



“I had a good time when I was young”: Interpreting descriptions of continuity among older people



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ABSTRACT

Messages describing how best to age are prominent in gerontological theory, research and the media. These prescriptions for ageing may foster positive experiences in later life; however, they may also obscure the social and situated nature of expectations for ageing well. Continuity Theory proposes ageing well is achieved through continuity of activity and stability of relationships and identity over the life course. Continuity seems adaptive, yet prioritising continuity may not match the expectations, desires and realities of older people. To understand continuity among older people, the present study used interpretative phenomenological analysis (IPA) to analyse transcripts from eleven participants over the age of 79 years. Continuity was important for older people in this study, who described a range of practices that supported internal and external continuity. Participants acknowledged both positive and negative changes in roles and obligations as they aged which impacted on continuity of identity. Continuity of identity was linked both to being ‘just like always’ and ‘just like everyone else’. Examining these accounts shows how they are tied to expectations that older people should both maintain earlier patterns of behaviour while also negotiating changing social expectations for behaviour that are linked to age. These tensions point to the balance between physical, environmental and interpersonal change and the negotiation of social expectations which together structure possibilities for ageing well.

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Introduction

Representations of ageing are developed in social science theory, research and policy, and are reflected and reproduced through media and popular culture representations of what it means to be an older person (Laliberte Rudman, 2006; Wearing, 1995). These are not inevitable ways of viewing older age; they are a version of later life developed in response to wider social forces and imperatives (Biggs, 2001; Powell, 2001). Gerontological theory provides a particular account of what older age can and should be, and this account both reflects and reinforces available social identities in later life. Older people use these representations to negotiate what it means to age well. Consequently, how ageing well is understood and theorised has important implications for how individuals, governments and societies understand and respond to ageing.

Prescriptions for ageing developed in gerontological theory attempt to foster positive experiences in later life. The contradictory prescriptions for ageing contained within Activity Theory and Disengagement Theory illustrate this well. Theorising that activity is important for life

satisfaction in older age is a key tenet of Activity Theory. This theory contributed to expectations that later life should be a time of engagement and social integration. In contrast to this, Disengagement Theory theorised later life as a time of disengagement and decline (Phillipson & Baars, 2007). Different theories inevitably point in particular directions and shape alternative paths (Coleman & O’Hanlon, 2004). Such alternatives open up possibilities for older people to remain engaged, but they also shape expectations for what is appropriate in later life. While these theories aim to foster adaptive outcomes in later life, they also shape expectations regarding how to age. Theories propose that ageing is best for the individual and society when older people follow their precepts, and as such take a position on what should be the case. In this way, theories of ageing both open up possibilities, and foreclose alternative way of ageing as less than ideal.

Theorising how best to age may also ignore the differing values and experiences people have when ageing (Gattuso, 2003) and the powerful role of social structural expectations in shaping gerontological theory (Powell, 2001). This can be illustrated through the development and dominance of the successful ageing model of intervention developed by Rowe and Kahn (1997). This model promotes maintenance of high mental and physical functioning, ongoing social engagement, and avoidance of disease and disability. Since Rowe and Kahn developed

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this model it has underpinned research and intervention in terms of the most effective and efficient ways to promote ageing well (Dupuis & Alzheimer, 2008). This model has powerfully shaped policy responses to population ageing such as World Health Organization (WHO, 2002) recommendations to promote 'active ageing', and influenced policy responses in the US, the UK and Australasia. One reason for the popularity and pervasiveness of this successful ageing model in research, policy and the media is the way that it appears to address the costs associated with population ageing.

It is difficult to assess to what extent representations from gerontological theory, research, and policy match the views of older people (Bowling, 2006; Depp & Jeste, 2006; Jopp et al., 2014; Ranzijn, 2010). Holmes (2006) suggests that the global definition of 'success' in old age is not based on the values and real life experiences of older people. Using Rowe and Kahn's (1997) prominent biomedical model, Strawbridge, Wallhagen, and Cohen (2002) found only a small number of older people were categorised as successfully ageing, yet, over half self-reported as ageing successfully. In this same study, more than a third of older people who were classified as ageing successfully according to Rowe and Kahn's criteria did not rate themselves as successfully ageing (Strawbridge et al., 2002). This suggests a discrepancy between what gerontologists propose as important in enabling ageing well and how older people themselves understand ageing well. Stephens (2016) argues that asking older people what constitutes success in later life merely invites them to reproduce the dominant and often damaging discourses that conceptualise ageing in terms of maintaining health and resisting decline. This points to the need for critical attention to the intersection between gerontological theory and the perspectives of older people (Jopp et al., 2014; Lamb, 2014).

Continuity Theory

Continuity Theory is a psychosocial theory of ageing, which suggests that by making adaptive choices, people can preserve and maintain a consistent sense of self in later life (Atchley, 1989, 1999). Continuity Theory proposes that older people are motivated to employ concepts that worked well for them in their past to chart their future life course (Atchley, 1999). In this regard, continuity is conceptualised to mean the consistency of patterns across time (Atchley, 1989). Recycling of patterns is viewed as instrumental to successfully negotiating later life (Lynott & Lynott, 1996). Although the ageing process may present an older person with disruptions to their social roles, older people will preserve continuity of the attitudes, dispositions, preferences, and behaviours which have been established over their life (Utz, Carr, Nesse, & Wortman, 2002). The past is conceptualised as an essential resource, informing and influencing ones adaptation to new situations (Chapman, 2005). Continuity is understood in terms of internal continuity and external continuity. Internal continuity refers to the inner structures of the self, that is, temperament, personal values, attitudes, and affect (Atchley, 1989). External continuity refers to external structures such as the persistence of social roles, social relationships, environments, and activities (Atchley, 1999). For example, interacting with familiar people in familiar spaces is a way to maintain external continuity (Atchley, 1989). These two types of continuity work independently and together to influence the experience of ageing, so that efforts to maintain external continuity can also contribute to one's internal continuity. Atchley proposes that older people typically rework their experiences to maintain a sense of continuity of identity over time that incorporates change (Huyck, 1989).

Continuity Theory acknowledges a dynamic relationship between continuity and change in later life. This dynamic nature makes empirical tests of Continuity Theory difficult, as incorporating change is part of continuity of identity (Künemund & Kolland, 2007). Consequently, tests of Continuity Theory have tended to focus on whether older people maintain patterns of behaviour over time (see Agahi, Ahacic, & Parker, 2006; Donnelly & Hinterlong, 2010; Jivraj, Nazroo, & Barnes, 2016; Utz

et al., 2002; von Bonsdorff, Shultz, Leskinen, & Tansky, 2009), rather than the ways older people maintain continuity of identity. This emphasis on behavioural continuity represents a narrow focus that continuity is about what people do, rather than what sense older people make of their lives. This is evident in the stated 'practical implications' of many of these findings, which focus on ways to support older people to continue social activities following life disruptions such as widowhood (see Donnelly & Hinterlong, 2010; Utz et al., 2002).

These interpretations of Continuity Theory miss a key aspect of Atchley's theoretical development, that preference for continuity is not solely about what older people do, but it is about sense-making and identity over time. Thus, Atchley's (1989) framing of Continuity Theory has many similarities with narrative theorising (Riessman, 2005; Somers, 1994), suggesting older people maintain a basic structure of their lives over time, that this basic structure is orderly, has direction, character development and story line, which together support a sense of coherence in later life. In this way, continuity is less about what older people do, and more about the meaning and order that is overlaid the experiences and activities of later life. Browne-Yung, Walker, and Luszcz (2015) focused on continuity as a theme in the narrative accounts of resilience among the oldest old. These authors recognised the role of narration in developing continuity and coherence. In spite of this recognition, the proposed strategies to enhance continuity still focused on opportunities for activities and social engagement. The role of narrating coherence in advancing a sense of continuity in its own right was acknowledged rather than foregrounded in terms of supporting continuity for older people.

Although the use of Continuity Theory tends to focus on continuity of activities being adaptive for older people, the theory itself also notes that continuity is an adaptive strategy that "is promoted by both individual preference and social approval" (Atchley, 1989, p.183). Continuity Theory acknowledges that social imperatives structure what it means to age well. Because of these age-related expectations, social approval for maintaining earlier patterns of behaviour in later life is complex. Ageing is structured through social institutions which provide a basis for what it means to be a certain age (Phillipson & Baars, 2007). Expectations for appropriate behaviour are tied to age and life stage and such expectations shape possibilities as people age. Conceptualising Continuity Theory in terms of maintenance of activities and behaviours means that there has been much less examination of the intersection between individual preference and social approval for continuity and social implications of discontinuity in the lives of older people.

There has been some evidence for the applicability of Continuity Theory to understanding ageing. Dale, Söderhamn, and Söderhamn (2012) found that older people emphasised the continued use of personal resources as important for managing their lives. Through this process, previous experiences contributed to older people's personal development in later life (Dale et al., 2012). Similarly, Mansvelt, Breheny, and Stephens (2013), found that the extent to which an older person experienced insecurity was related to a historically developed capacity to cope, as well as the economic resources they had available. Older people with limited economic resources felt they could cope with future adversities because they had already managed in the past (Mansvelt et al., 2013).

Although there is evidence for the value of continuity, ageing is also an opportunity to develop beyond established patterns. Continuity Theory's focus on stable identity means that disruption and challenge as viewed in terms of discontinuity and crisis. In this way, Continuity Theory favours stability and security over change and challenge: "As a result of both their own perceptions and pressures from the social environment, individuals who are adapting to normal aging are both predisposed and motivated toward inner psychological continuity as well as outward continuity of social behavior and circumstances." (Atchley, 1989, p. 183). Continuity Theory's ideas about maintaining a consistent sense of self in older age can be observed in current ageing strategies which stress the importance of maintaining continuity in

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