

Contents lists available at ScienceDirect

Journal of Aging Studies

journal homepage: www.elsevier.com/locate/jaging



Old age and vulnerability between first, second and third person perspectives. Ethnographic explorations of aging in contemporary Denmark



Lone Grøn

KORA, Danish Institute for Local and Regional Government Research, Copenhagen, Denmark

ARTICLE INFO

Article history: Received 15 April 2016 Received in revised form 11 August 2016 Accepted 15 September 2016 Available online 28 September 2016

Keywords: Vulnerability Old age Active aging Ethnography Denmark

ABSTRACT

This paper is based on an ethnographic fieldwork aimed at exploring ethnographically how vulnerability in old age is perceived and experienced in contemporary Denmark. The fieldwork showed remarkable differences between two phases of the fieldwork; the first addressing vulnerability from the "outside" through group interviews with professionals, leaders and older people who were not (yet) vulnerable; and the second from the "inside" through more in depth fieldwork with older people who in diverse ways could be seen as vulnerable. After a short introduction to anthropological and social gerontological literature on characteristics of "Western" aging: medicalization, successful, healthy and active aging, I present findings from both phases of this ethnographic fieldwork arguing that the ethnographic approach reveals the composite and complex nature of vulnerability in old age and the constant interactions between first, second and third person perspectives. Through these methodological and analytical moves a complex and empirically tenable understanding of vulnerability in old age has emerged which 1. moves beyond rigid dichotomies that have characterized the study of old age, 2. integrates individual experience, social interaction and the structural and discursive context into the analysis, and 3. reveals the complex interplay between vulnerability and agency in diverse situations and settings of old age.

© 2016 Elsevier Inc. All rights reserved.

Introduction

We enter Karen's room and wake her up. She seems confused: "Do I need to hurry?" Mona says, "No, no, just take it easy". Karen keeps asking a lot of questions, over and over again: "Why am I here?", "Do my children know that I am here?" Karen also specifically asks if she is here, because she is old? Mona replies, "Yes." "But how old am I?" asks Karen. "You are 96", says Mona. "No how awful!" Karen says, putting her hands together "am I that old?" "Phew", she says, and keeps repeating how terrible it is that she's so

jokingly, that when you are over 96, you have to live here. Karen looks at her and asks, "Really?" Mona: "Yes, everybody here is over 96!" "You are teasing me!" Karen says and they laugh a bit. Every time Karen sees me, she asks: "Do you have to learn this? Do you have to do this work?" And when I say, "Yes, probably", she continues: "Phew, that is really too bad for you, that you have to work with such old people. Old and weird!"

old, and that she is of no use to anybody. Mona says

The aim of this paper is to present findings from an ethnographic fieldwork aimed at exploring empirically how vulnerability in old age is perceived and experienced in contemporary Denmark. I will argue that ethnographic

E-mail address: logr@kora.dk.

fieldwork and anthropological analysis¹ can open up for a nuanced and complex perspective on the aging experience, and make it possible to move beyond longstanding dichotomies in the study of old age - between normal and pathological, successful and failed, active and passive aging. I suggest that one way of moving beyond these ingrown and persistent dichotomies is to focus on the composite nature of vulnerability in old age, and to pay attention to intersections between first, second and third-person perspectives. In the above exchange we see how Karen, who has not been at the nursing home long, is confused about why she is there. Old age could explain this, but old age is an explanation that puts her in an undesirable position, where she is no longer of any use, where she has become one of "the old people". This is an exchange between a first-person perspective, Karen's, and a secondperson, Mona's, her most intimate other in this place that now is her home. Karen keeps asking Mona, again and again, why she is there, and Mona jokingly claims that everybody over 96 has to live there. This joking exchange calls Karen out into the open and reveals that she does in fact know something about her present situation. Karen also introduces a third-person perspective on the category of "old people" who are of no use, and not just old, but also weird. Karen puts her hands together in horror, when considering that she has now become "one of them". I propose, that by paying attention to the intersection and negotiation between first, second and third-person perspectives on old age and vulnerability, it is possible to provide an experience-near analysis, which integrates individual experience, social interaction and the structural and discursive context (Mattingly, 2014), and allow us to document the complex interplay between vulnerability and agency in diverse situations and settings of old age.

However, before going further into the specific empirical and analytical concerns of this paper, I will give a brief introduction to some of the core notions that have marked studies of aging in "the west": medicalization and the dichotomies between successful and failed, active and passive aging, which this paper seeks to move beyond.

Aging in "the West": From medicalization of old age to active and successful aging

In Drew Leder's book "The absent body" (Leder, 1990), we learn that the philosopher Descartes was plagued with sickness throughout his life, that he was trained as a doctor, and that the drive to postpone death was central to his philosophical ambitions:

"Descartes sought in later years to postpone death beyond what was considered humanly possible. In 1637 he writes to Huygens: "The fact that my hair is turning gray warns me that I should spend all my time trying to set back the process. That is what I am working on now, and I hope my efforts will succeed even though I lack sufficient experimentation." In later letters he expresses hopes of living to

more than a hundred years through maintaining proper habits, taking great pains to protect his health, and utilizing his medical knowledge. Ultimately, all such efforts did not prevent a fatal encounter with pneumonia. This was even something of a joke at the time; a Belgian newspaper reported, 'In Sweden a fool has just died who used to say that he could live as long as he wanted.'" (Leder, 1990, 140).

In reading this, we can appreciate the extent to which Descartes was a man of the future. What was ridiculed in his time, "to live more than a hundred years", is now a common and shared ambition in many corners of the world. Also this citation points to characteristics of how old age, sickness and death have been approached within a Western context. In the following, I briefly introduce concepts that have been important in the anthropological study of old age – and in social gerontology as well – medicalization, active and successful aging, which as we see in the quote about Descartes are not only recent inventions or discourses, but central concerns in Western thought about aging. The literature on these concepts is vast, and what is referred in this section is in no way intended to be exhaustive. I only wish to carve out some of the conversations that this paper wishes to address.

My concern is with characteristics of aging in "the West", but often within anthropology these characteristics have become apparent through studies of aging in non-Western settings. Sarah Lamb, an anthropologist who has been doing ethnographic fieldwork in India for decades, but has also studied aging among Indians living in western diasporas (Lamb, 2009) and among American elderly in Boston (Lamb, 2014), argues that a deep discomfort with old age and death is one of the strongest markers of American culture – in contrast to Indian contexts, where it is both expected and appreciated, that older people express emotional and spiritual readiness to die. She links the American discomfort to the positive evaluation of biomedicine as a bulwark against decay and death, and argues that anti-aging medicine with headlines like "The Race for Immortality - or at least your 150th Birthday" has reframed old age from being a natural part of the life course to being a sickness which must be battled. She terms this process medicalization, i.e. "the process, very widespread in contemporary U.S. society, whereby phenomena that could well be viewed as a natural part of the life course (such as aging, dying, or menopause) or a social or political-economic problem (such as social deviance or hunger) come to be defined as medical problems, requiring the intervention of medicine to be controlled and cured." (Lamb, 2009, 140).

Lawrence Cohen, another anthropologist who has done extensive fieldwork on aging in India, carves out one of the (maybe unintended) medicalizing consequences of geriatric medicine, namely a discernment between "normal" and "pathological aging" (Cohen, 1998, pp. 60–70). He traces this dichotomy to the very birth of geriatrics, and to the concern that sickness in old age should not be neglected and ascribed to "just old age", but be taken as seriously as sickness in any other phase of life. While Cohen is highly sympathetic to the geriatric imperative of care for and treatment of the diverse and complex sufferings and sicknesses of old age, he also laments what he terms the "geriatric paradox", namely that we, in the pursuit of adequate treatment and care for the old, end up defining "normal" old age in ways that lead to the exclusion

¹ I use the terms ethnography and anthropology to refer to the same research process and approach. Ethnography refers to the empirical level of data collection with a strong allegiance to what Clifford Geertz termed "thick description" (Geertz, 1973), while anthropology refers to the analytical and theoretical levels, including studies made by other anthropologists. Importantly these two dimensions of the research process are deeply intertwined.

Download English Version:

https://daneshyari.com/en/article/5121660

Download Persian Version:

https://daneshyari.com/article/5121660

<u>Daneshyari.com</u>