

Agesim 3

Science



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Thompson, 2006, comments that it is important “ that due regard is given to questions of good practice in working with older people-that is, to the development of anti-ageist practice. ” The Author will now discuss the above with particular attention drawn to Ageist & Anti-Ageist practice. The Theoretical framework applicable to aging & its implications on policy & practice within social care work with elderly people. Hughes & Mtezuka (1992) describes ageism as “ the social process through which negative images of & attitudes towards older people, based solely on the characteristics of old age itself, result in discrimination. The Author whilst researching this topic came across various forms of ageist practices solely for the purpose of this essay several have been selected to briefly discuss. Firstly stereotyping all elderly people with less favourable assumptions such as “ All elderly people are Dependent on Society. ” “ Ageism has the effect of undermining a sense of dignity and the self-esteem which partly depends on it. Ageism marginalizes, excludes and demoralises. ”(Thompson, 2006. In Contrast with an Anti-Ageist practice where an assessment is recommended and an intervention is then put in place based on this assessment rather than on assumptions. According to Thompson “ A key task within a programme of developing anti-ageist practice must therefore be the promotion of dignity and the enhancement of self-esteem-counterbalance to the prevalence of negative stereotypes. ” A very Common Drawback in Ageist practice with social care workers is the applying of Medical terminology such as “ treatment” and “ diagnosis”.

Whereas a less ageist approach would be in the utilization of social care terminology such as “ Interventions” and “ Assessments”, which have less of

an impact on the Elderly persons Self-esteem and Self-Image, where becoming elderly is viewed as another stage in life rather than associated with illnesses such as strokes, heart attacks and deafness. A very visible Ageist practice is one, which was developed by the welfare state. Higgs (1998) discusses the welfare States role in producing or at least, reinforcing what can be described as “ structured dependency. This is very evident in the implementing of the compulsory retirement age of 65 in Ireland, which Gerontologists categorize as “ young old. ” Where citizens lose their independence of earning and now rely on social funding and savings. For many elderly people reaching this retirement age can have various implications to their self-esteem and self worth. Social policies like so can be very exclusive, as Elderly people don't have a voice when they can retire. However an Anti-Ageist practice is promoting interdependency & avoidance of a dependency nature and a change in exclusive ageist policies.

The retirement age in England is to be abolished in October 2011 according to Age UK who campaigned for anti age discrimination legislation for four years a step, which would be welcomed in Ireland to abolish ageism and ageist practices. As Phillipson (1989) puts it: “ Fostering the idea of interdependency needs, then, to become part of a new radical philosophy for work with older people. It provides recognition of the help older people need from us, as well as the rewards to be gained from giving this help.

It also reminds us of the skills possessed by older people and the resources these might provide for activities and campaigns within the community. ”

Another familiar form of Ageist practice is the use of de-personalising terms. Terms of which are used in a very innocent manner but can be patronising

towards elderly people. Examples of such terms are “ Old dears” or “ How are the girls? ” when addressing elderly women, suggesting they are childlike which the Author will discuss later on. To avoid this Ageist practice a more Anti-Ageist practice should be adapted with more awareness of the use of language used when addressing elderly people.

Lastly as briefly pointed out previously is the adaptation of Infantilisation within the ageist practice. Here Social care workers see Elderly people as if they are children with the rise of elderly abuse social care workers now see a strong need for protection however the ageist risk that comes with this is that elderly peoples decision making capacity is now looked at and within an ageist practice there voice is not heard. Norman (1987) once said “ we deny them, as we deny children, the right to take responsibility for their sexuality, their behaviour and their risk taking. ” The Author shall now explore various theories in aging and how they impact on policy and practice in social care work with older people. The first theory to explore is that of Erikson 1992 is the last stage in his life development this stage is “ Ego Integrity v Despair. ” This is experienced according to Erikson is at the later stage of adulthood 60 and over when the older person “ experiences an increasing awareness of their limits of time-a realization of inevitable, impending death. () Which in turn creates a final life crisis where she reflects back on her life at what she has achieved and what she had failed to. Failure to achieve Ego Integrity causes the individual to experience feelings of anxiety hopelessness and despair. However it is said, “ Those who use their growing capacity for philosophical reflection to achieve a degree of self satisfaction are less fearful of death”(Bee, 2006.) Havighursts anti-ageist Activity theory 1940 then in

contrast to Erikson theory is based around denying aging for as long as possible and keeping active in the later stages of adulthood. Within the context of this theory, activity can be viewed broadly as physical or intellectual. Therefore, even with illness or advancing age, the older person can remain “ active” and achieve a sense of life satisfaction”() Cumming and Henry's Disengagement theory of the 1960s is an ageist theory, which is focused around scaling down the elderly person's life. The question here to be asked is who disengages from whom is it the society disengages from the elderly person?

Does the elderly person consciously decide to disengage or is it factors out of their reach, which causes society to disengage. Returning to again the compulsory retirement age society disengages from people age 65 and older in the work place. “ Continuity theory is a theory of continuous adult development and adaptation. Adult development and aging, including the evolution of various components of the self, occur in the context of particular social structures”() This theory greatly contradicts the other theory's where the elderly person is to come to terms with what they had achieved and failed, the immensity of death, to deny aging and lastly disengage and scale down their life. However this theory suggests elderly people are just continuing living their life's whether they were highly involved in the community or were passive and satisfied with their own company. However ageist practices and attitudes prohibit such where the elderly person is seen as vulnerable, childlike, ill and taught to take the disengagement theory or Erikson's model to scale down one's life.

Therefore the Author Concludes this essay where she has pointed out the importance that “due regard is given to questions of good practice in working with older people-that is, to the development of anti-ageist practice” over ridding ageist theorists assumptions of elderly people in today’s society. The Author has clearly pointed out visible ageist practices but has contrasted these with the appropriated anti-ageist practices. In addition to this the Author has explored theories in aging and has given several examples on how these theories impact on policy and practice in social care work with older people.