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RESEARCHING AGEING BODIES IN THE HOME

A Foucauldian Analysis

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Introduction

We all know that the population is ageing – people are living longer
With an ageing population comes a change in the structure of the demographics of the country

Traditional Population Structure

This is how the UK structure used to look

Population pyramid for Mozambique 2000

Male

Female

Low life expectancy

Many young dependants

Population (millions)

BBC 2014
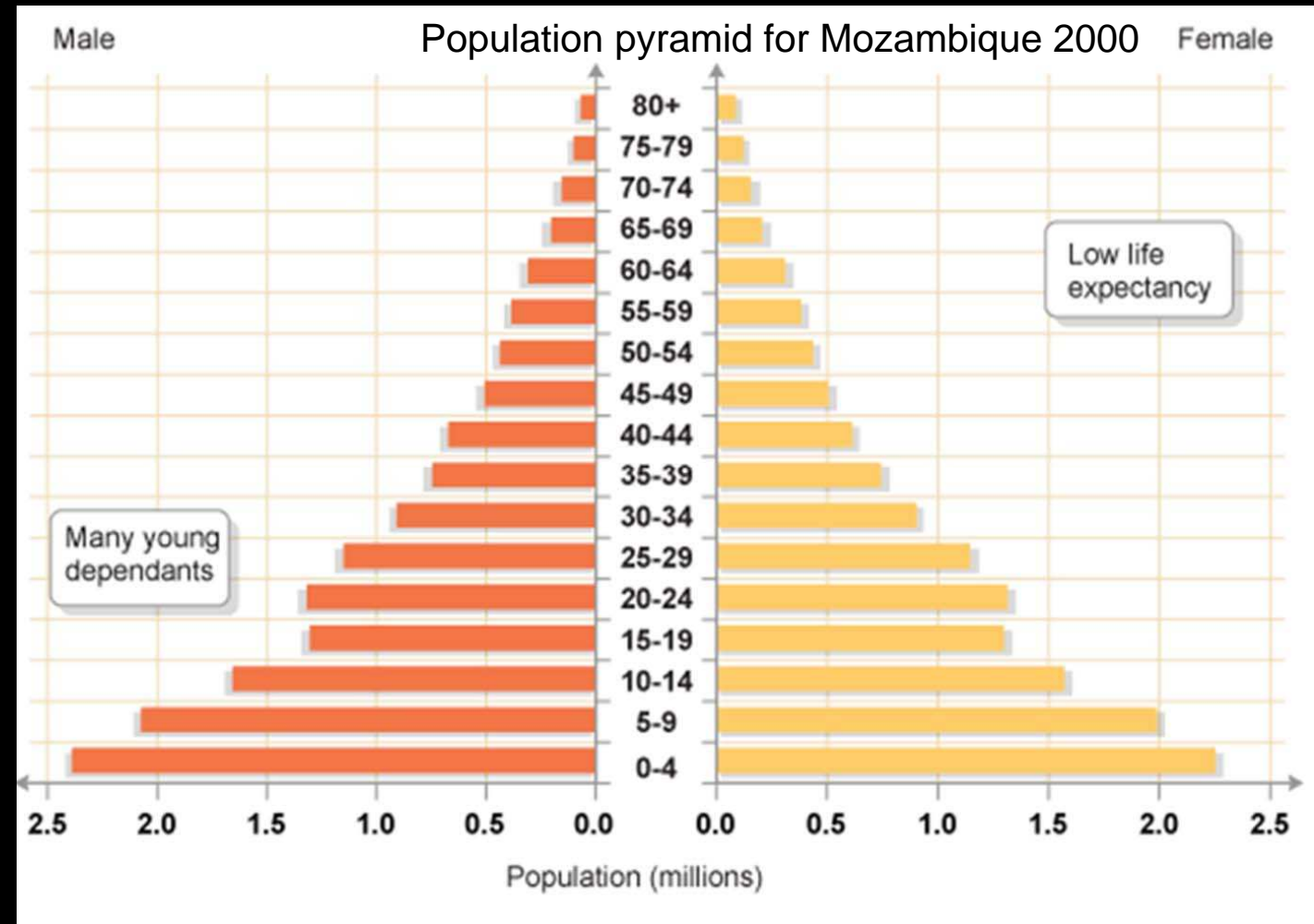
Changing demographics in the UK

Population pyramid for the UK 2000
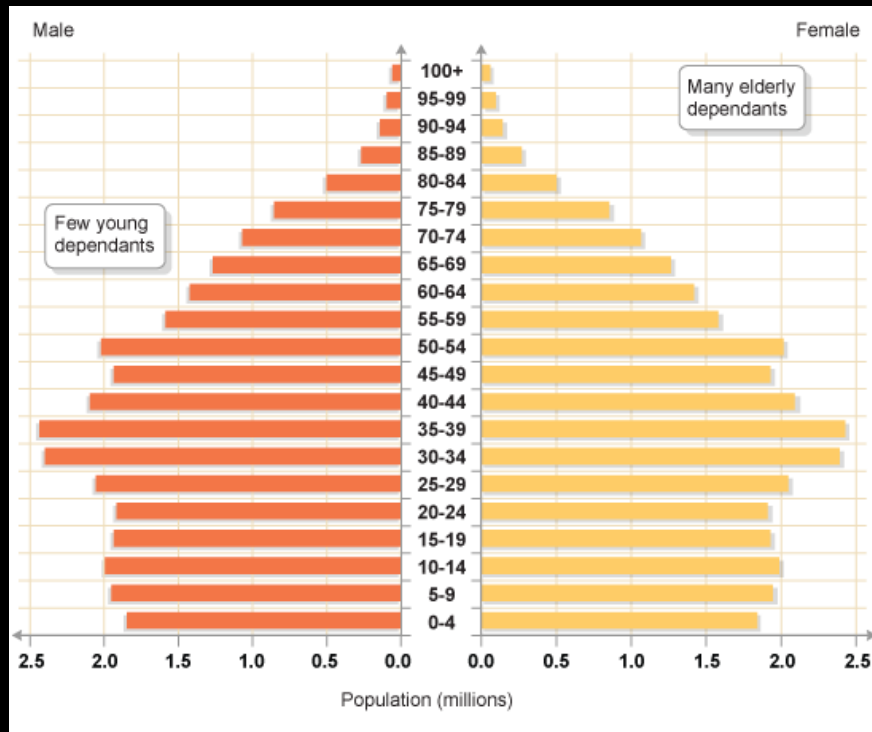
Projected population pyramid for the UK 2025

BBC 2014
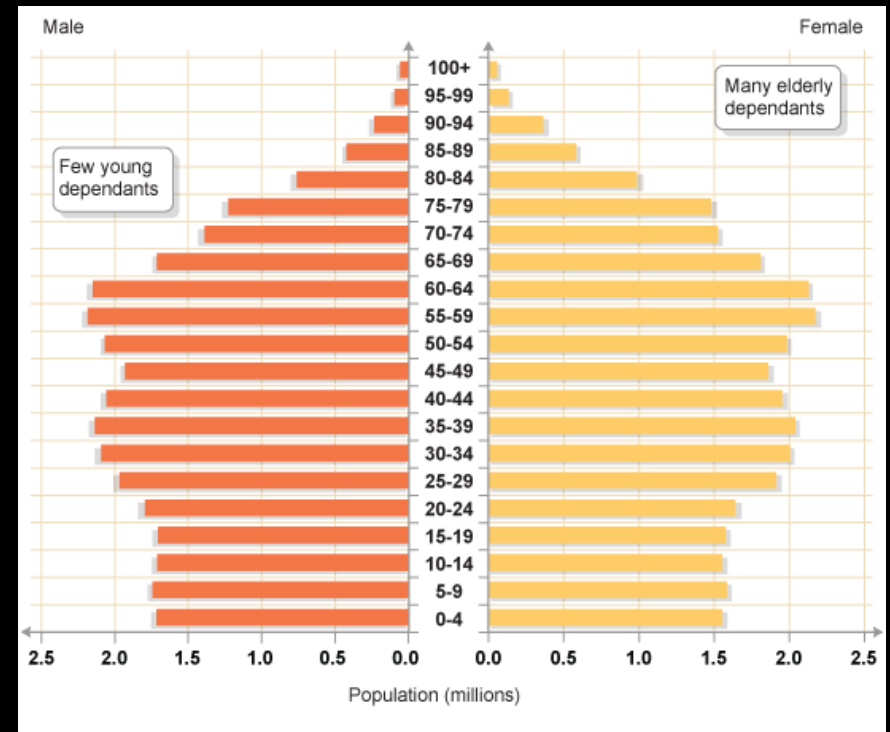
Living longer – a success for humanity?

One would have thought that people living longer would have been something to celebrate

International organisations such as the World Health Organisation and World Bank describe these changes in negative terms (Stephens & Flick 2010)

Governments in the UK, since the 1970s, have viewed these demographic changes as a problem

Emotive language is used - metaphors such as a 'time bomb', 'tsunami' or 'tidal wave' of older people who will overwhelm societies (Stephens & Flick 2010)

These institutions have the 'authority' to speak on such matters and so are listened to

Their messages becoming dominant in the media and society at large

WORLD BANK HEADQUARTERS
Washington, D.C.

Ageing in the UK

- In the UK, negative aspects of old age are accepted almost unconditionally with an emphasis on youthfulness and vitality
- Ageing is both an individual and a societal process, a private and a public spectacle – ageing has become politicised
- Such politicalisation of the body produces the 'docile body' which allows this group in the population to be governed and managed by the state
- Biggs (2001) discusses how the UK Government has adopted the policy of positive ageing – this places individuals under pressure to care for the self and contribute in a productive way to society and thus the economy (Wheatley 2005b)
- There is an implication here that this policy appears to be underpinned by an economic need to reduce the 'drain' upon resources by non-productive older people

The Home

- Numerous authors discuss the centrality of home to older people as they spend more time in the home than other sections of the population (Oswald et al 2006)
- The policy of people remaining in their own homes for as long as possible reflects the political ideology of the episteme in which we live
- Such a policy is based on the assumption that home is a positive experience
- However, home is not always a haven of tranquillity and warmth but can possess negative connotations of conflict and distress (Wiles 2005)
- The importance of home, in terms of well-being, keeps appearing in the literature fuelling the argument for 'ageing in place', but there is a dearth of evidence supporting specific links between the home and health of older people (Fänge & Dahlin Ivanhoff 2009)

Researching Ageing Bodies in the Home – a Foucauldian analysis

- Much of the research to-date has concentrated upon the attachment or relationship between the individual and their home
- The impact of the wider social context and social pressures require further investigation
- The aim of this research was to discover the meaning of the home space and how older peoples' discursive practices reflect societal discourses

Research process

- 12 participants were recruited age range: 61 – 84 (9 women and 3 men)
- 11 of the individuals lived in owner-occupied accommodation (5 had bought council houses)
- 1 participant lived in daughter's home
- 9 participants described health as 'good' (despite a number of health issues for some)

- 8 participants lived alone
- 1 participant lived with marital partner
- 1 participant lived with daughter and her family
- 1 participant's son lived with her
- 1 participant had a carer living in

- 24 individual loosely structured interviews (2 with each individual) were carried out in a place the older person requested (home, place of socialisation)
- Each interview was transcribed verbatim

Analysis - Two stages:

1. Thematic analysis

- Deemed essential in order to become familiar with the data and subsequently to allow for the data to be condensed and grouped into topics as discussed by the participant

2. A discourse analysis using Foucault's ideas

- Foucault views the present as a product of the past with different groups trying to impose their own system of domination by taking control of systems of knowledge (the production of meaning)
- Therefore what counts as 'true' is relative to a given time, place and power struggle
- In other words the concept of ageing changes according to whoever is powerful enough to define it in a given episteme (Foucault 1997)

Foucault was particularly interested in understanding why the body needed to be managed/regulated in ways not necessary in pre-modernity giving two reasons for this:

1. Population pressures produced by urbanisation
2. Needs of industrial capitalism

The individual is regulated by language e.g. medicalisation

The population is regulated en masse e.g. health & safety rules

For Foucault these new discourses (knowledge previously unknown) define contemporary life (Foucault 1978)

Therefore to discover why people behave as they do in a particular time and place necessary to find out the discourses that dominate

Findings - five dominant discourses:

- Discourse of Risk
- **Discourse of the Body**
- Discourse of Cognition
- Discourse of Connections
- Discourse of Consumption

Discourse of the body

- Used to explain how the participants were managing the physical demands of home-keeping
- Bodily changes were discussed in negative terms as a failure and as part of the inevitable decline associated with ageing
- Bodily changes, therefore, are something to be halted or worked upon so that the individual remains youthful, physically fit and attractive
- Bodily changes also threaten the self-sufficiency of the individual
- Risk of being a burden
- Adoption of the subject position of vulnerability

Embodiment in relation to day-day living in the home
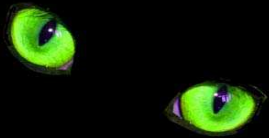
- All participants carried out self-surveillance to monitor abilities and health to ensure they could manage – personal responsibility, this removes the burden (and cost) from the state
- There was an awareness of abilities and an acknowledgement that some were at a crossroads where current lifestyles may not continue should there be a change in health status
- To offset the difficulties they accepted equipment/adaptations and/or paid or voluntary help
- These actions were visible symbols of capability to others - whilst the task could not be managed alone, they were able to maintain their home and demonstrate they were fit to remain living there
- This was perceived as a positive step and an opportunity that resulted in a re-affirmation of their identity of coping
- Thus there was a balance between what they could manage and the help they required with home being both an enabling and a disenabling environment
- Some did not want strangers in their homes and demonstrated resistance by positioning themselves as subjects who could maintain fitness levels/remain active by undertaking activities e.g. walking, stair climbing

Disciplining the body

- The challenge of stair climbing was mentioned by a number of participants as William (84) commented:

  'I go up and downstairs alright. The thing is if you don't use them you lose the use of them you see.'

- Enid (80), despite having had a number of falls, agreed:

- *'Now my legs are not so bad that I could walk upstairs as now, and I do most of the day. It's only if I know I'm going to have to carry things down.'*

- Stairs were an important part of exercise and maintaining abilities and were a part of risk management with the benefits outweighing the possible consequences

- Thus an aspect of what Foucault termed 'technologies of the self' (know yourself, master yourself, care for yourself)

- This demonstrates how the participants were working on their body to transform themselves, or resist, the decline in bodily changes in order to maintain functional ability (as aspect of preventative medicine)
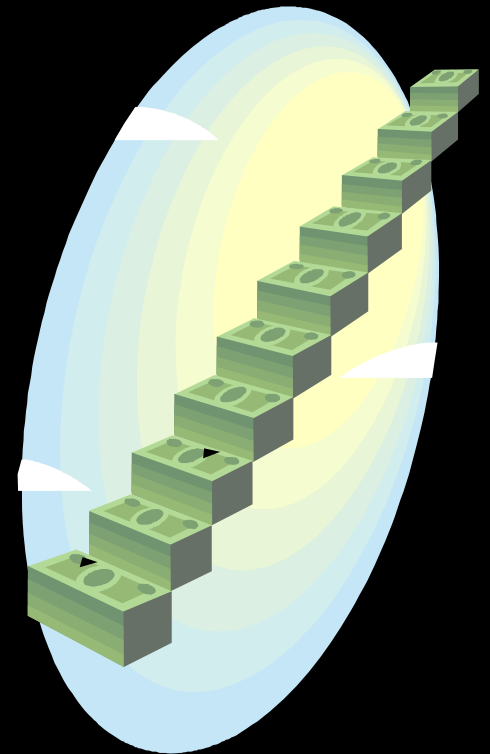
Reduction in risk

- Equipment/adaptations were obtained or prescribed to try and stave off the physical problems they were experiencing and to reduce the risk of untoward events
- Barbara (69) explained how her discharge from hospital following a fall was subject to her agreeing to some equipment/adaptations:

  'I had elbow crutches, now, I've got a stick, down to a stick but I very rarely use it. I was, oh what was it? They asked me if I had a shower and I did, and they gave me a seat for the bath so that I could use a shower, but it was absolutely hopeless, I didn't like it at all.'

- Many of the participants commented on
  1. the aesthetics of the equipment ; and
  2. the messages that the equipment/adaptations gave to others – frail older person in need

- The minimisation of risk was the professional priority whilst for the participants maintaining a homely feel and not visibly demonstrating problems was of greater importance – participants demonstrated a resistance to the professional discourse

Mobility

- Ella (82) discussed the difficulty she had with moving around the home and exiting the home at will. Not being able to leave the home when one wanted was a huge issue

  'I do feel a prisoner sat in here. Because as I say I'm even frightened now to walk, that little incline, you might have noticed, but to me it's like climbing a mountain to me now walking up there. So I'm, I'm frightened to go out there you know when they come for me [day centre] they're ever so kind. I have to hold his arm [carer] and when I get there, I have to go on the lift thing at the back because I can't get up and down the steps.'

- Her fear of a fall preventing her from attempting to leave the property

- The professional knowledge regarding falls is used to discipline the body using confessional, disciplinary and surveillance technologies and the home becomes an important site to be inspected and monitored with environmental factors being targeted as one of the areas to address in order to reduce the number of falls [NICE 2013)

- Emphasis on falls prevention has resulted in an increase in surveillance of older people who have fallen or might fall with the issue of falls becoming a 'disease' in its own right

- Since all older people are at risk of falls all are potential consumers of preventative services, creating and sustaining a particular knowledge base and role for a number of professional groups (Wheatley 2005a)

- This focus on falls prevention with older people, however, may well further increase the anxiety regarding falls so that the fear of a fall may lead to a fall independent of physiological risk (Delbaere et al 2010)

Prison or Sanctuary

- Possessing the physical ability to leave the home at any time was an important point as it meant that individuals were not reliant upon others for their outings

- This made a difference between home being a prison, a place from which there was no escape, and a sanctuary a safe place to return to

- Some participants played a waiting game – waiting for someone to visit them and waiting to be taken out

- The struggle to discipline the body so that it performed as they wanted was a daily battle

The Future

- Participants acknowledged that the maintenance of a home demonstrated successful day-to-day living and was important to the individual's self-esteem

- The ongoing use of the home and of its maintenance, however, was a pressing concern

- In some way, all participants alluded to their biological bodies and the meta discourse of ageing as a gradual decline associated with a loss of power (Gullette 1997)

- Alterations such as installing stair ways to loft rooms, walk-in showers, stair-lifts were all ways of dealing with the lived, or expected experience, of physical decline as Barbara (69) demonstrated:

   'As far as alterations go for one, the builder is calling tonight to see about putting a staircase up [to the loft room] because I'm going up and down a ladder at the moment … I'm thinking I'm not getting any younger and it could get a bit awkward …'

- The future was never far away

The fear of being a burden

- Planning ahead was important to ensure that the participants could cope and were organised
- Barbara was under a self-imposed pressure to sort her belongings as her body had changed following a fall and it could change again
- She also made the point she was not getting any younger and she wanted her affairs in order - everyone is ageing every day but the idea of not getting any younger 'appears' to belong to the older age group, suddenly the fallibility of the body cannot be ignored
- Barbara wanted to get the house sorted whilst she was physically able
- Her self-stylisation drew upon her previous occupation of being a professional, capable and independent woman highlighting her pre-retirement status as if to indicate that she was someone not 'just' an older person
- She had been and still was capable of running her affairs and she was taking care of the self and implementing changes to avoid being a burden – even in death

Vulnerability

- The participants all alluded to the subject position of vulnerability

- They needed to visibly demonstrate they were physically and cognitively capable of looking after themselves and of maintaining and coping with running a home

- This was peculiar to older people, who were subject to constant surveillance to monitor their abilities - fewer questions would be asked of a younger population

- It was acceptable not to do everything for the self as long as they were able to gain required help

- Their health and function were key to their being able to continue to live in their own homes

- This status was threatened by accidents, falls other trauma and illness

- The participants tried to counter this by remaining busy/active looking after the self, the property and contributing to society where they could

- The days of the wise grandparents (passive) were not in evidence and the pressure to remain active and self-sufficient were now the norm

- Importantly, they had to be able to visibly demonstrate their actions to others as they were subject to constant external surveillance

Homespace

- All of the participants presented themselves through their homes so it was essential to be clean, tidy and cosy to visibly demonstrate to visitors that they were coping

- Being able to manage the internal aspect of the home was partly due to the property being the 'right' size for them as Barbara and Olivia commented

- They felt they did not want to move to a smaller property which might well reduce the amount of space they had to deal with (traditional thinking for older people) but this would not be satisfactory as Olivia (68) stated:

   'No, no, no em I don't, at this time, I don't feel that it is too big I've got erm, space around me and if I went somewhere very small I'm not sure how I would cope with that. I wouldn't be able to take the china [mother's] with me if I went somewhere small but not only that, my brother's bungalow was very small and I felt … a bit claustrophobic I guess.'

- Bill (83) took the opposite view being adamant that the more space one had the more work it involved he wanted less space so it was easier to maintain:

  'I mean let's face it, the small bedroom is a junk room, I daren't take anybody in there, they'd never find their way out again - I've got a bit of string tied to the door! As long as I've got room for somebody to stay if they want to stay, apart from that. Just more to keep clean.'

Ageing Bodies in the Home

- The acceptance of the discourse of the body resulted in a range of emotions
- The participants, in effect, were grieving what they once were ale to do
- They did not like relying on others to undertake activities as this reduced individual control and also added to them feeling a nuisance/burden so the participants made do
- They were embodied, and their ageing bodies would no longer operate the way they wished
- Foucault discussed how the individual, through technologies of the self, was working for a subject yet to arrive
- For some participants, however, ageing did not allow fulfilment, rather ageing was about an adjustment to the current state
- All were combatting the notion of 'youthfulness' - the parameter by which all is measured making old age an undesirable state problematised through losses such as physical bodily changes
- The mind was willing but the body was weak – the mask of ageing (Featherstone & Hepworth 1989)

Conclusion

- The discourse of the body exemplifies how the ageing body is spoken about from a cultural perspective, in negative terms, and how this construction of embodied ageing permeates the narratives of older people
- Problems with function of the body both actual and perceived (such as fear of falling), led to problems with mobility, caring for the self, undertaking valued activities and ultimately to a shrinking world where the older person had reduced contact with the wider community and relied upon others, both paid and voluntary to undertake tasks and have social contact
- All wished to remain in their own home but in order to do so they had to be able to demonstrate that they were able to meet the demands that society placed upon them becoming like an amoeba – changing 'shape' to satisfy societal demands
- Self-surveillance was apparent with individuals observing their bodies and their own abilities to judge what they could/could not manage safely
- This was accompanied by self-discipline so that the body was challenged to do things in order to maintain fitness and health status
- There was pressure to remain 'young at heart' by demonstrating they were active, busy and connected
- The all-encompassing subject position was that of vulnerability, to counter this they had to remain in control of the self and the home and not appear to be struggling which could threaten their current living
- Home was a place where there existed a daily battle with the participants negotiating everyday life to the satisfaction of others in order to remain living there

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