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Critical Educational Gerogogy: Towards Enlightenment and Emancipation

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ABSTRACT: This paper examines how critical educational gerogogy (CEG) can be used to expose ageism and relationships of power and inequality in the lives of older adults. The current literature in CEG is reviewed. The authors conclude by advancing a counterhegemonic approach which embraces transformative and emancipative education for older adults.

Introduction

This paper examines how a critical practice in educational gerogogy can enlighten and empower older adults by exposing ageism, relations of power and inequality in the lives of older adults. The current literature in critical educational gerogogy will be reviewed. The authors will conclude this paper by advancing a counterhegemonic rationale for transformative education in later life.

Critical Educational Gerogogy Literature

Educational Gerogogy refers to the strategies involved in teaching and facilitating learning among older adults. The assumption here is that andragogy and its resulting literature base targets the teaching of those in early to middle adulthood and that the strategies employed for this population are different from those necessary to facilitate learning in older adulthood. For the purposes of this paper, older adulthood starts around age 65 (Riley, Kahn & Foner, 1994). This population faces unique challenges that make their learning needs sufficiently different from their younger counterpart. Among these challenges are biological issues, psychological issues, and sociological issues (biopsychosocial issues).

Biological issues include the prevalence of physical disabilities, frailty, comorbidities. These biological challenges sometime intersect and co-occur within the older adult population. This causal intersectionality makes diagnosis and intervention of each ailment that is present essential to improving overall health outcomes for older adults (Fried, Ferrucci, Darer, Williamson, & Anderson, 2004). Physical disabilities are impairments that affect the activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as bathing, cooking, or walking. Frailty has been considered one and the same with disability, comorbidity, and other features, but it is documented that it may have a biologic base and be a separate medical condition. A homogeneous meaning has yet to be established (Fried et al., 2001). Lastly, The American Medical Association (1990) estimated that 40% of older adults age 80 years and older were frail.

Comorbidities are the presence of two chronic conditions in one patient. With aging, the presence of comorbidity becomes more prevalent, in large part because the occurrence of individual chronic illnesses rises with age. For example, after age 65, 48% of community-

dwelling older adults in the U.S. report arthritis, 36% hypertension, 27% heart disease, 10% diabetes, and 6% a history of stroke (Fried et al., 2001).

Psychological issues include increased vulnerability to depression, anxiety, and cognitive impairments as a result of Alzheimer and Dementia. Older adults exhibit higher rates of depression than those in the middle years of adulthood (Kessler, Mickelson, & Walters, 2004). More accurately, older adults exhibit more depressive symptoms than any other age group (as opposed to major depression). Depressive symptoms include indicators that are related to chronic health problems or the death of friends and relatives both of which are common in later life.

Anxiety disorders are the leading type of mental health disorders for adults in the United States. Anxiety disorders include feelings of fear, threat, and dread when there is no obvious danger present. The most common types of anxiety disorders are phobias which are defined as fears and avoidance that is not proportioned to the danger presented (Kessler, Chiu, Demler, & Walters, 2005). The most common types of anxiety disorders are the fears of isolation and loneliness and death (Baumeister & Leary, 1995; Brewer & Caporael, 1990; Templer, 1970).

Alzeheimer's disease is the fifth leading cause of death for adults age 65 and older. Alzheimer's disease is the most prevalent form of dementia. Dementia is a classification of cognitive conditions that involve the global deterioration in intellectual abilities and physical function. Dementia related diseases result in a significant impairment of memory, judgment, social functioning, and emotional control. Alzheimer's was once considered a rare disease; however, with the increasing life expectancy in the United States, it is now considered relatively common in later life. Alzheimer's disease afflicts 1 out of 10 Americans over the age of 65 and one third of those over the age of 80. Ninety percent of Alzeheimer's cases develop after the age of 65 (Schmiedeskamp, 2004).

One of the main sociological challenges for older adults is isolation. Isolation poses increased health risks that lead to increased mortality. As the degree of social isolation increases for older adults, the more likely he/she is to commit suicide. In epidemiologic studies, age-adjusted mortality rates from all causes of death are constantly higher among the socially isolated; social isolation may be the result of being divorced, widowed, or unmarried (House, Landis, & Umberson, 2003).

The Need for Critical Educational Gerogogy

Given the unique health and social needs of older adults as is outlined above, it can be surmised that their educational needs are significantly different from those in early and middle adulthood. These educational needs include access to the necessary medical information in order to make informed decisions about the health related issues that they confront as a result of being older Americans. The need for information on the prevention of diseases and the management of illnesses related to their age group. The need for access to information, (including online access) regarding social services that will address their psycho-social needs. Most importantly, we argue that older adults should be empowered through education to affect changes in policies regarding their age cohort. Such policies include social security law administration and retirement age policies, insurance coverage policies including Medicare and Medicaid policies, and laws regarding advanced directives which include wills and living wills. We maintain that frequently these laws and policies which impact older Americans are changed in ways that benefit the White middle aged power elite in our society. For example, the recent changes in social security law increases the age of "full retirement" and thus access to full benefits to the advantage of

middle aged Whites whose life expectancies are increasing while in fact older Americans must deal with a life expectancy that has already been determined.

Further, we argue that pharmaceutical laws and policies benefit primarily corporate America to the detriment of older adults. For example, in some cases, pharmaceutical companies focus on the manufacture of drugs designed to manage disease. Instead, policies should be developed which are designed to prevent the development of diseases such as high blood pressure and cardiovascular disease. These diseases can be prevented through educational intervention which addresses diet and nutrition and the necessity of exercise as a part of a healthy lifestyle. Rather than investing significant financial resources in the research and development of new drugs designed to manage and maintain illnesses, why not invest similarly in programs designed to provide the necessary educational intervention that would prevent the onset of many of the illnesses now considered inevitable in late life and to increase the quality of life. This speaks to the necessity for a different approach in addressing the educational needs of older adults. This approach should be transformative and emancipatory in its perspective.

Towards a Transformative and Emancipatory Approach

A transformative educational approach would encourage older adults to critically examine their assumptions and the social issues with which they are confronted and to move toward social action (Myers, 2008). Transformative learning takes place when there is a transformation in one of our beliefs or attitudes (a meaning scheme), or a transformation of our entire perspective (habit of mind) (Mezirow, 2000). Mezirow (2000) asserts that transformative learning is "the process by which we transform our taken-for-granted frames of reference (meaning schemes, habits of mind, mindsets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action" (p. 8). Thus, transformative learning would free older adults from an uncritical acceptance of others' purposes, values and beliefs in the development of policies and the promulgation of laws that impact them. The end result would be the empowerment of older adults and a strengthening of their internal locus of control so that they would understand and accept the reality that they can impact the psycho-social environment in which they live and become agents for the change necessary to improve their lives. This is the approach embodied in critical educational gerogogy (CEG).

Critical educational gerogogy or critical educational gerontology is defined as that educational practice which aims to lead older adults to higher levels of empowerment and emancipation (Glendenning & Battersby, 1990). The aim is to "trouble the waters" for older adults and "unsettle "older people's complacency about their social conditions and their powerlessness to transform society (Glendenning & Battersby, 1990).

We embrace the four major principles advanced by Battersby and Glendenning (1992) in their groundbreaking work as key to affecting an approach to CEG that will empower older adults and implement the changes needed to improve their lives:

- There is a need for a socio-political framework that will examine society's treatment of older adults within the context of the economy and the state. In so doing, we believe that it will become apparent that the interest of business and the state are advanced over the interest and needs of older adults;
- There is a need to acknowledge that CEG is founded in educational gerontology within the traditions, the literature, the experience and the debates present in critical social

theory. In so doing, we believe the voice of older adults will be given a platform and the necessary validity to be heard and subsequently included in the ongoing discourse in the academy.

- There is a need to establish a new discourse that includes such concepts as emancipation, empowerment, transformation, and social and hegemonical control. We believe this new discourse is necessary in conversations about older adults if the true issues impacting their lives are to be addressed and if lasting changed is to be brought about.
- There is a need to predicate CEG on the notion of praxis as the dialectical practice between theory and practice. We hypothesize that CEG is the key to bridging the current divide between the theory in educational gerontology and practice for those adult educators who work with older adults.

CEG configures gerogogy in a critical epistemology where older adults are viewed as being in control of their thinking and their learning and have the possibility for further development, thinking, questioning, and reflecting on what they know or on new areas of learning that should be of interest to them. CEG rejects the notion that older adults have entered a "second childhood" and as such need to be led by the hand and told what to do. CEG rejects the current "banking" approach to education among older adults and restores and reinforces their humanity and dignity. CEG insists that older adults be treated the same as those in early and middle adulthood with the understanding that they have unique challenges as are outlined above. These challenges do not make older adults less human or render them a "disabled" population with special needs. They simply unveil the characteristics of them as a learning cohort with a unique set of needs similar to any other learning cohort.

Conclusion

We posit that adult educators must move towards an emancipatory and transformative educational approach in interacting with older adults. In so doing, older adults will be made aware of the hegemonic forces at work in our society which serves to advance a false narrative of older adults as helpless and powerless individuals who cannot change their social reality. CEG as a tool can be used to make older adults aware of the social and political capital that they have in our society. This capital can be used to improve their lives. Such a transformative and emancipative approach would empower older adults so that they could reject the dominant narrative which fosters a reality that silences their voices.

References

Alzheimer's Association (2014). 2014 Alzheimer's disease facts and figures. *Alzheimer's & Dementia,* 10(2).

Battersby, D., & Glendenning, F. (1990). Educational gerontology and education for older adults: A statement of first principles: *Australian Journal of Adult and Community Education,* 30(1), 38-44.

Battersby, D., & Glendenning, F. (1992). Reconstructing education for older adults: An elaboration of the statement of first principles. *Australian Journal of Adult and Community Education*, 32(2), 115-21.

Baumeister, R. F., & Leary, M. R (1995). The need to belong: Desire for interpersonal achievements as a fundamental human motivation. *Psychological Bulletins*, 117, 497-529.

Brewer, M B., & Capporael, L. R. (1990). Selfish genes vs. selfish people: Sociobiological as origin myth. *Motivation and Emotions*, 14, 237-243.

Fried, L. P., Ferrucci, L., Darer, J., Williamson, J. D., & Anderson, G. (2004). Untangling the concepts of disability, frailty, and comorbidity: implications for improved targeting and care. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 59(3), M255-M263.

Fried, L. P., Tangen, C. M., Walston, J., Newman, A. B., Hirsch, C., Gottdiener, J., & McBurnie, M. A. (2001). Frailty in older adults evidence for a phenotype. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 56(3), M146-M157.

Hans-Ulrich, W. (2002). Generalized anxiety disorder: prevalence, burden, and cost to society: *Depression and Anxiety*, 16, 162–171.

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, *241(*4865), 540-545.

Kessler, R. C., Chiu, W.T., Demler, O., & Walters, E. (2005). Prevalence, severity, and comorbidity of 12 months *DSMI-IV* disorders in the national comorbidity survey replication. *Archives of General Psychology*, *62*, 617–627.

Kessler, R. C., Mickelson, K. D., & Walters, E. E. (2004). Age and depression in the MIDUS survey. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.). *How wealthy are we? A national study of well-being at midlife*. (pp. 227-251). Chicago: University of Chicago Press.

Mezirow, J., & Associates (2000). *Learning as transformation: Critical perspective on a theory in progress*. San Francisco: Jossey-Bass.

Myers, S. A. (2008). Using transformative pedagogy when teaching online. *College Teaching,* 56(4), 219-224.

Riley, M. W. E., Kahn, R. L. E., Foner, A. E., & Mack, K. A. (1994). *Age and structural lag: Society's failure to provide meaningful opportunities in work, family, and leisure*. San Francisco, CA: Wiley & Sons.

Schmiedeskamp, M (2004). Preventing good brains from going bad. *Scientific American*, 14, 84-91.

Templer, D. I. (1970). The construction and validation of a death anxiety scale. *Journal of General Psychology, 8*, 165-177.