

# Valuing Older People

Positive Psychological Practice

**Elsbeth Stirling**

 **WILEY-BLACKWELL**

A John Wiley & Sons, Ltd., Publication



# **Valuing Older People**



# Valuing Older People

Positive Psychological Practice

**Elsbeth Stirling**

 **WILEY-BLACKWELL**

A John Wiley & Sons, Ltd., Publication

This edition first published 2010  
© 2010 John Wiley & Sons Ltd.

Wiley-Blackwell is an imprint of John Wiley & Sons, formed by the merger of Wiley's global Scientific, Technical, and Medical business with Blackwell Publishing.

*Registered Office*

John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

*Editorial Offices*

The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK  
9600 Garsington Road, Oxford, OX4 2DQ, UK  
350 Main Street, Malden, MA 02148-5020, USA

For details of our global editorial offices, for customer services, and for information about how to apply for permission to reuse the copyright material in this book please see our website at [www.wiley.com/wiley-blackwell](http://www.wiley.com/wiley-blackwell).

The right of the author to be identified as the author of this work has been asserted in accordance with the UK Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the UK Copyright, Designs and Patents Act 1988, without the prior permission of the publisher.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Designations used by companies to distinguish their products are often claimed as trademarks. All brand names and product names used in this book are trade names, service marks, trademarks or registered trademarks of their respective owners. The publisher is not associated with any product or vendor mentioned in this book. This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold on the understanding that the publisher is not engaged in rendering professional services. If professional advice or other expert assistance is required, the services of a competent professional should be sought.

*Library of Congress Cataloging-in-Publication Data*

Stirling, Elspeth.

Valuing older people : positive psychological practice / Elspeth Stirling.

p. cm.

Includes bibliographical references and index.

ISBN 978-0-470-68335-4 (cloth) – ISBN 978-0-470-68334-7 (pbk.) 1. Older people–Psychology.

2. Aging–Psychological aspects. 3. Positive psychology. I. Title.

BF724.8.S75 2010

155.67–dc22

2009043713

A catalogue record for this book is available from the British Library.

Typeset in 11/13pt Minion by Aptara Inc., New Delhi, India.

Printed in Singapore

Impression 2010

# Contents

<i>List of Tables and Figures</i>	<i>vii</i>
<i>About the Author and Book</i>	<i>ix</i>
<b>1 The Psychology and Ecology of Ageing</b>	<b>1</b>
<b>2 Preventive Psychology in Later Life</b>	<b>17</b>
<b>3 Assessment in the New Paradigm</b>	<b>47</b>
<b>4 New Paradigm Principles for Intervention</b>	<b>59</b>
<b>5 Older People with Cognitive Disabilities</b>	<b>87</b>
<b>6 New Paradigm Principles of Service Design</b>	<b>135</b>
<b>7 Psychological Therapies with Older People</b>	<b>155</b>
<i>References</i>	<i>189</i>
<i>Index</i>	<i>199</i>





# List of Tables and Figures

Table 1.1	Three levels of social influence on the experience of ageing	9
Table 1.2	How beliefs about ageing in technologically dependent societies have influenced societal responses and service models	12
Figure 1.1	Vicious circle of ageing.	15
Figure 2.1	Vicious circle of denial about ageing.	32
Figure 2.2	Person-centred planning with an older person who relies on services.	44
Table 4.1	When is the new paradigm person-centred approach appropriate?	60
Table 4.2	Matching services to acute and long-term needs	66
Table 4.3	Important areas of a person's life – necessary to get to know the person	72
Table 5.1	The three levels of disability	99
Table 5.2	How beliefs about dementia in technologically dependent societies have influenced societal responses and service models	100
Table 5.3	Possible emotions behind behaviours	108
Table 5.4	General versus special needs in dementia	109
Table 5.5	Possible unmet needs behind behaviours	110
Table 5.6	Possible problem-solving behind behaviours	112
Table 5.7	How beliefs about stroke historically have influenced societal responses and service models	116
Figure 5.1	Vicious circle in unattended dementia.	126

Figure 6.1	Five accomplishments in relation to label life.	148
Table 7.1	The seven tasks for positive mental health: turning distorted beliefs into rational beliefs about ageing	160
Figure 7.1	CAT core role states.	180
Table 7.2	The nine tasks for an ecology-focused society and how these may influence well-being	186

# About the Author and Book

Elspeth Stirling is a practising clinical psychologist who has specialized in work with older people in the National Health Service in the United Kingdom for 28 years. She has also trained in social role valorization (SRV)-based service design.

This book applies SRV principles to our thinking about how we as clinicians can contribute to better humanitarian care for people who have ongoing disabilities, illnesses and end-of-life issues. It examines the impact of devaluation of older people's lives in the context of technology-dependent societies. Like all sciences, applied psychology now exists in a global context dominated by imperatives for achieving ecological sustainability and regenerativity of resources. Using SRV and positive psychology principles, the book indicates how more age-inclusive societies and open awareness of later life issues are fundamental to strong communities as well as to personal happiness and resilience.



# 1

# The Psychology and Ecology of Ageing

## Ageing in a Global Context

There is a common belief that certain societies, namely ‘western’ or ‘northern hemisphere’, represent the epitome of human social and economic development. Hence they are referred to commonly as the ‘developed’ societies. By implication, other societies are described as ‘developing’, and indeed these other societies are rapidly staking their claim to what they see as their share in the ‘good things’ that the Western cultures take for granted. As biosphere science has shown, however, the planet could not support human (or any other) life if all societies were to function with the same levels of consumption and lifestyle as the so-called ‘developed’ societies. It is more accurate and realistic to say that these ‘developed’ societies are actually *technologically dependent* societies – who can only afford their dependence and affluence because they are the few. Consumption of energy sources such as oil and gas, and of food, water and forests is already known to be resulting in net irreversible depletion of world resources and irreversible changes in the patterns and behaviour of the earth’s systems, namely sea level, fresh water, temperature, and air (Worldwatch Institute, 2004; Princen, Maniates and Conca, 2002; de Souza, Williams and Frederick, 2003; Meadows, 1995). Such high levels of resource consumption are not sustainable for the technologically dependent societies, and certainly cannot be sustained if extended more widely.

This is also the first period in history when longevity is occurring en masse – at least in some societies (Bond, Dittman-Kohli, Peace, and Westerhof, 2007). It is timely to explore and explain those societies’ responses and the changing experience of ageing. In particular, to pursue a positive understanding of ageing,

including of individual achievements and social transactions, is an important matter in the wider ecology of the planet. A current and very negative response is to blame 'the old' for taking up a share of scarce material resources. Western societies already transact their business towards frail older people through institutional containment and socially engineered separation. This has been explained as repression of fear about death, being enacted through unconscious social processes of control (Sudnow, 1967; Smith, 1999, 2003). It has also been the case that with the growth of technology societies have focused on the creation of the 'perfect individual' and 'eternal life', further fuelling denial and defensive eugenic measures against frail older people. However, such negative and blaming attitudes about 'the old' can only deflect attention from the real issues. Effective responses to the current ecological imperatives will include revising downwards our expectations about our material lifestyle for example, reducing our consumption of energy and water, hand in hand with learning how to achieve happiness, pro-social behaviour, and a sense of environmental mastery and purpose in life without dependence on material consumption or technological fixes. Traditionally these 'higher virtues' have been seen as the territory of the few – perhaps those who live a long and spiritually guided life. However it seems as if they will become the desirable goal for all ages as we learn to adapt to sustainable lifestyles. Positive psychology, being the science of those processes that contribute to thriving and resilience, whether in late life or early life, may be growing at a critical time ecologically, and may benefit from the changing population demographics.

## **Positive Psychology**

It has been argued that the pre-occupation of clinical psychology since World War II has largely been with the disease model, and that as a result traditional psychological theories grossly overpredict psychopathology (Bandura, 2001). Positive psychology is the scientific study and theory of those factors and processes that contribute to positive, personal outcomes and development, despite adverse life conditions and experiences (Seligman, 2005; Seligman and Csikszentmihalyi, 2000). These include the following:

1. Positive subjective experiences such as well-being, life satisfaction, flow, hope, pleasure and happiness.
2. Positive individual attributes such as expectancy, resilience, self-efficacy, optimism, creativity, coping, future-mindedness, knowing and wisdom.
3. Group level attributes that is, relationships that foster pro-social behaviour, responsiveness, responsibility, nurturance, altruism, civility, moderation, tolerance, civic virtues and citizenship.

Positive psychology is concerned with the accomplishment of positive desirable life goals, such as well-being, optimism, happiness and pro-social behaviours – *irrespective of* adversity or disability. Rather than being tied to the ‘reduction’ of pathologies or symptoms its primary focus is on accomplishing positive humanitarian competencies, such as future-mindedness, responsibility, nurturance, altruism and other civic virtues. In doing so, it does not ignore special needs, disability, distress or pain – on the contrary, it distinguishes mental illness from psychological well-being, and adversity from resilience, as separate and distinct dimensions. Accordingly, applied positive psychology goals ‘go beyond the baseline’ (Keyes and Lopez, 2005) – this means *not* limiting our goals to symptom reduction (such as reducing depression or minimizing challenging behaviours) but establishing plans to reach positive desirable humanitarian goals irrespective of disability or adversity. Positive psychology directs us to learn from the scientific study of how individuals adapt and recover naturally (natural resilience). A positive psychology intervention is one that aims to recreate those conditions to strengthen capacity for coping and to optimize the likelihood of successful adaptation of an individual in the face of challenge and difficulties. Both individual and social factors and processes are of relevance to positive psychology (Wrzesniewski, 2005).

In later life the individual is more likely to encounter challenges and adverse life conditions – particularly in the areas of health, relationships, roles and routines. In addition, the senior adult is more likely to be free from the focus on occupational and child-rearing tasks that can predominate earlier adult life. It could be argued that technologically-dependent, production-focused societies extend the earlier adult life pre-occupation with work and production goals, and delay development in other positive traits and competencies, namely pro-social and civic competencies and experiences. Accordingly, senior adult life could be thought of as potentially an opportunity for developing and expressing those other positive psychological traits and competencies (such as optimism, future focus and pro-social behaviour), which positive psychology identifies as of particular importance to human functioning.

In the present historical context of ecological crisis, there is an imperative for societies to foster pro-social behaviours and attitudes, to change high-consumption patterns of behaviour and to enhance collaborative behaviours and beliefs. For biological survival to be achieved it seems that human societies will require to foster new and significantly different social and personal behaviours. Therefore, societies will increasingly need citizens with just such positive psychological capacities and traits. This ‘ecological’ concept sees later life as having a unique purpose in the cycle of life, and necessary to regeneration of sustainable life across the generations; it sees later life as an opportunity for the development of positive psychological traits (e.g. future focus, capacity for reflection, and responsiveness in relationships) and humanitarian competencies

(e.g. pro-social behaviours and investment in community/group beliefs and activities) and freedom from the material and production concerns of earlier adult life. On this line of reasoning, successful psychological development in later life can provide powerful models of different ways of thinking about the purpose and value of life for succeeding generations. The capacity to see value in life that transcends the individual lifespan is similar to spiritual beliefs but, unlike particular faith systems, it is not transacted through belief in an entity (e.g. a god) but through belief in the continuity of universal human values (such as responsibility, nurturance, altruism and community-mindedness) and the sustainability of life for succeeding generations.

The study and understanding of positive psychological development in later life is not the study of 'adult life – but more of the same'; on the contrary, it addresses different life experiences and accomplishments. Because these later life issues are more likely to focus on values that transcend the individual, they may be pivotal in our species' progress towards creating a sustainable relationship with each other and with the global environment on which we all rely. Later life brings opportunities for transforming the experience of self, and the value of self, in the cycle of life – to envisage a future that transcends the self laterally (i.e. across community) and vertically (i.e. across generations). These transcendent forces give personal meaning to late life beyond the more material matters and experiences characteristically valued in earlier adult life. They move us towards the competencies needed for enduring communities – communities that can sustain hope, optimism, spirituality, morality, ethical behaviour, altruism, empathy and resilience.

Positive ageing is the reality for most people (Williamson, 2005) – yet in contrast the emphasis in research has been on the pathologies. Clinical psychologists working with older people have always implemented positive approaches such as person-centred care and functional analysis (which focuses on the environment and the social context of the individual). This book aims to drive forward these insights and knowledge, and to place them in a firm alliance with the 'new' positive psychology and the existing understanding given to us by social role valorization (SRV).

### Positive psychology: a synthesis with social role valorization

In taking a positive route to conceptualizing ageing the content of the book draws significantly on the work of Wolf Wolfensberger on the normalization principle and social role valorization (Race, 2003; Wolfensberger, 1994, 1998, 2000, 2003; Wolfensberger and Thomas, 1983; Wolfensberger and Glenn, 1975) and of John O'Brien on the framework for accomplishment (O'Brien and Lyle, 1986). Although they focused on the life situations of people with learning disabilities,



the principles are just as applicable to understanding the life situations of other groups in society who may be vulnerable to social exclusion or disadvantage associated with a impairment or a negative interpretation (such as ‘not a life worth living’).

SRV and positive psychology have some key common themes in understanding peoples’ experience of their difficulty. These include the following:

1. A focus on *roles* and *relationships*, which influence well-being and are protective as a buffer against adversity (Lemay, 1999).
2. Recognition of the importance of the *competent community*. An age-competent community is one that fosters an optimistic outlook on ageing for everyone and that is conducive to older individuals achieving fulfilment, including people with disabilities.
3. Recognition that the *presence* in the community of persons with disabilities or who are close to their death has the potential to evoke strength and resilience in others. Opportunities to share life-defining experiences themselves foster pro-social competencies and hope in community members of all ages.
4. Countering the pathology culture – instead seeing adversity as ‘normal’ and people as benefiting from opportunities to learn from and live with adversity. People whose adverse life circumstances are severe are not seen as the ‘unfixables’ but as examples for others to learn from.

### The Three Levels of Ageing

Wolfensberger’s ‘three levels of impairment’ provides a useful model for understanding how ageing is more than a physical event:

*First level:* Physical changes that occur with ageing – the most recent understanding of this is that ‘ageing’ is a result of an accumulation of tiny errors in the cell DNA repair mechanism (Kirkwood, 1999, 2004; Finch and Kirkwood, 2000).

*Second level:* Negative beliefs about ageing result in lowered expectations of the ageing person.

*Third level:* The person internalizes negative beliefs about ageing, and even more seriously reduces their own opportunities for fulfilling their life.

On the other hand, this vicious circle can be made a virtuous circle – such that life satisfaction, happiness and positive cognitions about the future regenerate energy and support a continuing fulfilment of life potential. An age- and disability- ‘competent’ community has the capacity to see strengths in the inclusion of aged and disabled citizens – as well as having the competence to support

the specific needs. Competent communities have no need to expend energy on denial and defensive measures (such as segregation and separation) against people who are old or disabled. Age-competent communities have the capacity to function in a manner that connects individuals of different age cohorts while valuing their different experiences, skills and capacities – tensions and differences will not be denied but openly acknowledged and regarded as opportunities for learning and progress.

### **How is Ageing Responded to in the Societies of the Technologically Dependent World?**

This section highlights some key features of the present social context for ageing.

1. This is the first period in history when longevity is occurring ‘en masse’ that is, it is a normative experience.
2. There is evidence of increasing fear about and avoidance of the concept of death in those societies that we call ‘developed’ (but which might more accurately be described as technologically dependent). Segregation of, and distancing from, aged and/or dying people indicate processes of unconscious social control to limit this fear.
3. Such technologically dependent societies appear to foster the pursuit of personal and individual goals, in contrast to goals that represent the future of the community.
4. Older people tend to be seen as more closely aligned with disability and dying (no matter how positive they themselves may be in their experience and response) and as a result will be more likely to be viewed in a negative light for example, as a threat or an object of ridicule.
5. The lives of the people we currently call ‘older’ have spanned probably the greatest social, political and economic changes in history, all within a few decades – psychologically this is important because of the additional challenge to maintaining meaningful connections across the generations.

It is therefore timely that the new positive psychology be applied – so that we can turn the old frightening questions about old age (such as ‘How many kinds of dementia are there?’ and ‘How would euthanasia work?’) into more constructive enquiry such as ‘What would it take to support the person with dementia, or the person with pain, to enable them to fulfil their life and to be pain-free – and in a way that maintains their connection with their community and supports their unique value?’

## **Who Are the People We Call Older People?**

The older person is first and foremost a person who is living a part of the normal lifespan. But this is experienced in the context of other individuals and of the customs and practices of a given society. In the technologically dependent world, positive ideas about a 'successful later life' may make for a particularly difficult context for the ageing individual – perhaps hindered by lack of positive images and expectations about ageing (Featherstone and Hepworth, 1990) and having to construct a positive reality while surrounded by global negative ideas about ageing such as seeing it in terms of loss and decay, burden on others or economically unproductive.

In addition, changes in society over the lifespan of the present generation of older people mean generations having to learn new ways of relating in what is essentially a normative vacuum (Jerome, 1990).

Modelling is generally acknowledged in social psychology as being a powerful mechanism by which social roles transfer from one individual to another and across groups and cohorts of individuals. Nevertheless, even when individuals are unwilling to accept such negative stereotypes, they can be hard to resist.

For example, most individuals find it easy to make ageist jokes about themselves in a society where this is the norm. The harm comes from the fact that these perpetuate the second and third levels of impairment in ageing and makes it more likely, ultimately, to be a negative personal experience.

High, or even ordinary, achievements in the life of the older person (e.g. to write, to travel, to work, to keep fit) are at risk of being perceived as 'extraordinary' – and may even be ridiculed.

### **Early life social and interpersonal experiences**

The generations we now call older have typically experienced more limited educational opportunities in childhood than currently is the case, together with an early exposure to adulthood responsibilities.

The differences are particularly pronounced for those whose childhood was prior to the middle of the twentieth century. In the early part of the century it was not uncommon for a child to experience the death of a sibling, a peer-group member, a mother in childbirth, or either parent from accident or infection.

Childhood illnesses were commonly treated with long periods of isolation from other children and own family, and children were required to look after sick siblings or parents at home.

The World Wars brought evacuation and, for some, the experience of abuse or humiliation at the hands of the receiving families, the death of parents or

close family, and separation from family. This is the generation which came out of World War II with a strong belief in justice and a given order of things. Smail (1984, 2001) has argued that this phenomenon was driven by the psychological need for belief in self-efficacy (that the actions of war had ‘worked’ and been worthwhile).

The notion of resilience formed a strong underpinning to the beliefs of those who had come through the chaos and pain of war; they now had to believe that order would ensue, and bring with it well-being and opportunity. In the earlier part of the twentieth century, childhood was a time of hope and aspiration but with a much more limited range of social roles available or expected. Saving, economizing, re-using, repairing and passing on to others are the values in which many people were socialized throughout the early and mid-twentieth century. There were no all-encompassing worldwide media and the child of the first part of the century was entirely likely to develop a world-view, and a view of self in it, formed and shaped by persons and events in a close physical proximity. They solved problems by using local resources, or learnt how to find a solvable problem instead.

### Current social environmental influences

The effect of social environmental influences on the individual’s experience of ageing can be understood at three levels, ranging from the societal level to the community and the immediate family (Table 1.1).

The *societal level* may be far removed from the awareness of the individual, but it is the level where the cumulative effects of denial and unconsciousness become embodied in practices and policies – where stereotypes and prejudiced practices become ‘custom and practice’.

For example, older people are not referred for psychological services in the same proportions as younger people despite the similar prevalence and incidence rates of anxiety and depression (British Psychological Society, 2002). The fact that the first standard to be identified in the 2001 National Service Standards for Older People in the United Kingdom was ‘rooting out age-ism’ shows the reality of age inequities in access to health care resources. The question however is whether equity can be achieved by policing the behaviour of resource gatekeepers, or whether the responsibility and the opportunity to make such positive changes lies more truly in the surrounding social systems.

At the *community level* are groupings that have grown out of some common purpose, shared experience or value system amongst sub-groups of the society for example neighbourhood, leisure, occupation, and belief communities.

At the *family and immediate network level* are the core interdependency relationships in people’s lives. For example, the parent–child relationship in later

**Table 1.1** Three levels of social influence on the experience of ageing

<i>Level</i>	<i>Potential negative social influences</i>	<i>Potential positive social influences</i>
<i>Societal</i>	Little interest in ageing people. Medical perfection an ideal. Collective denial of death or disability. Relative deprivation in funding for older age groups. Seen as ‘invisible’, ‘special needs’, ‘burdensome’ or ‘not worth it’.	Older people as ‘holders’ of valued traits for example, responsibility, citizenship, transcendence of material goals. Older people as altruistic – net givers to society. Older people valuing self-reliance and control.
<i>Community</i>	Islands of positive assertive action by older people, but no real older person’s movement. Organizations sign up to anti-ageist policies, but still excluding people. Age separatist practices.	Experience self as happy, and satisfied with life. Experience self as having capacity for vocation, courage, aesthetic sensibilities, pro-social activities, future focus.
<i>Family Immediate network</i>	Role reversals. Power balance shifts to younger persons, as ‘carers’. Reduced financial security. Perceived as ‘a burden’. Perceived as ‘not the same person’.	Experience self as having self-agency and autonomy. Capacity to re-process and move forward irrespective of early life difficulties or deprivations. Experience self with sense of continuity, and part of a ‘whole’ community. Experience of self as ‘own person’ – acknowledging constraints and maintaining hope.

life is often thought of clinically in terms of negative pressures such as role reversal (Knight, 1996) or the re-emergence of dysfunctional earlier relationship patterns such as insecure attachment (Bowlby, 1988; Hazan and Shaver, 1994). There are many ways in which longevity may provide opportunities for positive changes in adult relationships for example fulfilment of the parenting role and re-processing of relationships within the family. Positive psychologists argue that optimism, although clearly related to the beliefs and life experiences to which the person is exposed in earlier life (Snyder, 1994), can always be developed by further life experiences and particularly by changing negative beliefs and learning techniques of establishing attainable goals – similar to positive reframing and cognitive therapy techniques.

## Summary points – who are ‘older people’?

1. ‘Old people’ are persons of a certain generational context – who were born into, and had their earlier life socialization experiences in, cultures that were more likely to value the following:
  - non-reliance on technology
  - collective activities on basic life-support tasks, such as food production
  - sharing practical wisdom and experience
  - structuring of time by natural rhythms such as nightfall and the seasons
  - intergenerational expectancies about the roles that the older and younger generations would transact for each other (caregiving, teaching, transmission of skills, values and beliefs, etc.)
2. Collective effort, regenerativity and interpersonal reliance are the values likely to have been internalized by earlier generations. Individualism, consumerism and technological reliance are very recent values in the history of our societies.
3. At this time in history we therefore have generations living contiguously with probably the biggest gap in experiences ever encountered historically. In itself this is not the problem – that the experiences are *valued differently* in the current social context is the problem. It leads to:- the presumption that one set of values is ‘right or good’ while the other is ‘wrong or bad’; the devaluing of the group of people associated with the rejected values; the socially engineered rejection of this group of people so associated and ultimately denial and defensive eugenic measures at a societal level.
4. Consequently, such cultures offer weak social roles for the rejected group, in this case for the older members of the society. The intergenerational sharing of practical wisdom and experience is devalued and reliance placed instead on technical solutions. The use and re-use of material resources are devalued and reliance placed instead on consumption and disposal. Regeneration as an integral part of harvesting nature, as in food and materials production, is devalued and replaced with reliance on continuous manufacture. Reliance on others is devalued and reliance placed instead on technology.
5. Nevertheless, positive ageing clearly does occur for many individuals in technologically dependent societies, and so it is not an inevitable ‘fate’ that every ageing person will become a ‘victim’ of social denial and role loss. What helps some ‘resist’ the powerful pressures of devaluation and role depletion within their society, and go on to achieve satisfying lives in old age? Clearly, there are contexts in which this is happening. Inner resiliency (the potential for positive development) is a recognized part of human development, including later life (Snyder and Lopez, 2005; Lemay and Ghazal, 2001; Seligman, 1991, 1998, 2002a, 2002b; Seligman and Csikszentmihalyi, 2001). Equally crucial to a sense of positive well-being for individuals is the ‘health’ of the