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Resisting decline? Narratives of independence among aging limbless veterans



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ABSTRACT

‘Maintaining independence’ is a core project for many older people; a project which has received critical attention within aging studies. In this paper, we extend the critique by exploring how aging intersects with disability and militarism as additional critical subjectivities. The empirical focus of the paper is the narratives of older military veterans who had lost a limb either during or post-service. Data reveal the long legacy of military experience in the lives of these veterans; a legacy which is manifested in both negative and positive outcomes. A dominant narrative of ‘struggling against decline’ is identified, while ‘minimization’, ‘victimhood’, and ‘life-as-normal’ emerged as further narrative types through which veterans articulated their experiences of aging with limb loss. Findings from this study highlight both resilience and vulnerability as features of older veterans’ experiences of aging with limb loss. Building on previous critiques, we add further nuance to understandings of how older people might respond to the narrative of decline, and illustrate multiple possible meanings of claims to ‘normality’. By sharing the stories of older limbless veterans, we aim to contribute to – and connect – several fields of study including aging studies, critical disability studies, and critical military studies. Findings are discussed in light of current trends in each of these fields.

Introduction

Growing older with a physical impairment complicates the contemporary individual imperative to remain ‘independent’ into old age. (Minkler & Fadem, 2002; Raymond & Grenier, 2015). Independence, and the ability to sustain it, is considered a hallmark of the responsible individual citizen; contributing, able, and not dependent on welfare or care provision (Breheny & Stephens, 2012; Rudman, 2015). Exclusionary aspects of aging discourse, such as the devaluing of older people with greater mobility problems and levels of dependence, have consequently been the focus of increasing critical attention with the social gerontology literature (e.g., Breheny & Stephens, 2012; Lamb, 2014; Mendes, 2013; Schwanen & Ziegler, 2011). The imperative to maintain independence presents particular practical and ideological challenges to older people living with impaired bodies (Breheny & Stephens, 2012; Mendes, 2013; Smith, Braunack-Mayer, Wittert, & Warin, 2007). In this paper, we examine the narratives of older military veterans with limb loss in order to highlight possible responses to these challenges from one group of older people.

Understandings of ‘independence’ have broadened because of recent work in aging studies (Breheny & Stephens, 2012; Schwanen, Banister,

& Bowling, 2012; Schwanen & Ziegler, 2011; Smith et al., 2007). Independence is conceived as a ‘collective achievement’ (Schwanen & Ziegler, 2011), and a ‘complex and fuzzy notion’ involving a range of bodily capacities, technologies, social networks and other elements (Schwanen et al., 2012). Theorists recognise that independence is a concept with multiple meanings (Smith et al., 2007), with many such meanings encompassing more progressive notions of reciprocity and *inter-dependence* (Breheny & Stephens, 2009; Fine & Glendinning, 2005). Whilst therefore recognising the plurality of meanings attached to ‘independence’, in this paper we examine how the concept shows up in veterans’ narratives about aging with a disability.

Whereas the majority of military veterans – in population terms – are over 65 years old, relatively scant attention has been paid to older veterans’ experiences within either the gerontology or military studies literatures (Burnell, Crossland, & Greenberg, 2017; Capstick & Clegg, 2013; Hunt & Robbins, 2001a; Settersten, 2006; Spiro, Settersten, & Aldwin, 2016; Williams, Allen-Collinson, Evans, & Briggs, 2017). Yet, as Settersten (2006) argued, there is often a lifelong legacy of military service with significant implications for physical, mental, and social functioning in later life. This legacy is most visible in physical wounds such as limb amputations that some military personnel experience

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through service, and the long-term after effects of these injuries (see Caddick et al., 2018). As Cooper, Caddick, Godier, Cooper, and Fossey (2018) argued, however, military experience also exerts a more subtle enduring legacy on the identity and behaviour of veterans, shaping how they respond to challenges in civilian life. Accordingly, the effects of military service should be considered as: long-term, experienced across multiple life domains and social relationships, contingent upon the social and historical context of service, and manifested in potentially both positive and negative outcomes (Spiro et al., 2016).

By focusing on independence in older limbless veterans, we aim to explore how lives are experienced at the intersections of aging, disability and militarism. As “complex embodied legacies of war and war-preparedness” (Bulmer & Eichler, 2017; p. 162), veterans carry the residual imprint of military power and institutional socialisation. The military culture in which they were formerly embedded is one which privileges a tough, uncompromising form of masculinity (Cooper et al., 2018). As Açıksöz (2012) argued, however, disability creates an ambiguous subjectivity for the veteran; simultaneously at the apex of cultural masculinity as veteran/hero yet also de-masculinised as weak, dependent and ‘victim’ (see also Woodward, Winter, & Jenkins, 2009). Aging presents further contradictions, whereby increasing bodily vulnerability and decline contrast with a gloried former military self and an active, disciplined body (Williams et al., 2017). Notably, such contradictions complicate the use of coping strategies (such as a ‘stiff upper lip’ approach to dealing with pain and distress) which veterans might have relied upon throughout their military and post-military lives (Capstick & Clegg, 2013; Hunt & Robbins, 2001a; Machin & Williams, 1998). Understanding how limbless veterans narratively construct the aging process might, therefore, shed light on how the imperative to be ‘independent’ is experienced within a web of embodied contradictions and personal challenges.

Previous research has identified the long-term consequences of war and military service for veterans' later life experiences (e.g., Burnell, Boyce, & Hunt, 2011; Burnell, Coleman, & Hunt, 2010; Hunt & Robbins, 2001a, 2001b; Settersten, 2006; Spiro et al., 2016). Hunt and colleagues (Burnell et al., 2010; Hunt & Robbins, 2001a, 2001b) indicated that many veterans still experienced psychological distress 50 years after serving in war. The ability of veterans to construct a coherent narrative of their military service, along with social and emotional support in the form of family and veterans associations, were revealed in this research to be important coping mechanisms for veterans in later life. Also influential was the societal narrative attached to particular wars: whether conflicts were judged to be ‘justified’ had an important bearing on veterans' later life adjustment and well-being. Research specifically on limb-loss in older veterans mirrors dominant biomedical framings of aging by adopting a mostly clinical focus. A recent systematic review of aging and limb-loss in veterans (Caddick et al., 2018) highlighted that a high prevalence of pain and comorbidities (e.g., arthritis, back pain, residual limb pain) was undermining veterans' quality of life several decades post-amputation. Amputation, therefore, is not a static disability, but a “progressive and deteriorating condition” (Ebrahimzadeh & Fattahi, 2009; p. 1873) which affects veterans for the remainder of life.

Conceptual framing: narratives of later life and disability

Narratives provide us with resources for conceptualising self and society; for understanding who we are, how to live, and what to do (Frank, 2010). Further, narratives help us to make sense of the past, suggest how we should live in the present, and orient us toward the future (Freeman, 2010). In this sense, narratives are an important vehicle for personal knowledge and action in the lives of individuals. They are also deeply, thickly, social (Smith & Sparkes, 2008). Operating at a social level, narratives perform important roles by shaping dominant perceptions of groups of people, communities and organisations (Plummer, 1995). As well as working on individual people by shaping

their self-knowledge and possibilities for action (Frank, 2010), narratives perform important social and political work, for example by legitimizing and de-legitimizing particular forms of aging (Biggs, 2001). Grasping the potential of narratives for conceptualising key issues in aging studies, researchers have embraced the sub-field of narrative gerontology in order to generate new knowledge and ways of understanding older people's lives (e.g., Kenyon, Clark, & de Vries, 2001; Phoenix & Smith, 2011; Phoenix, Smith, & Sparkes, 2010; Rudman, 2015).

Prevailing social narratives of aging position ‘dependent’ older people as burdensome, destined only for further deterioration within the ‘narrative of decline’ (Gullette, 2004). The narrative of decline has been identified as the dominant master narrative of aging in Western societies (Gullette, 2004). Aging is depicted as a process of inevitable mental and physical deterioration, an accumulation of losses, and a fading into irrelevance, dependence and isolation. Aging is ‘medicalized’, deemed a social problem to be solved or cured (Phoenix & Smith, 2011). Moreover, the narrative of decline is oppressive, downplaying expectations of older people and limiting their prospects and possibilities for a fulfilling experience of later life (Randall & McKim, 2008). While many older people *do* indeed experience their lives as ‘in decline’, and loss of independence *does* impact negatively on physical and mental wellbeing (Schwanen et al., 2012), they also encounter narrative harms as a result of aging narratives that define dependence as personal failure, and that privilege independence as a primary marker of responsible citizenship (Lamb, 2014; Rudman, 2015).

There is a need for more nuanced narratives of older people – particularly those with physical impairments – which can represent complex lived experiences of aging and in/dependence. As Frank (2006) suggested, stories ‘compete’ for our attention; the more stories are competing, the greater the freedom of expression. Phoenix and Smith (2011) highlighted the power of *counterstories* to give expression to alternative modes of aging by resisting dominant master narratives. In their example, a group of mature bodybuilders offered various levels of resistance to the narrative of decline through counterstories which distanced themselves from ‘normal’ older people (i.e., individual resistance), or stories which highlighted the negative, socially constructed nature of the master narrative itself (i.e., wholesale resistance). In the remainder of this paper, we consider the ways in which older veterans' stories enabled them to resist (or not) being in decline, and ask what ‘kind’ of older limbless veteran their stories allowed them to be?

Methods

Data for this paper are derived from a study of older limbless veterans' health and wellbeing which was funded by the Armed Forces Covenant Aged Veterans Fund (UK). Participants were recruited from among the membership of the British Limbless Ex-Servicemen's Association (Blesma) by means of two ‘peer recruiters’. These peer recruiters – both veterans – were part of the project steering group, and one was also a Blesma member who was known to some of the participants, able to quickly and easily establish rapport, and trained to deliver information about the project and gauge members' interest in participating in the research.¹ Participants included both veterans whose limb-loss was service-connected (e.g., injuries sustained in combat or training accidents), and non-attributable to service life (e.g., motor vehicle accidents, disease-related and post-service limb-loss). Rather than emphasising the mechanism of injury, our purpose was to consider a) the links to a military biography regarding how individuals might approach disability in later life, and b) veterans' approaches to dealing with mobility and impairment in later life. Our focus reflects the membership structure of Blesma who have two levels of

¹ Detailed reflections on this peer recruitment strategy are the subject of an additional paper (forthcoming).

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