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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 (Jerrome, 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

Level	*Potential negative social influences*	*Potential positive social influences*
Societal	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.
Community	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.
Family Immediate network	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

environment, social and physical, in which they exist. Recognition of positive roles for 'seniors' in our technologically dependent societies will challenge the denial, age cleansing and other defensive measures transacted against older people, and lead ultimately to more balanced, open and less death-anxious communities.

What are the needs of older people?

In the technologically dependent world, some powerful forces shape how aged people are responded to.

1. Older people are still dealt with in ways that would be unacceptable for other groups in society. For example, they continue to be deposited in institutions that would not be deemed suitable for other needs groups.
2. In a technological era ageing can be seen as the breakdown of the 'machine', and thereby ageing implies or symbolizes the failure of the technical fix. Technologically dependent societies find comfort in the paradigm of the 'body as machine' since it offers the illusory hope of eternity through technical fixes.
3. The illusion of physical perfection, perfect comfort, denial of death and eternal life is only maintained at a cost to society – by concealment of older people away from mainstream life, and particularly of frail or cognitively disabled older people.

The Old Paradigm for Understanding Ageing: How Beliefs About Ageing Historically Have Influenced Social Responses and Service Models

Table 1.2 traces how the various beliefs about the nature of ageing in technologically dependent societies have influenced societal responses to older individuals and groups, and consequently the service models deemed appropriate by the society. It includes the 'ecological' belief as a positive alternative.

'*Biologically pre-programmed*'. Seen as biologically programmed to age and die. The evidence now points instead to 'DNA repair' as the underlying mechanism for ageing (Kirkwood, 2004).

'*Unable*'. Being seen predominantly in terms of dependence, neediness and essentially deprived of a meaningful future. The reality is that the majority of older people live independent lives in their own communities.

'*Unproductive*'. Being perceived as an economic threat and blamed for using up society's diminishing financial resources. The reality is that older people are net 'givers' in society.

Table 1.2 How beliefs about ageing in technologically dependent societies have influenced societal responses and service models

Belief: definition of ageing	*Image: person seen as*	*Society's response*	*Service model*
Biologically pre-programmed	Reminder of mortality/death	Protect society: denial	Separation, detention
Disability, cumulative	No future	Containment for safety	Warehouse, all together
Unproductive	Limited value, economic burden	Protect society from economic 'dependence'	Separate services and benefits
Disease	Sick	Technical: find the cure	Hospital, disease, fund-raising
Second childhood	Child again	Protect, contain: for own safety	Caretaking, sitting, pretend living
Decay	Suffering, wanting to exit by choice	Pity, fear	Euthanasia, extermination, non-treatment
'Broken' machine	To be fixed	Technical: fix the machine	Therapies, accreditation of providers
Social oppression	'Geri'-activist	Political action	Expect all elders to be activists
No different	Just like younger people	Don't have to grow up; extended life	'Stay young', individualistic self-care
Ecological, continuity	*Part of a whole; unique purpose; part of a wider environmental context*	*Conscious about death; future focus; taking care of each other and the environment*	*Community development; promote humanitarian and pro-social competencies*

'*Disease*'. Ageing seen as a cumulation of disease processes in the body. It lends itself to the image of the old person as, predominantly, a sick person. The reality is that well-being exists alongside illness, and that people live more healthy years not just more years of ill health.

'*Second childhood*'. The older individual seen as child-like or returning to their first childhood.

'*Decay*'. Being seen in terms of a body that has already started to 'fall apart' even before death. It encourages the response of pity, and lends itself to ideas about 'exit' and 'euthanasia'. However, it has no objective basis as a theory of biological ageing.

'*Broken machine*'. Ageing seen in terms of damage to, or breakdown of, the machine (the body) has an appeal to the society that is technologically dependent and in the habit of responding with a technological 'fix' to all challenges that are moral, ethical and technical.

'*Social oppression*'. Ageing seen as predominantly the result of a negative social psychology. Lends itself to the idea of elders as a predominantly 'activist' group or movement, rather than as ordinary, individual, diverse members of a society. In this image of ageing, society might expect 'successful' ageing only of those elders who are political or community activists.

'*No different*'. The idea that older people are 'just like younger people' – conveys a static image of the life course. A society that accepted this belief would have a 'Peter Pan' expectation of the individual – expecting its members neither to grow up, nor to differ in their values from the younger generations.

'*Ecological*'. A contrast to the negative images/beliefs about loss, and pointing out the wider biopsychosocial context of ageing. This concept envisages ageing as a meaningful part within a meaningful system. In an ecological approach to understanding the natural world all parts (e.g. species, individuals, behaviours, habitats) are necessary and have an equal role in sustaining the whole system. All component parts contribute to the whole, derive meaning and status from it, and are constantly interactive to sustain the homeostasis and growth of the living system. A society that viewed ageing positively as a part of a homeostatic system would be conscious, but not fearful, of the processes of renewal and regeneration. Such a society might have less need for denial (of suffering), and thereby become a more stable and tolerant society. It might also have the human capacity to embrace what David Smail calls a 'taking care of one another' kind of society (Smail, 1987). In ecological terms this forms part of what is required for the survival of the earth's natural systems – that they be sustained by forms and patterns of human activity that are benign and tolerant, that can perceive individual gain in the pursuit of the long-term collective goal. Service models within this kind of societal system would focus on supporting the practical skills and wisdom already in individuals and communities. They would place the coping experience of persons living with distress, disability, loss or dying high

in the values stakes, and would consider those individuals as being teachers and leaders of human experience.

The Vicious Circle of Ageing

Beliefs held in a society about ageing are of more than philosophical interest. They are powerful influences in shaping how that society sees the older person, how the society responds to the individual and to groups and what services are deemed to be appropriate for that group of people.

The old paradigm in 'western' cultures involves understanding ageing largely in mechanistic, medical and economic terms. There is little in the culture that encourages understanding in terms of social worth, personal fulfilment or socioeconomic value. This has not always been the case, and in earlier cultures, and other cultures worldwide this is still not the case. In the old paradigm, the second and third levels of impairment in the vicious circle, and the 'wounds' described in Chapter 2 are widespread human experiences.

When one thing is seen as different, and it need not be a significant difference (e.g. having a different colour of hair or skin of a different elasticity) this in itself need be no problem and cause no obstacle to living. It is when that feature, or difference, is *valued negatively* in the society that the person is drawn into the vicious circle – of *prejudice* (lowered expectancies and opportunities) and subsequently the *self-blame* (internalizing the lowered expectations and seeing self as worth less and responsible).

Figure 1.1 illustrates the processes that can be involved in the vicious circle of social devaluation and internalized devaluation that can happen for some people with ageing. The changes that come with ageing (such as a change in colour of hair, less elastic skin, a health problem, bereavement or a reduction in material income) may cause impairment, although not necessarily so; they may be challenging and may also promote positive adaptation and development. However, in societies where ageing is negatively viewed and people are likely to be socially devalued as they become older, the real problems arise with the second and third levels of 'impairment'. For example, loss of health can be coped with; but being viewed as 'a burden' causes damage to relationships and to self-worth. Feelings of disappointment can be coped with; but the belief that 'old people should be grateful for what they've got and such feelings are bad' is devaluing and damaging. When people are asked about what they most fear about 'old age' they identify such things as loss of dignity and loss of control. Yet these things have no necessary connection with old age. They result from the contextual and systemic responses to old age, but have no intrinsic relationship to the factor of age itself. In other words, the most feared and most damaging events that are seen

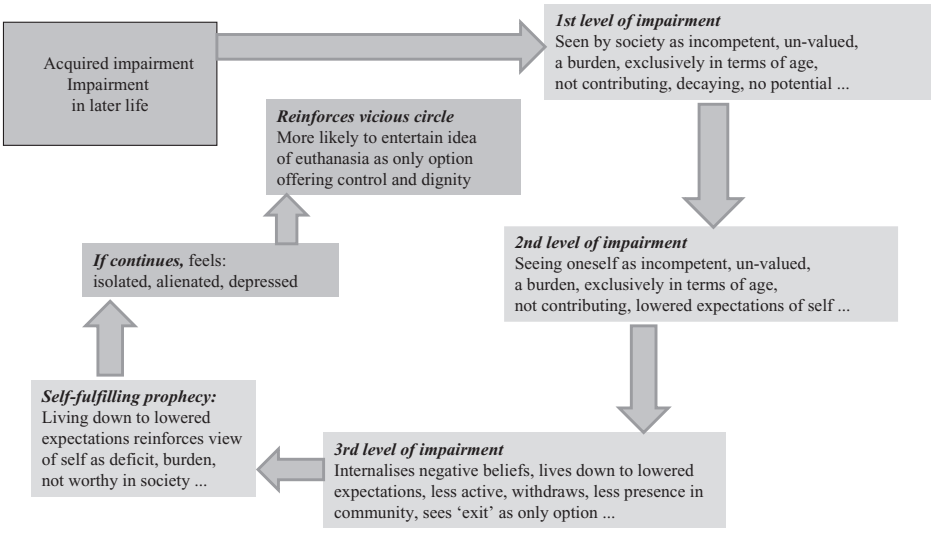

Figure 1.1 Vicious circle of ageing. Based on 'The Relevance of Role Expectancy and Role Circularity to Deviancy-Making and Deviancy-Unmaking' Wolfensberger, W and Thomas, S, 1983, Canadian NIMR. Reproduced by permission of Wolf Wolfensberger.

to accompany 'old age' are an artifice of the society in which the phenomenon of ageing occurs, and not a necessary part of ageing.

Which individuals are pushed into the circle, and which are not, is largely down to social valuations of particular 'level-one' afflictions. Societies that value speed and technological fixing may find mental disability less tolerable than physical disability – the latter may seem more amenable to technological solutions or prostheses and so require less adaptation on 'our' part. Persons who are slow or who have difficulty communicating may pose a greater challenge to 'business as normal' in their society and so be more likely to experience levels two and three difficulties. On the other hand, if a society held speed as a low priority, and alternatively found positive value in having challenging communicators in its midst, such individuals would have very different pathways of experience.

The approach of positive psychology is to identify factors that enable individuals to respond in a resilient way naturally in the face of deprivations or difficulties. This has two aspects, the first being the capacity to appraise and address realistically the true nature of the difficulties, and the second being the tendency to respond with actions to counter or prevent potential 'wounds'. The study of optimists, for example, shows that far from being simply people who stick their head in the sand, they attend to risks – but selectively – and so do not suffer from elevated levels of vigilance. Pessimists have been shown to be more likely to engage in behaviours that reflect a tendency to give up and accordingly

show higher levels of health-damaging behaviours (Carver and Scheier, 2005). Applying this to ageing we can see that positive ageing is certainly not achieved by avoidance of the real limitations or disabilities that can and do accompany ageing – on the contrary the evidence would indicate that those who age well are individuals who can engage with adversity realistically and who tend to assertive, not avoidant, patterns of coping.

Positive psychology also views therapy goals as 'going beyond the baseline' (Keyes and Lopez, 2005). Accordingly, the emphasis is shifted from simply reducing negative symptoms to achieving positive desirable goals (irrespective). Positive therapy goals for later life would, for example, focus on: the experiences of well-being, satisfaction and happiness (irrespective of the presence of disability or illness symptoms); hope and future-mindedness (irrespective of time to live); and creating or maintaining opportunities for the expression of humanitarian competencies, such as responsibility, nurturance, altruism and other civic virtues (irrespective of impaired physical competencies).

In Chapter Two, we look at both countering the negatives (the acquired second and third levels of damage) and prevention of such 'wounds'. Chapters Three and Four introduce and work through the positive principles (the 'new paradigm') as they apply to Assessment and Intervention with the Older Person. This is essentially a person-centred approach. In Chapters Five and Six, we look at the potential psychological impacts of cognitive disabilities acquired in later life, and emphasize the practical benefits of having person-centred goals at the heart of both clinical practice and care policies. Finally, Chapter Seven identifies and exemplifies aspects of selected psychological therapies, which particularly lend themselves to creating a positive understanding of later life experiences, challenges and goals.