation of elderly people to an inferior status implies an assertion of control by those set in authority over them...This is all the more unacceptable because it is negative, a framework of prohibition rather than a compulsion to action. Control breeds contempt for the controlled; it provokes bullying of the weak by the strong. The old are never allowed to forget their inferior status. They are given special concessions and free bus passes because they are assumed to be poor and frail. They are referred to as old girls and old boys. Their lives are subjected to all manner of constrictions as to what work they may do and where they may live. The old age ghettos of the South Coast and the inner cities are equally repugnant as demonstrations of exclusion. Those subjected to this treatment react exactly as might be expected. The majority accept their dependent status as of right, though many resent their exclusion from membership of ordinary society and find compulsory retirement a bitter and unrewarding experience.

Simey's words are all the more cogent because she speaks from her own experience as a woman of advanced age herself. The author does tend to overlook the

significant contribution free bus and rail travel contributes to many older people's quality in age, and the fact that many older people experience shared meanings and therefore enjoy the company of their peers. Nevertheless, she does raise the broader issue namely, that such measures are simply a sugar-coated palliative against social structures that cause such social exclusion and oppression of older people to begin with. As Simey (1998:256) has pointed out

The allocation of elderly people to an inferior status implies an assertion of control by those set in authority over them...The problem for the policy makers of today is that of how to translate increased understanding of what is needed into practical and affordable programme for action. Yet, I have never been more acutely aware of the gulf between social reality and social policy. The two seem to be right out of touch with each other. The needs of the ageing multiply and change with uncontrollable rapidity; by comparison, policy-making seems to be static, stuck in a rut of custom and convention.

### **Structural and Cultural lag**

Riley and Riley (1994:17-18) argue that understanding the relationship between people and structures begins at the intersection of the 'people dynamism' of ageing and the 'structural dynamism' of social change. 'Unless the two are in rough alignment, individual frustrations and social tensions inevitably result...Each dynamism - the process of changing lives and the process of social change - moves according to its own rhythm.... Hence, the two processes can never be in perfect synchrony. Some degree of asynchrony at the intersection must be expected. Therefore, two dynamisms or sets of processes are continually influencing each other: (1) the bio-psychosocial processes of growing older; and (2) the social processes of historical and social change. An interplay between changing lives and changing structures when neither can be understood without the other'.

Structural lag highlights the absurdity of allocating nearly all leisure time to older people in retirement, and nearly all paid work (together with family work) to those in the middle years. Research has demonstrated that changes affecting older people tend to implicate people of all ages. For example, when educational structures are opened to older



people, younger students and teachers are also affected. Just consider the consequences. Reductions in the lag could enable individuals over their entire lives to intersperse periods of work, education, and free time. Older people would be able to assume some of the responsibilities of those in the middle years, and their increased productivity would release, for younger people, some of the free time so essential for the development of human relationships and the cultivation of humane values (Riley and Riley 1994:17-18).

However, the results of this asynchrony can result in social exclusion by age - institutionalised ageism. The concept of institutionalised ageism endorses the practise that societal institutions have structures, rewards and sanctions that value certain cultural norms. These idealised and otherwise unspoken values and cultural traditions are inclusive of certain behaviours and groups, and exclusive of others. Indeed some older individuals may overcome these barriers, but at present, they are the exception rather than the rule. As Moody (1998) argues the forces that exclude older people on grounds other than merit are widespread. These forces begin to operate whilst individuals are still relatively unaware of their age stigma. It begins with the practise of age discrimination in employment.

### **Age Discrimination in the Workplace**

One of the most enduring and pernicious manifestations of institutionalised ageism can be attributed to age discrimination in the workplace. A number of studies corroborate this such as Itzin and Phillipson (1993) *Age Barriers at Work*, Drury (1993) *Age Discrimination Against Older Workers in The European Community*, Taylor and Walker (1994) *The Ageing Workforce: Employers' Attitudes Towards Older People*. Moreover, recent research carried out by Taylor and Walker (1998:641-658) showed that institutional ageism continues to be a major problem in the workplace. Taylor and Walker set out to examine the extent to which institutional ageism exists and what form it takes in organisations. They examined the relationship between attitudes towards older workers held by personnel managers and directors in large organisations (500 employers) across virtually the whole range of industrial sectors, and their employment practises. Together these organisations employed 1.17 million employees. In most cases, almost 80 per cent of the workforces comprised less than 25 per cent of people aged over 50. According to

respondents, there had been a net decrease in the last ten years in the numbers of people aged over 50 in their organisations. Not surprising given that only 19 per cent of employers that took part in the research stated that they were seeking to recruit more older workers. Crucially, the research indicated that workplace perceptions about older workers (and different groups of older worker) might directly influence not only their prospects for gaining employment but also their prospects for development and advancement within an organisation. The study therefore provided substantial evidence of the social exclusion of older workers based on negative stereotypes at the level of the workplace.

Additional research recently conducted by Platman and Tinker (1998:513-535) at the British Broadcasting Corporation (BBC) revealed the increasing marginalisation of older workers in the organisation. This is despite the fact that the BBC is a publicly funded company that stresses its commitment to be an equal opportunities employer endeavouring to reflect a diverse nation in its staff composition. In 1991, the BBC's equal opportunities statement was amended to include disability and age. Yet, despite this the workforce reflected that older workers participation rates dropped during this period. In 1978, more than a fifth of all staff was aged 50 and over. This had fallen to a tenth by 1993. In 1978, around 900 staff was over the age of 60, representing 3.4% of the total workforce. This had dropped to 86 staff in 1993, representing just 0.35 per cent of staff. Statistical data for a one-year period suggested redundancies were largely age-related, and that recruitment favoured younger people. The authors point out the younger the workforce including personnel officers, the less likely that older people will be seen in a positive light. This lends support to other studies, which have found a cycle of discrimination against older people.

These statistics must also be viewed against the practise of facilitated early exit. This takes the form of early retirement packages and voluntary redundancies, 'older workers encouraged to bow out gracefully cushioned by lump sum payments and secure pensions' (Platman and Tinker 1998). Research by Casey and Wood (cited in Taylor and Walker 1998), has indicated voluntary redundancies and, in particular, early retirement have been used as mechanisms of labour shedding in large organisations to achieve workforce reductions, particularly by large employers, in organisations with a trade union presence, in manufacturing and in the public sector.

As Taylor and Walker (1998) have pointed out it may be difficult to change the culture of employment based on ageist practises when employers actively promote a culture of early retirement as a feature of most programmes of redundancies<sup>3</sup>. It is a system of financial inducements to shed older more expensive employees. According to Taylor and Walker (1994) in contrast to the limited efforts to recruit and retain older people almost, half of the employers interviewed had an early retirement scheme in operation. Such policies send out the wrong messages in an ageing society, and should be viewed as assisting the process of age discrimination.

In the USA, increasing criticism of mandatory retirement at a fixed age led to legal abolition of the practise in 1986. Mandatory retirement is still permitted for high-level policy-making employees in private industry and for jobs in which age is a bona fide occupational qualification. However, the Age Discrimination in Employment Act forbids employers to limit older workers or to treat them in any way that could harm their employment possibilities. Yet, despite this most observers agree that age discrimination in the workplace remains widespread (Moody 1998:324). Nonetheless, in the USA the median age of the labour force is slowly increasing. It is important to note however, that much of the increase is the result of the baby-boomers who are ageing, not because older workers are staying in work any longer (Moody 1998).

The practise of targeting workers for age-discrimination contributes to the dominant culture's popular imagery that older people are unproductive, expendable, and a burden. Institutional Ageism is such a prevalent aspect of all major institutions in our society that often it is not recognised, or when it is, we often accept it as the natural order of things, and view it as acceptable discrimination. This can also be corroborated with the testimony from respondents throughout this research but particularly in chapter four. They revealed that age prejudice abounds at the most fundamental level of care. The research identified explicit and implicit ageism practised by health care personal in both primary and secondary health care sectors. Institutional ageist practises, which used age as the criteria for rationing healthcare,

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<sup>3</sup> See Casey, B. (1992) 'Paying for early retirement'. *Journal of Social Policy*, Vol. 21 (3) July 1992. The paper looks at the total costs of early retirement: to the state, to employers and to the early retired.

resulting in many cases in neglect and abuse. Individual and institutional ageism is so embedded in practise and policy that many older people have internalised this type of prejudice and discrimination and have little choice but to buy into it themselves.

One of the manifestations of this Moody (1998:33) argues is 'embedded in existing institutional arrangements maybe management's desire to remove the elderly from attractive jobs and other positions of power and influence to facilitate greater access for younger people'. Too often also older people underestimate their own capabilities and accept the notion that they should leave productive roles at certain prescribed ages. Conflict theory suggests that such removal can be explained in part by economic competition between older and younger people. The theory hypothesises that pressure to remove older people is effected by labour market conditions. Particularly, during recessions when employers are cutting the workforce and jobs are scarce, pressure to remove older people increases. In periods of economic boom, when workers are in short supply, conflict theory predicts that older workers will be seen in a much more favourable light and employment of older people is more likely to be actively encouraged (Moody 1998). This suggests also that given future demographic trends when younger workers will be in short supply older people are much more likely to be in a better position in terms of negotiating continuing employment. Moving from a fifth to a third of the electorate, older people in the next century will represent a greater constituency (Evandrou 1998). It will be interesting to see how this will impact on their political power and their influence in society.

### **Intergenerational Relations**

Age-strata relations are crucial to any understanding of social structure since they are associated with the very basic question of how societies are able to reproduce themselves over time (Henretta 1988). The biological facts of birth, ageing, and death impose important and consequential constraints on every society. Social structure must accommodate persons of different ages, giving rise to an age-stratified society (Henretta 1988). Every society must also deal with cohort succession, which means each succeeding cohort enters with different biographical and cultural histories and different expectations. Even within cohorts, there is structural diversity

and inequality of class 'race' and gender. Each cohort also represents groups of individuals with complex psycho/social personalities and attitudes. Some individuals may have radical inclinations, some may have reactionary inclinations, and others may be somewhere in between. Thus, we can see how the likelihood of history and culture is changed not only through each succeeding cohort, but also how within and between cohorts, the push for change may be hindered by the retardation of others. However, societies do manage to integrate such complex individuals and processes, and survive the coming and going of cohorts, indicating co-operation within and between age-cohorts. Riley (1993) notes however, both the powerful effect of social structure on individual ageing and the reciprocal influence of succeeding cohorts upon the social structure. Because new cohorts entering older age differ from the previous cohorts in size, education, culture, history and gender roles, they inevitably change the structure of ageing by creating new pathways through older age (Uhlenberg 1996).

It has been argued that the major force at the root of institutional ageism may be the 'conflicting' interests of the generations (Moody 1998). As the population is ageing, some commentators are seeking to label social and demographic changes involving increased numbers of healthy older people as a crisis (Vincent 1995).

Please see below Table 1 for demographic profile of persons aged 60 years and over.

<i>PERSONS AGED 60 YEARS AND OVER AT 1991 CENSUS GREAT BRITAIN</i>		
	<u>Liverpool</u>	<u>Great Britain</u>
Total Persons in Population	452,450	54, 156,067
Total Aged 60 and over	97,834	11,634,987
Aged 60-64	24,640	2,823,757
Aged 65-69	23,116	2,734,407
Aged 70-74	18,482	2,207,887
Aged 75-79	15,261	1,819,381
Aged 80-84	9,914	1,215,877
Aged 85-89	4,728	597,838
Aged 90-94	1,693	188,599
Aged 95-99	*	37,082
Aged 100 and over	*	7,159

Source OPCS 1991 Census Persons aged 60 and over Great Britain Statistics for Liverpool provided by Merseyside Information Service.  
\*Liverpool statistics for ages 95-99, and 100 and over are included in the figures for aged 90 and over

Older people feel particularly devalued by the suggestion that they are part of a demographic time bomb (Taylor and Walker 1996). Part of this rhetoric is the construction of stereotypes which deem older people 'unproductive' once retired, and that the increasing longevity of older people will place a tremendous 'burden' in terms of allocation of resources on the rest of society.

I put these points to the respondents and this is a sample of their views.

DCF77

It just makes me feel it will come to them one day. It comes to us all older age we just deal with it the best way we can.

EDF73

It offends me being regarded as such; we still have a lot to offer. Most grandparents look after grandchildren now: you only have to go to the supermarket to see babies in pushchairs being taken care of by grandparents. My generation was different, for example, my mother would not look after my children so that we could go out to work - we had our children and we were expected to take care of them.

MWF72

I will never be a burden to anyone particularly, my son.

JRF65

We have paid into the system all our lives why should we be classed as a burden.

JSF94

Not true - we are 'carers' and the voluntary system we operate is an example to other countries. The welfare state should mean that nobody should go without.

SCF73

They are misguided stereotypes. The contributions made by older individuals are not taken into consideration.

MGF72

I do not consider myself a burden on the state because I have always worked. But at the same time, if the government keeps cutting income tax and the same people suffer because of this. I would not mind paying more tax if I knew that it was going into building more homes for the homeless, and to safeguard pensions.

VFF74

I think the younger society and there is a lot of them, are putting a burden on the older society. They expect everything for nothing and they have paid nothing into it.

WHF65

I feel that if you have paid in all your life you should not feel a burden on society. There should be some incentive to working all your life. A lot of pensioners do not have private pensions so they need looking after.

PRF78

I think the elderly are becoming a burden on society. We do not seem to have coped with it very well. I also feel the situation will get a great deal more serious. I really believe that a great deal of thinking has to go into this situation. We have to have pensions that will adequately provide but I believe that the tax is as high as it can go. I believe the policy makers have to find some other way of making provision for the elderly. I think people will have to provide when they are younger - they will have to plan and not rely on the state.

ANF74

I feel angry when I hear such things because we have paid our way.

AFM81

When you consider I lost my father in the First World War. I spent six years in the army fighting the Second World War. I have worked all my life and paid all my National Insurance and yet they still cannot give you a decent pension. I got 25 pence extra when I was eighty - now what can you do with that. They talk about increases but just look at the politicians they get huge rises but they quibble over giving us a few extra pounds for extra food and heating.

LHM76

In most cases, the older person who goes onto a pension has helped to raise a family - this younger generation. They have worked all their lives to the benefit of their country and society. They have put something into society and at the end of that they should have something in return from the community they have served.

LTM78

People have made a contribution all their working lives for their future through National Insurance contributions - they should have a pension as a right.

JKM83

No I do not feel unproductive - this term should not be used. I feel we have given to society. But I do feel sorry for younger people who will have to pay more.

EBM76

People cannot help it if their physical condition declines. You make plans for the future but you do not know when the deterioration will set in. When I retired at 65, my mother was still alive at 92. You do not expect your parents to be alive when you retire.

JTM83

I think it is scandalous. Considering we have contributed all our working lives and we still contribute. I do not feel a burden to anyone. I may need help from time to time doesn't everyone?

Yet, why should the fact that people are living longer be seen as a problem? As Vincent (1995:125) 'argues who's afraid of an ageing population'. Questions about the relative share of welfare spending across generations started to emerge firstly in the United States during Ronald Reagan's presidency. They arose from the reaction of commentators on the political right to what was perceived as the growing 'burden' of health and social security payments to the expanding retired population. According to Johnson (1994), these observers saw the public cost of maintaining older people escalating at the same time as the older people's disposable income was growing. Meredith Minkler (cited in Johnson 1994) has also observed an emergent view in corporate America namely that the 'old' are getting richer, while children and younger people are suffering because of social programmes for their elders. This as Moody (1998) notes is a complete reversal in generational expectations, inasmuch as each generation is expected to do better than their parents. Therefore from having discovered that some older people were not poor some journalists and politicians overreacted and declared an assault on the aged. This prompted the formation of a group in America called Americans for Generational Equity (AGE). It called itself a non-partisan coalition whose intent was to build a mass membership movement to promote the interests of the younger people and to reduce expenditure on social security and Medicare (Johnson 1994). Following a visit to England by AGE representatives, David Lovibond wrote an article in the *Daily Telegraph* entitled 'Why should we pamper these whinging pensioners?' It continued,



Contrary to the popular understanding and arguably as a result of filial guilt, perhaps too much sympathy is offered to the old rather than too little. After all, is the prospect of an expensively maintained, ever multiplying hoary headed horde any less dispiriting than the present hegemony of the jobs and yahoos (cited in Johnson 1994:23).

This type of offensive transvaluation of reality does much to damage the idea of the social contract between generations. As Johnson (1994) argued this kind of 'verbal face pulling' may not have the sophistication of AGE's public relations, but advocates the same purpose: to undermine social support for the 'old' to relieve the young. Moreover, it seeks to challenge the deep-rooted principles of the 'social contract'<sup>4</sup> between generations, namely that a life of hard work and support for the young is rewarded with income and care in retirement. The essence of which was clearly expressed by William Beveridge as one of the pillars of the post-war welfare state: 'Social security must be achieved by co-operation between the State and the individual. The State should offer security in return for service and contribution' (cited in Walker 1994:32). Yet, generational conflict rhetoric has not been limited to the popular press. Paul Johnson et al (1989), whose book *Workers versus pensioners: intergenerational justice in an ageing world* subscribes to the 'whingeing' pensioners' arguments. Vincent (1995:141) argues that 'this book seeks to provide academic respectability to the monetarist right's attempt to roll back the state by reducing the pension'. The arguments used by Johnson (1989) attempts with emotive language to construct a battle over resources between generations, which according to Vincent (1995) involves attempts to place a whole generation in the scrounger category. Walker (1996) contends that any changes in age-cohort distribution of welfare spending have come about as a reflection of demographic structure rather than the result of the take over by greedy older people, which some commentators would have us, believe.

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<sup>4</sup> For a fuller discussion on the origins and differences of the social contract, generational contracts, generational equity, and intergenerational solidarity, please see Johnson, M. 1994: Walker 1994: Vincent 1995: Moody 1998.

However, as Andrew Dilnot has argued (The Observer 30 March 1997) one of the silliest statements especially during election campaigns is 'we can't afford the welfare state', he continues:

The reality is that now, and in the next century, the question is not 'can we afford it?' but 'do we want to spend money in this way?' Economics may constrain choice somewhat but the question is primarily an ethical and political one... Social security, health and education account for 60 per cent of all public spending, so if we have high taxes, the welfare state must be to blame. In fact, remarkably low taxes by European standards... The people of no major European country pay less tax than in the U.K. If we paid as much tax as the Germans, we could double spending on health and education. If we paid as much as the French, we could double spending on social security.... We might not choose to spend more on the welfare state, but we could if we wished... The ultimate reality is that the nature of the welfare state provision is a reflection of ethical or political views about the balance of responsibilities between individuals and the wider community. There is no economic law determining the right level of taxation or public spending, and it is cowardly for us as individuals and politicians to hide genuine choices about how to run our society behind a caricature of economics.

Walker (1996) concurs with this statement when he argues, 'the public burden conception of old age in orthodox economies is attributable, in part, to the subordination of social policy to economic policy and the pre-eminence accorded to the latter in the public sphere' (p.19).

## **Pensions**

The primary focus in discussions on the welfare state have been the ageing of the population, however, one of the central concern is state pension provision. In other words, can we afford their pensions (Walker 1994)? The answer from a purely economic standpoint then becomes, we can. However, from an ethical and political standpoint, do we choose to? The second part of the question raises a number of issues. First, it calls for a re-examination of the original intention of the pension, which was that the pension mediated through the state should offer security for a lifetime of labour and contribution. Most welfare states originated in pension

provision for older people (Walker 1996). Second, it is enshrined by the widespread acceptance of this dual responsibility, and the perception that it was deserved that gives the reciprocal contract its legitimacy (Walker 1994). Third, it is enshrined in moral law meaning it is an example of principles of behaviour - it is right to maintain it, to do otherwise is wrong. Moreover, for a government that has just introduced citizenship classes into its education system as a way of teaching social responsibilities to its children, it could be viewed as a total contradiction. Finally, it could be political suicide considering it is also an expression of intergenerational solidarity, inasmuch as there is widespread commitment for it to continue by the younger generation<sup>5</sup>. As Walker (1994:1) has pointed out 'intergenerational solidarity is one of the wefts of the social fabric that binds together society'.

As I discussed in chapter three, income in retirement is fundamental for older people to achieve quality in age. Respondents have also stated in this chapter that they regard the state pension as a payback for a lifetime of hard work and contributions - in other words a fundamental right. The state pension is regarded as one of the central structures supporting a modern welfare state, and when it was introduced, it was envisaged that a minimum income for all pensioners would be ensured. To this end, the 1974-79 Labour government legislated that the value of the basic pension and of other benefits, should increase automatically in line with earnings or prices, whichever was the higher. This ensured that almost all pensioners would attain a minimum income without means-tested assistance. This commitment to pensioners was abandoned in 1980 when the incoming Conservative government implemented a policy which stated that the basic pension and other benefits should only increase in line with prices (Jefferys 1989). This policy has seen the value of the basic state pension continually drop over the years to a level now below income support levels. This means that there are now 1.8 million people aged 60 and over in receipt of means tested Income Support and an estimated further 1 million who are entitled to social assistance but fail to claim it (Falkingham 1998).

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<sup>5</sup> See Walker, A. (1993) *Age and Attitudes*, for further details of the EC- wide Eurobarometer surveys of public attitudes to older people.

The basic state pension therefore has moved from once being a universal basic income for almost all pensioners, to a state pension, which fails to provide a basic income for almost three million pensioners. Underlying these figures is the change to the basic principle of the state pension namely that the basic pension has moved from being a universal benefit, to one, that is increasingly subjected to means testing. This move has meant that one million pensioners who fail to take up means-tested benefits now survive below basic income levels. The incoming Labour administration in 1997 promised a complete review of state pension provision. No doubt pushed by the 'demographic timebomb' arguments, and mounting evidence of increasing numbers of pensioners in poverty, the government is about to change radically state pension provision. Their stated aims (some would say paltry) are 'to ensure that all pensioners have an income at or above the poverty line' (Agulnik 1999:6). The government's latest pensions green paper - *A New Contract for Welfare: Partnership in Pensions* (DSS, 1998a) proposes fundamental changes to the UK's retirement income system. These new proposals ensures that while the basic state pension remains tied to prices, the Green Paper states that the long term aim is that the new *minimum income guarantee* (MIG) should rise in line with earnings. Over time, the effect of this policy will therefore be to widen the gap between the MIG and the basic pension, thus according to Agulnik (1999) entrenching means testing.

See Table 2 below:

Table 1: Weekly rate of basic pension and MIG (April 1999)

Weekly rate for:	Single	Couple
Basic pension	66.95	106.90
MIG	75.00	116.90
Basic pension as % of MIG	89.3%	91.7%

Source: Rake, Falkingham and Evans (1999)

As Rake, Falkingham and Evans (1999:3) point out the basic pension only covers 89% of government defined basic needs for single pensioners and 92% for couples. While the government can be shown to be increasing the level of MIG for pensioners - it has a down side as it further undermines the ability of the basic pension to provide a non-means tested platform for retirement. This point has been argued by

Dr Gary Kitchen Organiser of National Pensioners Convention (Guardian 10 June, 1999) when he states:

Starting in April 1999 she (Harriet Harman), admitted the poorest pensioners of all were those entitled to income support but not getting it...She promised these "forgotten pensioners" would be identified and contracted by personal advisers. All they would have to do was to sign a claim form already completed by the advisor, and the guaranteed minimum income would be theirs. It has not happened. The minister, Stephen Timms, told the Commons that the results of pilot projects were still awaited and that the government would "make proposals as soon as we are in a position to do so". Meanwhile up to 700,000 pensioners, continue to scrape along on the basic state pension. In this situation, the case for an immediate rise in the basic pension is unanswerable. It should be raised to at least the level of the guaranteed minimum - £75 for a single pensioner. This would mean the increase would go to all eligible pensioners without a means test. It would also help the vast majority who cannot claim the increase because they have savings or a small occupational income.

Under the new proposals the basic state pension will continue to be linked only to prices, which has been shown in the past to drastically reduce its value, ensuring more and more pensioners are subjected to means-testing. Further, it changes one of the most fundamental principles of state pension provision from a universal right to one of self-evident means testing. Consequently, rather than ensure that new pension provision protects the most vulnerable pensioners, means-testing as shown by its previously history is ineffective, and offers little protection for the poorest pensioners.

This is where the *State Second Pension* (SSP) is intended to come in. The new scheme offers much better provision for low earners inasmuch as when the scheme matures, widespread reliance on means-testing will be avoided (Agulnik 1999). The basic aim is to use the SSP to bridge the gap between the basic pension and the minimum income guarantee (MIG) The SSP is intended for those earning less than 9,000 per annum. The Green Paper estimates that SSP, in combination with the basic pension, will give an income equivalent to £76 a week against the basic MIG of £75 (Rake, Falkingham and Evans 1999). As the above authors point out there are

important points raised by the SSP; not least of which is that SSP is only £1 above the means tested minimum, and raises the issue of housing costs. This means that low earners who traditionally have limited access to owner occupation will still need help towards Council Tax and Rents. When the scheme matures in 2050 those reliant on SSP/basic pension alone will have an income of £1 above MIG, leading to a net income after paying rent and council tax of only 20p above MIG. As Rake, Falkingham and Evans (1999) argue this means that in practise that SSP will be nothing more than a targeted flat rate top-up to an inadequate contributory basic pension.

The next proposal in the Green Paper is the introduction of *Stakeholder Pensions* (SHP). The SHP is intended for those primarily for people with earnings above £9000 who do not have the option of joining an occupational scheme. Membership of a stakeholder pension would be voluntary. At their simplest, stakeholder pensions work as follows. The individual puts money into their pension 'pot' week by week while working; by the time they retire, they will have accumulated a lump sum. At retirement, that lump sum is converted into an annuity, a fraction of the pension accumulation can be taken out as a lump sum. The size of the pension will depend, first, on the size of the lump sum, determined by: (a) the amount and timings of contributions; and (b) the performance of the pension fund, which in turn depends on the quality of the management and the performance of financial markets. The real value of the annuity will depend on the size of the lump sum, plus (c) age at retirement; (d) the state of the annuities market; and (e) inflation during the retired years (Barr 1999). Stakeholder Pensions therefore offer individual, defined-contribution, funded schemes. However, as Barr (1999) points out such money purchase schemes face a number of risks, not least of which is stock-market downturn, which could adversely effect the lump sums, and, hence the annuities, of an entire cohort. Yet properly implemented they could reduce the investment risk in comparison with previous personal pension arrangements. In addition, costs could be kept quite low as contributions are collected through the payroll. The Green Paper proposes that administrative charges are levied in the form of % contributions but as Barr (1999) argues this could mean higher charges for higher earners, which could encourage them to opt for a private pension. This in turn would mean low earners

would hold the SHP, necessitating a higher percentage contribution to cover administrative costs<sup>6</sup>.

The new proposals offer radical changes to the basic structure of state pension provision. Yet, it further systematises structural inequalities for the most vulnerable, poorest and longest living - the majority of whom are women (see Falkingham and Rake 1999). The new proposals have also failed to tackle the issue that age discrimination in the workplace can mean that many fifty to sixty-five year olds are unemployed, which severely hinders the ability of older people to build up adequate pensions. This is a serious issue for those moderate earners to whom the SHP are targeted since they do not have access to occupational pensions, and simply cannot afford private pensions. It has also failed to tackle the most fundamental question of mandatory retirement age. This research so far has shown that older people require choice and flexibility in mandatory retirement rather than compulsion. A precedent has been set. For example, women's retirement age has now increased by five years to sixty-five years. This equalisation with men's retirement age is to take effect from the year 2010. The reason given for changing the retirement age for women, changed it must be noted without consultation with women, was according to the government simply a case of equality of opportunity. There was no attempt at this time to consult widely overall area of mandatory retirement age - therefore a missed opportunity to implement flexible retirement ages.

The most important issue for older people - age discrimination legislation has been completely overlooked. Age discrimination legislation implemented at the same time as pension reforms could have ensured that many of the issues discussed earlier could have been avoided. Older people would have some kind of protection from those whose prejudice both explicitly and implicitly renders many older people to involuntary unemployment, impoverishment, and lack of self worth. Despite pre-election promises the government has shelved expectancy in terms of age-discrimination legislation. According to Andrew Smith, the employment minister,

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<sup>6</sup> For a fuller discussion of the government's pensions, Green Paper see Rake Falkingham and Evans (1999) *Tightropes and Tripwires: New Labour's Proposals and Means Testing in Old Age*. CASE paper 23. Agulnik, Barr, Falkingham and Rake (1999) *Partnership in Pensions? Responses to the Pensions Green Paper*. CASE paper 24.

legislation would involve 'a minefield of complexity and whole rafts of people going to industrial tribunals' (Ridell, New Statesman, 6 February 1998). Yet, the implementation of anti-discrimination legislation has proved to be effective in the past. Whilst it cannot change prejudice overnight, it can begin to change attitudes, and more importantly employers will have to be seen to be implementing such legislation. Legislation will help break down discriminatory policies and practises and create improved employment options for older people. This in turn will help to create a higher profile in the workforce, and in turn more positive views of older people.

### **Structural and Cultural Intransigence of Society**

As discussed earlier the structural and cultural lag hypothesis suggests that as a society we are slow to adjust our social structures in response to changing conditions. We may be slow for example, in changing retirement policies to adjust to the needs of the growing older population. Yet, why should this be the case? Riley and Riley (1994) have called this phenomenon *cohort norm foundation*. Cohort norm foundation shows how social structures, parallel to the ageing process, not only change but can also be changed. Social structures, like the trajectories of people's lives, are not as fixed as they are often thought to be. If evidence is needed consider some of the changes individuals in this research have made to their lives. Consider also how increasing numbers of motivated and productive people at any age cannot coexist with empty or inappropriate role structures (Riley and Riley 1994). Indeed, one only has to think of the 1968 generation of young people that took part in the 'sit-ins' in universities and opposed the Vietnam War, to imagine what shape ageing will take in the next century. Also, the cohorts of young people today, despite the centrality of consumer culture seem to herald alternative values and lifestyles. Berger and Luckmann (1966) contend that institutions tend to persist unless they become problematic. I believe that position is now reached. Moreover, observers of the ageing society forecast how such changes will come about. Moody (1998) suggests that only by the twin approaches of confrontation and public education can change come about. Riley and Riley (1994) suggest a similar approach but hint at a more evolutionary process. They argue that people in successive cohorts push for change; and these pressures in turn, create new structures and new policies. Many



commentators now foresee that the 21<sup>st</sup> century will see a revolution in age-related structures in all societies (Cole, Van Tassel & Kastenbaum 1992:Riley & Riley 1994: Hutton 1998). Peterson (1996) is more cautious however, suggesting that age norms may have remained as tightly constraining as they were during the 1950s, but that the actual chronological ages deemed appropriate for significant adult life events may have realigned themselves to match contemporary demographic patterns. According to Berger and Luckmann (1966:145) 'Institutions are legitimated by living individuals, who have concrete social locations and concrete social interests. The relationship between the individual and the objective social world is like an ongoing balancing act'. However, the ageing social world and the ageing individual are presently in a state of asynchrony. This can be seen by the opposing position of structural and cultural drag of the ageing social world and its inept structures, and cultural push with its driving engine of contemporary demographic patterns, and evolving individuals with wider expectations and horizons.

## **Conclusion**

This chapter has focussed on one of the most basic mismatches of our time. The tendency for changes in an ageing society to lag way behind the increasing length and quality of individual's lives. Yet, older people have to co-exist and find meaning to their lives despite the hostile social environment in which they find themselves. As people grow older in new ways the surrounding social structures that may have been convincing because they worked in a culture dominated by the rules of modernity, increasingly become the structures of oppression for larger numbers of older people. Older people in effect live in a type of parallel reality to the dominant culture: a parallel reality or period of transition or re-adjustment as the surrounding structures are pushed into realignment. As Riley and Riley (1994) have argued people do not grow up and grow older in a vacuum but in continually changing societies.

In the case of the ageing of the population, there are two sets of processes in operation namely the trajectories of people's lives, and the trajectory of social change. When the two are out of synchrony with each other, or when one lags behind the other, many uncertainties ensue. Such uncertainties occur not only for the

individuals who are at the anterior of this demographic shift but also for those whose 'social construction of reality' (Berger and Luckmann 1966) is also enshrined in social structures that cannot in their present form accommodate such change. We are living longer and leading healthier lifestyles yet, few of our social structures and attitudes are changing along with the unprecedented shift in demographic trends. However, social structures, similar to the trajectories of individual's lives are not set in stone. They can change. In the last fifty years, we have seen clear examples of this. There are changes, for example in the age of marrying, starting, and finishing school, or entering and leaving the workplace (Riley & Riley 1994). A recent example of this is the equalisation of women's retirement age with men. Although in many circles this example is viewed as more market led, it does show how these structures are infinitely flexible. It is a good example of what Riley and Riley (1994) maintain 'shows how social structures, parallel to the ageing process, not only change but can also be changed' (p.18).

Challenging prejudice and discrimination based on ageism seems to be very low on the political agenda - but one can sense, that politicians always the opportunists will be pushed into implementing age-discrimination legislation. At present it is not difficult to feel pessimistic about the future for older people with no age discrimination legislation, increasing means testing in state pensions, age based rationing of health care and serious abuse of older people in the NHS. However, there have been several government led initiatives recently emerged as a result of such practises coming to light. The government implemented The Royal Commission into Long Term Care, and reported in March 1999, *With Respect to Old Age*. Its recommendations were that the costs of long term care should be split between living costs, housing costs and personal care. Personal care should be available after assessment, according to need and paid for out of general taxation; the rest should be subject to shared payment by the government and the older person concerned, according to means. In addition there is to be a National Care Commission to monitor trends, including demography and spending, to represent the interests of consumers and to set national benchmarks. There is also a Cabinet Office led programme *Better Government for Older People*, whose remit is to explore ways of improving the quality of life for older people. Another initiative, The *Inter-Ministerial Group for Older People* is a strategy group launched by the

Prime Minister in 1998 to ensure that the needs of older people are better understood, and to ensure that action to help them is better co-ordinated across government (Harper 1999). At the same time Walker's (1993) research has demonstrated that there is an intergenerational commitment to maintaining the contract between generations and there is widespread support for it to continue by the younger generation. Finally, there is older people themselves. This chapter has examined how social structures have a marked influence on older people yet; this influence is a two-way process. The research has shown older people are growing older in new ways almost unimaginable at the beginning of the last century. Such understandings now just beginning to flow can serve as guides to policy (Riley & Riley 1994). As society enters this new century older people undoubtedly will make a major contribution to changing the structural and cultural intransigence of an ageist society. Although older people are not a 'natural' constituency simply because of their age – therefore as yet not harnessed party politically. They do share common interests and therefore can become a very powerful pressure group in the future. For example, The National Pensioners Convention associate members' now exceed in numbers most of the membership of the leading political parties. According to Jack Thain of the NPC, the NPC has been asked many times to emulate their Dutch counterparts and enter into the political arena. As yet this idea has been kept on the back burner for serious consideration in the future, if, the major political parties cannot be relied on to improve and protect the rights of older people. It seems probable therefore, that if the government's rhetoric is not backed up with action or age discrimination legislation fails to be implemented, in the light of the present abuses of older people's rights, then older people have little choice but to use their strength to push the lagging social structures back into synchrony with people's needs.

## Concluding Analysis

The main aims of this study have been to make visible the complexity and richness of growing older by listening to and documenting the heterogeneous and expressive voices of older people. To document the process of growing older as older people understand and experience it, and to reveal how this authentic expression of ageing challenges many of the myths of what is generally regarded as 'growing old'. The research has achieved this by being particularly interested in exploring older individuals sense of self and by documenting the ways in which they enhance their sense of self and self worth, and growth in later life. I hope to have demonstrated throughout the study that growing older need not be a diminution of achievement and development but that it can be a richly satisfying set of experiences only attainable to those of age, and inconceivable by the majority social group. This has been balanced however with the need to listen to what older people are saying when situations are not as they should be. Situations such as when they are discriminated against, or excluded from their rightful place in society, or provision which is theirs by right, being withheld because they are deemed too old, or because they are deemed the least likely group to remonstrate and therefore an easy target. Despite what is often experienced as an antipathetic social environment, the research has shown that older people have tremendous courage and steadfastness in the handling of their everyday lives. They demonstrate levels of awareness, determination and spirit that contradict the passivity arguments perpetuated in much of the discourse and social policy responses.

There are possible dangers for older people inherent within such positive research findings such as these. For example, there are academics and politicians of the more right wing persuasion, that lurk at the other end of the economic and political spectrum, who would try to use such findings as justification for more laissez-faire social policy responses to older people. They could for example use the fact that there are people such as age-pioneers, or those that have learned to cope on meagre pensions and portray them as the norm, and those who did not aspire or achieve such status, characterised as 'undeserving' or 'dysfunctional'. Moreover, using this

material as justification for keeping pensions at subsistence level, the continuation of age based rationing in health care and continuing to argue that age discrimination legislation is not required. I believe however, the findings in this research more than justify the risk of misappropriation.

The study is intended to be read on two levels. First, as a narrative that explores the ageing process in the respondents' own words, and captures the complexity and richness of the individuals' lives. It also offers for those who seek it an understanding into how individuals going through the ageing process could achieve a significantly increased deepening of meaning and quality in age. The research is therefore written with the non-academic, as well as the academic reader in mind. Second, at the theoretical level the development of the substantive theory *Dimensions of Ageing* has emerged from the many dimensions and multiple elements that the respondents have identified as shaping the ageing process. It is intended as multidisciplinary contribution to the theoretical development of the critical theory of ageing. Currently, it is indicative of the processes of ageing of this time in history and these cohorts of older people only.

### **The Baseline**

Older people are now at the forefront of challenging many of the doom and gloom representations of ageing. Such challenges are leading the way to creating alternative identities of ageing the likes of which are only limited by the imagination. This research was particularly interested in exploring older person's sense of self. It achieved this by documenting the strategies they use not only in terms of protecting themselves from the ageist world, but also from what experiences and circumstances emerged a rich source of gratification. It established a baseline therefore of what constitutes a *quality in age*. The research shows that contrary to the majority of research produced about older people, which continues to perpetuate a discourse which concentrates on what has been lost as a consequence of ageing, chapter three reveals how in fact a quality in age is experienced by the majority of the respondents, albeit in different and complex ways. Older individuals made known to us how children, grandchildren great-grandchildren, friendships, home, retirement gives

them a rich source of pleasure and fulfilment. The important issue here is that older people themselves have defined what gives them a 'quality in age' rather than it being defined for them by others objective criteria. The research also focused on the role older people play in the wider community. Little if anything is usually documented about the contribution older people make to the overall well being of the community yet as this thesis reveals, they play a vital and necessary role. This has been an important part of this research to disclose the important role they play, and how this role contributes to overall social well being.

The research also documents how the ageing experience is shaped not only by individual attributes but also by the quality of the social and environmental setting in which people are born, grow up, and live their daily lives. It also draws attention to the configuration of local amenities such as housing, transport, the quality of neighbourhood, and access to, and role services play in their lives. The physical environment has a huge impact and plays a major role in shaping the ability of the older person to grow in age. The research has also shown that geographical location plays a unique role in an older person's lifestyle. There are important links between the built environment and the construction of aged identities and the ability of the older individual to achieve a quality in age. This was shown to be particularly significant if older people reside in areas of long-term degeneration, particularly some council estates. Social housing on these estates is now mostly allocated to families with little income. Many suffer from long-term unemployment and consequently have no disposable income. A drug culture is a prominent feature on many estates; accordingly petty crime is a significant factor, and it is these factors, which were shown to impact greatly on the lives of older people. There is now in essence a polarisation in these communities with the older long-term residents viewing the new incomers with much trepidation not being able to understand their culture or lifestyles. As a consequence many older people impose curfews on themselves by not going out during the hours of darkness. I have conceptualised this in the research as the *curtailment of time*. During the winter months this can be up to seventeen hours a day. This restricts both their liberty and their physical and social activity, and in turn effects their physical and psychological well being. As the research has also shown these issues effect many older people regardless of whether

they live in an affluent or deteriorating area. The research has also shown that older people suffer disproportionately from what I term *spatial exclusion*. Spatial exclusion is when older people feel excluded from areas in the built environment. This is particularly significant where older people feel their safety may be compromised such as travelling on public transport and walking the streets during the hours of darkness. They also feel excluded from particular areas because of their age. They believe that areas such as the city centre at night are clearly planned and developed with the younger age groups in mind, creating in effect 'ageist space'. Little if any account is taken by city planners of older people who also have needs for entertainment and socialising.

### **The Identity of the Inner Self**

The respondents' have continually stated throughout this research that they 'don't feel old', but 'feel young inside'. This apparent paradox was examined in chapter five and it began by uncovering precisely what older people mean when they use this term. First however, was the very significant finding that although the overwhelming majority of respondents did not feel 'old' they did in fact have a definition of 'old'. They believed that old age was not determined by chronological age – years lived being irrelevant but that old age could be defined by health status. Health status is defined by the respondents as ill health, incapacity and subsequent loss of independence. It therefore followed if the majority of respondents did not place themselves in any of the above categories then they did not 'feel old'. Asking the respondents to elucidate on the concept of 'feeling young inside' however was crucial in as much as it led me into the whole new spiritual terrain of inner identity. From the respondents own testimonies I discovered what in fact they ascribe to 'feeling young inside'. This inner identity is not some attempt to deny the physical signs of ageing; on the contrary the majority of older people have come to terms with the physically ageing body. The experience however did have many of the developmental experiences that we usually ascribe to the young such as a sense of discovery, excitement, sense of purpose and achievement. Whilst these feelings or experiences have resonance with being young it is however qualitatively different. As the research has shown it is about discovering in oneself new ways of coping and

new ways of seeing. This new way of seeing has also deep psychological benefits in terms of spiritual experience or identity – that inner subjective sense of self. All the respondents in this research had a spiritual sense of self yet, what was most evident is the way this inner identity manifested itself. Depending on the respondent, the spiritual influence moves from having little effect on their lives to being a source of constant renewal on the individual's total philosophy. As I stated earlier, all the respondents experienced a quality in age subjectively defined by individuals however, this is where the similarity ended. From this point onward there was a difference in the levels of spiritual growth and development and consequently a difference in the way older individuals viewed the world and their place in it.

I have conceptualised this process as the *realisation period*. The 'realisation period' is a period in the process of ageing where individuals begin to take stock of their lives so far. As was determined through the respondents' testimonies it is a defining stage in as much as the process itself becomes a watershed that determines their future selves. When individuals go through this process there are clearly three broad and very different responses. The research identified three distinct clusters of individuals exhibiting at the subjective level three unique sets of characteristics, which influence the process of ageing. These I have termed the *discordant*, the *contenteds*, and the *efficacious*. Although three pathways are taken following the 'realisation period' the pathways are fluid and dynamic, and as such form a continuum with the 'discordant' at one end and the 'efficacious' at the other with the 'contented' in between. This continuum does show however, that this process is dynamic, and as such demonstrates ample scope for movement particularly for the 'discordant' group. For example 'discordant' individuals could be actively supported to achieve a more fulfilling quality in age.

What the research has identified as significant about these groups is the very different philosophy the three sets of individuals have on life and the ageing process. The 'discordant' I have argued are the least likely to see age as a developmentally stimulating and attractive proposition. Indeed they tend to dwell in a fantasy retrospective of what if, or what only. They have many unresolved questions and uncertainties in their past life therefore, the 'discordant' individual's sense of self is



negatively embedded in the past, and seem unable to enact closure and move on. The 'contenteds' however, are as the name suggests are contented individuals. They seemingly have no need or wish to see ageing other than one of a time of integration and consolidation. They seem to experience high levels of satisfaction particularly in relation to their families and wider social networks than the 'discordant'. They live very much in the present and psychologically they appear entirely coherent and whole. Their meaning in ageing comes from their ability to find pleasure in what they have achieved in life and in which they place great value. The final group, the 'efficacious' are the ones I have also termed the *age-pioneers*. They are pioneers in every sense of the word. They are pioneers in finding meaning in ageing for themselves. They push forward the boundaries of what ageing means not only in terms of personal development – they see ageing not only as a developmentally interesting phenomenon but also as an exciting and stimulating journey. The 'efficacious' individual actively seek self-enhancement and growth in later life particularly spiritual growth. They engage with bigger existential questions about the meaning of ageing. They exhibit an ontological awareness about their life but also an understanding of how this is part of a bigger picture. The process of ageing for the 'efficacious' is a reflexive endeavour, they are the ones who demonstrate how far the process of ageing can take us, and take our understanding of the ageing process that much further.

It would be misleading to suggest that only 'efficacious' individuals have a spiritual dimension to their lives. I found that all the respondents had to a greater or lesser extent a spiritual dimension, which manifested itself in many and varied ways. It would be correct to say however, that the 'efficacious' lead the way on the spiritual journey. Chapter seven explores this spiritual journey in what I propose as a *deepening of meaning* to older people's existence. The respondents define what they mean by inner personal growth, what factors contribute to this process, and how this inner spiritual self effects their social interaction with others. We see that many of the respondents describe experiencing a new independence brought about through the freeing up of time, as well as feeling finally in control of their own time. This freeing up of time had increasing significance for some respondents as they stated that it allowed for a newfound creativity not in the explicit temporal form but in the

implicit spiritual form – discovering their inner sense of self. Those older people who seem to be able to undertake this process achieve a level of self confidence not experienced before. They remark on newfound courage, and a new assertiveness that enables them to be more open and outgoing in their daily lives. They experience feelings of increasing tolerance, which led to a more broad-minded understanding of other people, and where the right/wrong duality loses its meaning. There is also experienced a reversal of masculine and feminine psychological traits. It is a state whereby women have the ability to be more assertive, aggressive, and master the world outside the family, whereas men have the opportunity to explore their nurturing sides. This is all part of the barely tapped human potential that enables older individuals to find a high level of personal fulfilment. It is therefore about finding a deeper level of meaning as a social, as well as a spiritual being.

Those individuals who have come furthest in this process are, as I stated earlier the *Age-Pioneers*. The 'age-pioneers' are the individuals who have achieved a high state of social and spiritual maturity. They are pioneers in the sense of their own personal journey as they travel into the unknown and barely conceived. As I have stated it is a courageous undertaking because it holds few social accolades from the majority social group that cannot imagine its significance. The research has shown that some older people cannot themselves conceive of such possibilities, however, this was quite rare amongst the respondents, and therefore contradicts much of what is written about older people. Others have little thought of continuing personal growth finding adequate personal and social satisfaction in their achievements so far and age 'status'. They have achieved a level of contentment, which is personally fulfilling. The age-pioneers however succeed in showing that there is a way forward in terms of growth and development in age, and it is there for those who can conceive of it. Age-pioneers are the individuals that break the traditional boundaries of age norms, and age appropriate behaviour, and demonstrate that ageing can be principally the individuals to define. They demonstrate that there is lots more activity and movement in this age group than has previously been acknowledged or understood. Yet, as I have argued it may be naïve to presume that even age-pioneers can continue to push forward the frontiers of personal development or renegotiate their changing social roles when confronted with the worst excesses of an ageist society. For those

more vulnerable individuals such as the 'discordant', the sick and the institutionalised the barrier of ageism only adds to their difficulties.

### **'Race' Gender and Income**

The research was also particularly concerned at the design stage to stratify the sample to allow intentional bias to be included such as 'race', gender and income in the final sample. The purpose was to identify ways in which such structural differences influenced the older individual's process of ageing. The findings proved to be quite significant in terms of gender and income variance and less so in terms of 'race'. Although, there was some variance the findings should be regarded as indicative only, as the members of the Black communities although they represented just over fifteen per cent of the overall sample, they were however quite small in numbers. First, I will deal with the main findings in terms of gendered responses to the ageing process. The study reveals that today's grandfather plays a much more significant role with his grandchildren than he did with his own children – what has been described as the emergence of the male grandmother. Indeed grandparents and great grandparents play a very prominent role in many families, and where it does add quite significantly to the cohesion of the family. The study identified gendered responses to bereavement, which showed that men once past the grieving stage inclined to want to enter into marriage type relationships again. Women on the other hand, although they wished to have other relationships, which included sexual relationships, did not want to marry again – marriage being viewed as a relationship whereby they would have to undertake 'looking after a man again'. As the research indicated many women mentioned the new found freedom they experienced following the grieving process, some experienced it immediately following the death of a spouse. Some of the women I interviewed had many regrets about their marriages particularly, about tolerating abusive or domineering husbands. None, however, regretted the role of being a mother. Some of the male respondents also were saddened when they reflected back on their married lives, following the deaths of their wives. The reasons they gave for this sadness was quite different though, stating that they suffered from major regrets realising now the inadequate roles they had played both as husbands and fathers. Gender differentials seemed to be quite

significant in terms of occupational pensions also. Whilst seventy-nine per cent of men received an occupational pension, only fifty per cent of women received one. The same disparities were found in state pension provision, whilst fifty per cent of women relied solely on state pension with forty-two per cent of them receiving Income Support only twenty-one per cent of men received state pension only, however, all were receiving Income support.

In terms of income the research has shown that achieving a quality in age is much more complex than simply lots of disposable income. I believe the respondents made the case very well that although adequate income is necessary in retirement-adequate income is also subjectively defined by the individual's own criteria. Therefore, it did not necessarily follow that those on higher incomes enjoyed a better quality in age. On the contrary in fact as the research identified some of the respondents had adopted sophisticated coping mechanisms which enables some to compensate for the lack of income with social and psychological adaptive competence. For some of the women respondents who were also bereaved, although they were living on state pension only, stated that they felt relatively well-off, pointing out to me that it was the first time in their lives that they had been able to manage their own income. Concluding therefore some respondents on small incomes enjoy a quality in age far better than some on much higher levels of income.

Also, a significant finding in the research was that the men who relied on state pension and income support provision were from the Afro-Caribbean and Somali community. Although they had full employment records since entering the UK – fifty years in some cases, all had worked in blue collar jobs, without access to occupational pensions. What was also highly significant finding was that of the two respondents that I found to be deeply distressed by circumstances, both were men, and both were from the Liverpool Black community. Both men were suffering from needless psychological distress evidently because of the shortage of sheltered housing. They wished to move closer to be near their children but unfortunately there was no sheltered housing available. This apparent need for but lack of sufficient sheltered housing is a trend, which I suspect will become increasingly significant in the future as parents wish to maintain as much independence as

possible while still remaining close to their grown up families. Prejudice and discrimination was also an area, which I thought would figure more prominently in the lives of the respondents from the Black community than appears to be the case. Although I specifically asked the respondents about incidences of prejudice and discrimination their responses were surprising. Only one respondent felt the need to recount an incident that had happened to him when he was younger whereby he knew he had been denied employment because of his skin colour. Quite unanticipated however was the level of gratitude and loyalty that the majority of the respondents felt towards their adopted country. As one of the respondents stated when he arrived in Britain in the 1970s 'I felt I was coming home to mother'. Two of the respondents spoke at length about the support they had received from the white community particularly, white employers. Whilst such a small sample can in no way reflect the experience of the majority Black population the testimony from respondents does suggest that there is a commendable amount of munificence within the black and white community that is not always reflected in the media. This is also one of those areas that would benefit from much more in-depth research.

### **Individual Meaning Facing Powerful Social Structures**

Whilst, the research concentrated on the subjective meaning of ageing for the individual it was also concerned to examine the disparity, which exists between the agency of the individual and the social structure in which they live. How in fact older people co-exist in a social structure that promotes powerful social meanings transmitted through this culture; social meanings that have been shown to be out of step with the trajectory of older people's lives. The research has examined the powerful effect social structure has on people's lives and how social structures in their present form are becoming increasingly removed from the particular experience of everyday life of older people. This has caused a particular type of cultural lag between older people and the rest of society. I have argued that this produces a particular form of 'social oppression' (Simey 1998) namely institutionalised ageism. Institutionalised ageism according to the respondents manifests itself in nearly every area of their daily lives but particularly while still considered of working age. As the research clearly highlights age discrimination operates in the workforce and is rife,

and without anti-ageist legislation employers will still operate ageist practises. The respondents also argued that because of its compulsory nature, mandatory retirement policies manifest itself as a form of social redundancy therefore, social exclusion. Older people themselves of all income groups argue the need for a flexible retirement policy. Mandatory retirement is now one of those social structures, which operate negatively for older people, and is out of step with the needs of older people.

We see that much of the discourse that surrounds demography or demographic trends is centred on the question of the ageing of the population. It is usually intent on turning this success into a problem. Catastrophic projections of the burden to society of an increasing ageing population abound, and many commentators on ageing now speak of an 'apocalyptic demography'. This is the language being used by politicians, service providers and medical professionals that seems to focus on the older generation as a problem to be solved for the rest of society and indeed in chapter four and nine we see the effects of such emotive language on older people themselves. This embraces such factors as their increasing marginalisation in the health service, and the institutional abuse that an increasing number of older people are experiencing in the NHS. As chapter four highlighted there is a lobby of opinion that believes that chronological age should be used as a factor in cutting of health care resources for some patients. Prominent ethicists such as Daniel Callahan (1987) argue in favour of rationing on the basis of chronological age. We see therefore a situation whereby the same advances in medical technology that now assist more of us to reach an older age now have enormous implications for policy and practise. Such questions about funding, access and age have barely begun to be a matter for public debate. Yet, these are questions that will have to be made explicit within the public arena if we are to challenge the implicit practises of rationing and withholding treatment from many older people in Britain today. From the respondents testimony we see that many of them have treatment withheld whether it be in the form of being denied access to a consultant, and/or having to wait extraordinary lengths of time for appointments at hospital, before even being accepted on a waiting list. Having to wait for important cataract operations and specialised equipment that would drastically improve their quality in age. Moreover, not one of the respondents when interviewed was aware or even understood that implicit age-based rationing of care

operates in the Health Service. On the contrary most of the respondents placed great trust in the founding principles of the NHS and believed in its ability to take care of them when they needed it. This kind of deferential trust by older people in the NHS is something the politicians have depended on, 'what they don't know cannot hurt them' type of attitude. Unfortunately, age-based rationing of health care seriously hurts those it should be protecting – those at their most vulnerable. As Will Hutton has stated in The Observer (January 23, 2000), 'The NHS is under resourced. Everybody knows it. Its staff knows it. The political establishment accepts it. The Prime Minister has admitted as much'. The Prime Minister Tony Blair also promised in the same week that NHS funding will be increased and brought in line with the European average however, adding the caveat that funding would increase only in relation to the performance in the economy. Yet, as Andrew Dilnot has stated earlier 'economics may constrain choice somewhat but the question is primarily an ethical and political one' (The Observer March 30 1997).

If however health care spending only increases in line with the performance of the economy, the respondents have shown how these kinds of implicit practises could cost the government more in the long term. As can be determined throughout this research older people place significant emphasis on maintaining their health and hence their independence. Maintaining their independence can only be assured if they are able to access quickly essential preventative health care, rather than having to wait and be admitted as an emergency, often with severe and costly consequences. The research has also shown the psychological benefits experienced by respondents who are able to maintain a relatively healthy lifestyle – 'they don't feel old' thus they are able to sustain an active and meaningful role not only for themselves but for society also. Policy makers' health care practitioners and service providers need to be aware of these facts.

### **Areas for Future Research: Towards a Social Policy on Ageing**

There are many examples in the research where social policy and the implementation of a policy on ageing could drastically improve the lives of an increasing number of older people. Throughout the study I have identified areas that should be considered

for further research particularly, the grandparenting role - the relationship between grandparents and grandchildren, the significance of the increasing number of the five and six generation family. The gendered differential expectations in new found relationships following bereavement. The creation of ageist space, and the consequences of this for older peoples physical, as well as psychological well being. The research revealed that maintaining one's independence in age is an important priority in many older people lives, therefore what will this mean in terms of housing provision for older people considering that the respondents have pointed out that residential care is the least appealing, and the last possible option? What it means in terms of social policy response and service provision that older people's definition of 'old' is defined not by chronological age but by health status. Does this show a need to provide much more preventative health care programmes to enable older people to stay healthier longer? Does it also demonstrate that access to health care when needed should not be restricted or withheld because individuals are deemed low priority, 'because they are old', or that some individuals have to die waiting? Should we as a community be arguing that the operation of aged-based rationing of health care be thoroughly investigated at Ministerial level in order for such practises to cease. The research has shown that many of the prejudicial practices against older people could be avoided with adequate legislation. Age discrimination legislation would protect older people from prejudice and social exclusion in many areas of their lives but particularly in employment and age-based discrimination in the NHS.

The ideological, as well as the material dimensions of a policy on ageing would completely revolutionise the way growing older as a process is usually conceived and experienced. It would for example challenge the ideological underpinnings that normalise prejudice and discrimination against older people: an ideology constructed on the basis that older people are purposeless and superfluous. Why for example is there almost comprehensive invisibility of positive older role models in all aspects of the media particularly, on television? Why is there a total lack of acknowledgement of the contribution older people make to society in terms of volunteering for all those unpaid but necessary roles that keep some organisations in the community ticking over, and the proactive roles they perform in terms of much needed support for their children, grandchildren and great grandchildren? Why do city planners refuse to



consider the social and recreational needs of older people by the continuing creation of ageist space particularly, in the city centre? I have discussed in depth the moral and ethical basis of aged based rationing of health care but how can it even be considered an option let alone practised?

As the findings have shown growing older is a complex business that takes courage, fortitude, motivation and support. Support especially needs to come from the social structure or institutions in society that should be there for all regardless of our chronological age. As the research has shown some older people are able to achieve their potential such as the 'efficacious'. Others such as the 'discordant' could be helped to achieve a more satisfying older age if the support and encouragement was there to help. As Jung (1960:399) stated earlier 'there are no colleges for forty-year olds which prepare them for their coming life and its demands as the ordinary colleges introduce young people to a knowledge of the world'. We do not yet know the effect the changing demography will have on society. The effects of the thirty-five year old grandmother, the sixty year old mother, the gay parents of surrogate children, the consequences of women delaying childbirth, the male grandmother, all these trends are departing from the stereotyped images of what is appropriate or what is usual at certain chronological ages. Yet, society is less willing to consider any other roles for older people other than the stereotyped 'old age'. We do not know if the climate will improve for older people, action needs to come from a number of sources not least older people themselves, social policy, legislation and the changing attitudes of others. What is known however, if more people listen to older people and document their attitudes, expectations and experiences this in turn will help change attitudes, which will drive society to re-evaluate, established ideas of growing older. I hope this study has been a contribution to this process.

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## APPENDIX 1

1991 Census: z-score deprivation index for the elderly						
(overall score and values for the four constituent variables)						
% of population of pensionable age resident in households						
RANK	WARD	Overall z-score	With long term illness	Not owner occ	No car	Lacking amenities
1	Granby	3.64	48.2	81.5	87.8	49.3
2	Abercromby	3.37	50.2	86.0	86.3	36.6
3	Everton	3.14	48.4	95.6	94.6	22.3
4	Speke	3.12	48.4	66.9	73.8	68.5
5	Smithdown	2.85	46.5	76.9	85.5	49.9
6	Melrose	2.63	47.5	72.7	86.6	45.1
7	Vauxhall	1.95	44.8	92.8	90.7	23.9
8	St Mary's	1.92	45.3	54.9	75.4	69.0
9	Kensington	1.61	45.1	58.7	80.1	56.6
10	Clubmoor	1.57	42.3	60.0	70.5	75.8
11	Pirrie	1.56	43.3	62.5	70.1	70.7
12	Valley	1.50	44.9	65.2	69.9	62.2
13	Gillmoss	1.45	46.1	72.3	74.1	46.9
14	Breckfield	1.35	44.4	74.1	87.0	35.4
15	County	1.34	42.0	60.0	77.0	65.9
16	Picton	1.29	44.3	48.3	76.3	67.0
17	Netherley	1.21	45.6	69.0	72.5	49.4
18	Arundel	1.18	44.6	60.8	76.1	55.0
19	Tuebrook	1.14	45.9	48.0	68.7	68.3
20	Dingle	0.95	43.9	58.6	79.8	51.3
21	Old Swan	0.72	43.9	44.5	70.9	69.2
22	Anfield	0.46	43.1	43.3	71.8	67.9
23	Broadgreen	-0.20	43.5	54.3	68.8	51.8
24	Fazakerley	-0.27	40.9	56.2	72.9	53.4
25	Dovecot	-0.54	44.9	62.5	71.7	32.1
26	Warbreck	-1.20	40.8	43.3	69.8	53.7
27	Aigburth	-2.79	40.5	44.6	61.8	39.3
28	Croxteth	-4.11	37.5	32.6	54.7	47.7
29	Church	-5.13	36.0	26.8	54.7	42.1
30	Allerton	-5.48	36.1	29.6	48.9	41.2
31	Childwall	-6.17	34.9	25.7	47.4	39.9
32	Grassendale	-6.66	34.8	22.7	46.8	35.9
33	Woolton	-7.38	34.4	30.5	45.0	22.5
	Liverpool		42.2	53.0	69.2	50.9
	England and Wales		36.8	35.8	48.9	23.0
% of population of pensionable age resident in households						
	Liverpool		16.6	43.9	49.0	46.7
	England and Wales		12.3	29.1	24.2	16.8
saspac/interfac/depaged						
Source: Central Policy Unit, Liverpool City Council						
13 March 1995						

## APPENDIX 2

### A thematised semi-structured in-depth interview.

Researcher - Geraldine Littler University of Liverpool

### **Strictly Confidential**

All interviewees taking part in this research are active relatively healthy older individuals, living in their own homes, aged between 60-94 years of age.

Interviews held in the respondents' own homes. Interview time approx. 2-3 hours.

The interview is to be conducted in two parts:

The first part of the interview will be to ascertain socio/econ/historical location, family networks, access to primary and secondary healthcare, care in the community, transport, shopping, and social activities

The second part will examine attitudes to: ageing, retirement, prejudice, discrimination, ageist language, media representations, individual meaning in ageing, spiritual development, age-gains, age-constraints, stereotypes, and the City of Liverpool as an adequate provider.

### Personal Information

1/ Name

2/ Marital Status

3/ Sex

4/ Date of Birth



5/ Children

6/ Grandchildren

7/ Great-grandchildren

8/ Pets

9/ Education

10/ Do you consider yourself 'retired'.

11/ Age on 'retirement'.

12/ Former occupation.

13/ Employment now (part-time, voluntary, childcare, carer, others).

14/ Pension provision (state, occupational, private, war).

15/ Housing (owner occupier, rented, sheltered, other).

16/ Condition of housing in terms of warmth, decoration, structural (interviewees evaluation, my observations).

## **Second part of interview**

Explain to respondents at this stage that they should feel completely at ease to say exactly what they feel (mention again that this conversation is strictly confidential and names will not be used in the writing up of the research).

### **Retirement**

17/ Ask the respondent to talk about their attitudes to and their experiences of retirement.

### **Social Networks**

18/ What part do your family; friends and neighbours play in your life.

19/ Whom do you see most often.

### **Health**

20/ Would you regard yourself in relatively good health.

### **Healthcare**

21/ (a) Is there ever a problem getting an appointment to see your Doctor.

(b) Are you waiting for a hospital appointment: if so how long.

22/ Have you attended hospital as an in-patient during the last year.

### **Care in the Community**

23/ Do you receive any care or domestic help from social services, or any other service or organisation.

### **Social Activities**

24/ Do you take part in any social activities on a regular basis (family, social clubs, bingo, theatre, cinema, holidays, education, others).

25/ Have you started any of these activities since retirement.

### **Shopping**

26/ (a) Do you have relatively easy access to the shops.

(b) Is shopping a problem.

(c) How often do you shop.

## **Transport**

27/ Do you have your own transport pre/post retirement.

28/ Do you find it easy to get about on public transport.

## **Ageism**

29/ What do you feel about getting older.

30/ Do you feel you have changed in any way since 'retirement'.

31/ What age do you think is 'old'.

32/ Do you experience prejudice because of your age.

33/ Do you experience any other sort of discrimination.

34/ Does it offend you being called 'elderly', 'old-person', 'senior citizen', or any other age-specific name.

35/ Do you think state retirement age should be lower or higher than it is at present.

36/ What do think about when you hear the stereotypes that surround older individuals such as 'unproductive' and a 'burden' on the rest of society.

37/ Can you tell me the worst factor about getting older.

38/ Can you tell me the best factor about getting older.

39/ Do you ever feel constrained by what you think is appropriate behaviour at your age.

40/ Do you think that newspapers, television and radio programmes are generally positive or negative to older people.

41/ Do you think they adequately represent your own experience.

**Engagement/Disengagement**

42/ Do you enjoy being alone (sometimes, quite often, all the time, never).

43/ Do you ever feel lonely.

44/ Does religion play any part in your life.

## **Ageing with Attitude**

45/ Do you ever feel you would like to do something totally different from what is expected

46/ Do you suffer 'fools' less gladly than in earlier periods of your life.

47/ Would you say you have become more/less judgmental as you get older.

48/ Do you see life after 'retirement' as a new exciting phase of your life.

49/ What do you think are the conditions for a good quality of life in your senior years.

50/ Which aspects of your life do you value most.

51/ Do you feel satisfied with your life.

**The Future**

52/ What hopes or ambitions do you have for the future.

53/ Do you think 'The City of Liverpool' adequately provide for its older citizens.

54/ In what ways do you think the city and its services could improve the quality of life for its older citizens.

55/ Tell me about the most positive experience age has brought.

**Geraldine Littler**  
**University of Liverpool**  
**1997/98**

