



The natural, the normal and the normative: Contested terrains in ageing and old age

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ABSTRACT

Improvements in health and longevity in countries such as the UK and USA have radically destabilised notions of ageing and old age. From the 19th century onwards the idea of a natural lifecourse following normatively understood stages ending in infirmity and death has been challenged by social and bio-medical developments. Breakthroughs in bio-gerontology and in bio-medicine have created the possibility of an increasingly differentiated idea of normal ageing. The potential to overcome or significantly reduce the age-associated effects of bodies growing older has led many social gerontologists to argue for a return to a more 'normatively' based conception of ageing and old age. This paper examines and outlines the tensions between these different discourses and points out that our understanding of the norm is also fast changing as it intersects with the somatic diversity inherent in contemporary consumer society. Drawing on the theoretical work of Ulrich Beck and Zygmunt Bauman, this paper argues that the *normalization of diversity* leads to a reworking of the idea of normativity which in turn is reflected in profound transformations at the level of institutional arrangements and legal systems. Such changes not only lead to more discussion of what is legally and socially acceptable but also potentially lead to greater calls for regulation concerning outcomes. In this paper we argue that we need to distinguish between the newly reconfigured domains of the natural, the normal and the normative now being utilised in the understanding of ageing if we are to understand this important field of health.

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Introduction

The improvements in population health and increased longevity experienced by countries such as the UK and USA have radically destabilised notions of what ageing and old age are. Today we are experiencing a later life that is very different in character to the one lived by previous generations. Health and life expectancy continue to improve and the success of medical technology in the prevention of disease, in the management of chronic illness and in the extension of disability-free life expectancy means that many diseases and conditions that had a poor prognosis for older people in the past have now become amenable to health care intervention (Kirkwood, 1999). Previously taken for granted expectations of a natural lifecourse, following stable and culturally normal stages ending in infirmity and eventually death, have been transformed by environmental, social and bio-medical developments. All of this has also meant that the 'natural' lifecourse has become destabilised.

Thus, in the early decades of the 21st century, breakthroughs in bio-gerontology as well as in mainstream bio-medicine are setting the foundations for an increasingly differentiated idea of normal ageing; the quality of which may be dependent on unequal access to bio-technical advances or on where people happen to live (Academy of Medical Sciences, 2009).

The potential to overcome, or severely reduce the impact of ageing on physiological processes, on bodies and on bodily appearance has led some social gerontologists to question the assumptions behind many medical and bio-technical advances and instead argue for a return to a more 'normatively' based conception of ageing and old age (Moody, 2002; Vincent, 2006a). Some have even gone so far as to argue for an 'anti-anti-ageing' as the only real way to prevent the "immortality objective of the anti-ageing project" (Vincent, 2009; p. 202). In this paper we examine how appeals to the natural and the normal are to be found in responses to this rapidly changing context to later life. We examine the different discourses that draw upon notions of a natural and normal old age and suggest that while normal ageing may be replacing the idea of a natural old age the latter still retains a strong influence over perceptions of and attitudes to later life. Moreover, our

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understandings of normal ageing are fast changing as the new reality of ageing intersects with the somatic aspects of a consumer society based on difference and choice. We further argue that far from being a side issue in the profound transformations associated with second modernity, contemporary normative understandings of old age are at the centre of important social and institutional changes (Higgs & Jones, 2009). Following Beck and Beck-Gernsheim (2001) we take second modernity to refer to the transformation of the functional differentiation of society by a greater intensification of individualization. This was brought about by the successes of the welfare state in areas such as education, housing, health and social security which have broken down many of the ascriptive patterns of social life that were a feature of modernity one. This revolution, through side effects, has created a new set of social problems that disembody previously stable notions of the family, the lifecourse and employment. We point out that a key feature of second modernity is the *normalization of diversity* which is reflected in many of the significant developments occurring at both the level of institutions and the legal system (Beck, 2007; Beck, Bonss, & Lau, 2003). As a consequence, while significant proportions of the older population remain subject to earlier modernist notions of normal ageing with its attendant discourses of decline and dependency, others relate to a different discourse of normative ageing which is organised around the reflexively constituted culture of *fitness* (Bauman, 2001, 2005). By interrogating the contested discourses of the natural, the normal and the normative in later life we identify a structural change that moves the status of later life away from its historical location as a residual social category and towards a more pivotal position in contemporary society. Our paper concludes by arguing that it is in the expanding territory now occupied by the reflexive project of bodily ageing that sociology of health in later life should be located.

Discourses of the natural, normal and normative

The natural

On the 12th of July 2009, Maria del Carmen Bousada, a 69 year old retired shop worker from Cadiz in Spain, died from cancer in Barcelona. Three years earlier Bousada had briefly become the world's oldest mother, giving birth to twin sons at the age of 66, only to be overtaken by others including Omkari Panwar in India who gave birth to a child at the age of 70 in 2008. There was considerable media coverage of Bousada's death and much speculation about the future care of her orphaned sons. Bousada had sold her home in Cadiz to pay for IVF treatment in America that involved menopause reversal and anonymous egg and sperm donation. In order to secure treatment she had lied about her age, telling Doctors at the Pacific Fertility Centre in Los Angeles that she was 55 years old. Responses to her death ranged from sadness to ones of anger and abuse. But what was noteworthy about many of the media responses, as well as the responses of many of the health professionals, was an appeal to notions of the 'natural' and the dire consequences of transgressing such natural orders and boundaries. For example, Norman Wells of Family and Youth Concern, was reported to have said: "Nature itself teaches us that there are seasons in a woman's life and that children are meant to have both a mother and a father. When we tamper with the natural order, children will always suffer as a result." (Daily Mail, Wednesday 22nd July 2009). Tony Rutherford, chairman of the British Fertility Society reportedly argued that Bousada was "clearly pushing the boundaries of what nature intended" (The Guardian, Wednesday 15 July 2009). Others saw in the case an opportunity to emphasize the need to maintain or extend regulation. Prof William Ledger, head of the Reproductive and Developmental Medicine Unit at Sheffield University medical school and a member of the HFEA was reported

to have said "What's good about regulation in the UK is that we put the welfare of the child at the centre. There are many reasons to have misgivings about mothers so old, and I think this case has shown that we are right." (The Guardian, Wednesday 15 July 2009).

Such appeals to the 'natural' have a long pedigree. As Harvey (1996) points out, discourses of the natural are deeply embedded in western culture and have strong moral and theological roots, particularly in relation to bodies, sexuality and bodily acts. For centuries religious texts have been drawn upon to legitimize the construction of moral boundaries between normal and abnormal forms of human behaviour. The rhetorical force of appeals to the 'natural' can also be found in the social and political texts of the Enlightenment. Perhaps with this in mind, Latour (2005); p. 110 argues, "society and nature do not describe domains of reality but are two *collectors* that were invented together, largely for polemical reasons in the 17th century". In the 19th century the 'natural' was idealistically contrasted with the pernicious effects of industrialisation on human life and well-being while, in other contexts, the traditional religious notions of the natural and abnormal were dismissed as unnatural distortions that repressed the natural and authentic in humanity. Such a duality, based around romanticised notions of the natural, is present in modernist accounts of society (Outhwaite, 2006), can be detected in some forms of evolutionary psychology (Rose & Rose, 2001) and, we argue, is also present in discourses of old age and ageing bodies today (Higgs & Jones, 2009).

The normal

By the time scientific discourse achieved dominance in the 19th century it is possible to discern a shift away from the natural towards the language of normality and norms. Here science had a complex relationship with the normal. Despite vigorous attempts to separate the normal and the pathological, the boundaries between them were always blurred (Canguilhem, 1991) and the normal was both a means of establishing scientific validity and a means of maintaining social order (Foucault, 1992 [1970]). This problematising of the normal and the natural has remained particularly strong in the fields of the body and sexuality where the normal is subject to technological and cultural changes that give a momentum to diversity (Butler, 1993; Haraway, 1991). Ageing is not immune to these changes and over the 20th century, as the sciences of ageing developed and marked out new territories, there were repeated attempts to 'fix' the object of study (ageing) using the tools of scientific normality. This still applies today, for example the UK Department of Work and Pensions recently defined normal ageing as:

"ageing which occurs without disease, that is there are a number of physiological changes, that do not involve a pathological process, and, though there may be bodily changes in the person, the person enjoys good function of mind and body, and is able to live independently, and with a good quality of life". (DWP, 2009).

Within this framework normal ageing is distinguished from any bodily changes that involve pathological processes; that is ageing accompanied by the presence of a physical or mental disease. There is a further distinction, which refers to abnormal ageing as being associated with the choice of a particular lifestyle or mode of living that lies outside current social norms of ageing. What at first appears to be a clear distinction, however, collapses under the weight of uncertainty over what constitutes a normal pathway in later life. Are we talking about functional or structural normality? Are we talking about activities of daily living? If we take life satisfaction as one example, recent research has found that satisfaction increases up to age 65 and then declines thereafter but that there are "significant individual differences in rate of change and

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