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Editors' Introduction

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How to cite:

Jones, Rebecca L. and Percival, John (2006). Editors' Introduction. In: Jones, Rebecca L. and Percival, John eds. Language and later life: issues methods and representations. The representation of older people in ageing research (7). London, UK: Centre for Policy on Ageing / The Open University, pp. 1–3.

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Version: Accepted Manuscript

Link(s) to article on publisher's website:

<http://www.cpa.org.uk/pubs/languageandlaterlife.html>

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Language and later life: Issues, methods and representations

Editors' Introduction

The papers collected here were originally presented at a seminar in London held in November 2005, organised jointly by the Centre for Ageing and Biographical Studies at the Open University and the Centre for Policy on Ageing. The seminar considered both methodological and substantive issues about language and researching later life. Speakers focused on language in several ways: language in the sense of different first languages, language in the sense of speech and difficulties with communicating, and the ways in which older people are represented in language.

Different languages

The first sense of the word language is that of different languages spoken by people as a native tongue or as second or additional languages. **Chih Hoong Sin** discusses the many issues that arise in relation to different languages when researching later life. In his paper, '*Minding our languages: interviews with older people*', he argues that although the concepts of lexical and conceptual equivalence tend to dominate the methodological literature, there are much wider issues which also need to be considered. While issues of translation and comparability of meaning across languages are important, he demonstrates that research in this field raises many other interesting and challenging dilemmas. He examines the explicit and implicit assumptions and stereotypes about language in the context of interview communication and other aspects of the research process, most obviously in regard to black and minority ethnic (BME) groups but also, revealingly, in connection with white British communities.

Sin emphasises the importance of an intimate knowledge of the culture of interviewees, in order to fully appreciate the nuances of language and its meaning in people's daily lives, and cites useful examples from his own research as well as other relevant studies. He draws attention to the diversity of forms of English that are spoken in the UK and the important issues of power, choice and fluency that can be masked by an interviewee's ability to speak English.

Furthermore, there are also language concerns and differences across predominantly white British groups. Sin cites the case of Welsh, spoken by over 20% of the population of Wales and a language that many, including older people, may be more comfortable expressing themselves in. Sin makes an important general point in this context when he reminds us that research participants' preference for a particular mother tongue has to be sensitively ascertained, respected and supported, as such use can facilitate easier expression of emotional and intimate matters.

Sin goes on to highlight a non-verbal form of language – British Sign Language (BSL). He points out that BSL is more commonly used in the UK than Welsh or Gaelic but is not an official British language. He reports that Deaf older people have less interaction than younger Deaf individuals with hearing people and are rarely

included in research, with the result that the experiences of Deaf older people are inadequately reported.

Speech and difficulties with communicating

The second sense of the term 'language' considered in the seminar is language as speech and, particularly, difficulties with communicating. This is the focus of the paper *Conversations with older people: order and disorder* by **Jane Maxim, Suzanne Beeke, Ray Wilkinson and Karen Bryan**. The authors discuss the ways in which language is used following the onset of aphasia and Alzheimer's disease, both of which are relatively common in older people. The authors begin with a contention that although everyday conversation defines how we interact with others as we age, we know relatively little about how older people negotiate its use. Maxim et al. report on research that helps improve our understanding of the nature of the disruption to language caused by the two disorders and ways to provide therapeutic support.

They highlight the importance of using research methodologies that take account of how language is used in everyday life and the level at which it may become impaired or retained. The purpose of such research is to provide insights into language use and, importantly, the individual needs of the person with a language disorder. Conversation Analysis, an essentially qualitative methodology, is demonstrated as a particularly useful research tool that focuses on the collaborative nature of conversation.

Maxim et al. include an illustrative case history of Conversation Analysis being applied to interactions between an older couple in order to plan a programme of intervention regarding one partner's aphasia and his language processing deficits. The eight-week programme involved the couple working with a therapist and on their own at home to investigate the nature of current conversations, feelings held about conversations and the couple's aspirations and options in regard to changing aspects of their conversations. By focusing on the non-aphasic partner's conversational behaviours, Maxim et al. show how it is possible to affect positive change in regard to the aphasic partner's contribution to conversation.

The representation of older people through language

The third sense of 'language' examined in this collection is the ways in which older people and later life are represented in language. This is the main focus of **Liz Forbat's** paper, *Representations of older people with a learning difficulty: discourses and dilemmas*. This paper covers a number of bases, as it reviews how academic literature constructs people with a learning difficulty, presents an account of empirical research, explores the meaning of ageing according to constructs used by people with learning difficulty and comments on the need for greater consideration of methodology in connection with research and learning difficulty.

As Forbat points out, although the term 'older' in the phrase 'older people' is inherently relative, it is usually taken to mean people in at least their fifties and often in their sixties or older. However, people with Down's Syndrome are routinely classified as older when they are between 30 and 35 years old. Forbat argues that this makes the socially constructed nature of older age particularly visible. One practical

implication is that people with Down's Syndrome have routine screening for dementia at the age of 30-35. Forbat argues that the biological and physiological emphasis on addressing the needs of people with learning difficulty detracts from other ways of defining ageing, in particular associated social and psychological needs and goals.

Forbat also considers the ways in which older people with a learning difficulty are represented in language. The notion that people with learning difficulty are 'childlike' is still commonplace and that word is used as a form of paternalistic protection. According to Forbat, such words and attendant concepts, for example asexuality, problematise the construction of people as adults and, by extension, as older adults. Forbat also argues that language is important in respect of the terms people wish to be used to describe themselves, something the Department of Health chooses to ignore when insisting on using the term 'learning disability' having acknowledged that individuals and their family carers often prefer 'learning difficulty'. Forbat argues for the importance of facilitative research methods, particularly those that enable a focus on subjectivity and the centrality of the user voice.

Judith Burnett's paper, *"Sad isn't it? I must be getting old": Narratives of ageing from the Thirtysomethings*, also focuses on the way in which later life and older people are represented in language. It is based on her research into the journey through adulthood of a cohort of baby boomers, now in their thirties.

Through analysis of focus group discussions, Burnett explores the influence of cohort-specific experiences in narratives of ageing and how these inform the construction of adulthood as a time of transitions. Burnett speculates that such construction may involve deployment of different types of language, at different times, as people talk about the shifts in their lives. The term 'Thirtysomething' itself, for example, can be understood as a 'sign of ageing and a platform from which ageing is itself viewed'. Burnett's research participants also use the term to construct a distinctive life phase, one that 'enabled actors to see a life time vista open up, which came with an increased awareness of finitude'.

Burnett explores her participants' various narratives of ageing in the context of time, ageing and rites of passage. She finds that her participants' language is rich in images, albeit of a rather conventional nature. For example, ageing is seen as a process akin to the 'hour glass running out', and a 'biological clock'; the female ageing person is reduced to body parts, indicated by statements such as 'you get grey hairs', 'you put weight on'. The negative perceptions that surround use of such terms may explain why participants did not appear to have thought about the future needs of their own ageing parents, while at the same time holding positive perceptions about the struggles overcome by previous generations of women.

All four papers alert us to the range of issues pertaining to language and research into later life. They draw attention to the fact that more theoretical and research work needs to be done to fully appreciate how language used by and about older people is influenced by culturally available narratives of ageing, integration of mother tongue and dialects, and the management of impairments and cognitive disorders. We hope that this book and the inclusion of these papers in one place is a helpful and stimulating source of further reflection and enquiry.