NEW SOCIAL SPACE: CONCEPTS OF AGING
AND TRANSFORMATIVE LEARNING

by

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We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

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Abstract

The focus of this masters thesis in educational gerontology was to explore guided autobiography, life review and reminiscence, as a means of engaging in transformative learning as it contributes to successful aging. From the perspective of developmental psychology I hold a positive view of aging in terms of psychological growth in wisdom and understanding across the entire life span. A crucial aspect of successful aging is that older adults have meaningful social roles in their work and relationships. Negative attitudes about aging and the aged, an underlying theme in ageism, can be an invisible barrier to successful aging. With this in mind I examined major paradigms in psychology in the twentieth century, as they relate to a positive growth model of aging. In particular, the psychoanalytic, humanistic and cognitive behavioural paradigms, along with the medical model and a wellness perspective about aging, were examined. Moreover, the possibilities for a model of transformative learning of which guided autobiography, life review and reminiscence are one methodology were explored.
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Chapter 1
Old Age As A New Social Space

1.1 The Need For New Models and New Roles

For this masters thesis in educational gerontology my intention is to explore guided autobiography, life review and reminiscence, as a means of engaging in transformative learning as it relates to successful aging. From the perspective of developmental psychology, I hold "positive ideals" for the last stages of life in terms of new models and new roles for successful aging. The positive ideals include a vision of growth rather than decline across the entire life span. Psychological growth in wisdom and understanding (Erikson, Erikson and Kivnick, 1986) in a "spiralling progression of improvement" (Weiland, 1994) is one possibility for a good old age.

A crucial aspect of this vision of successful aging is that older adults have meaningful social roles in the mainstream of society. In North American society where aging is considered problematic (Estes, 1992, p. 292), this is not a simple task. Ageism - a deeply embedded negative stereotype of the elderly and a pervasive theme in North American society (Butler, 1994) - is an invisible barrier to meaningful roles and successful aging. The trend toward viewing aging as a medical problem perpetuates this negative stereotype of old age.

As Moody (1993) points out, there is a need for emancipation of older people - for a critical gerontology:
Above all critical gerontology is concerned with the problem of emancipation of elder people from all forms of domination. Hence in its mode, critical gerontology is concerned with identifying possibility for emancipatory social change, including positive ideals for the last stage of life (p. xv).

1.2 Models of Aging From The Past

Individual, institutional and societal attitudes and beliefs about aging and the aged limit the options for meaningful roles and impact the quality of life for older people. In western societies negative stereotypes and ageist attitudes are not new. In the writings of philosophers and poets there was “ambivalence” about old age as far back as Greco-Roman antiquity (de Luce, 1994). On the negative side, “for Aristotle, old age was a time of cowardice, avarice, decline and greed” (Charles, 1977). On the positive side, Cicero in De Senectute (44 B.C.) emphasized the contribution of elders in the senate. De Senectute is viewed as the ‘precursor’ to models of successful aging (Baltes and Baltes, 1990).

As well, Covey (1989) identified ambivalent themes in ‘ages of life models’ from the middle ages to the sixteenth century. Old people were either viewed as decrepit and miserly or valued for their mental wisdom. It seems that this latter aspect, valuing old people for their wise stories, is missing in western culture today. In his essay ‘The Stages of Life’, Jung (1971) asks a compelling question for researchers and practitioners concerned with new models for successful aging. Put simply - “Where is the wisdom of our old people, where are their precious secrets and visions?” (p. 18). With this in mind I will briefly discuss theoretical models as they embody
"positive ideals" for aging, along with the "possibilities" for transformative learning in general and guided autobiography in particular in contributing to emancipatory individual and/or social change.

1.3 **Theories of Successful Aging: On the Dynamics of Growth and Decline**

In the twentieth century, major paradigms in psychology underscore the potential for psychological growth rather than decline as it relates to positive ideals for successful aging. Unlike Freudian psychoanalytic theory, Erikson's (1963) eight stage model of psychosocial development covers the entire life span. In this model, resolving developmental tasks relating to generativity vs. self-absorption and integrity vs. despair, contribute to psychological growth of care and wisdom. As well, Erikson, Erikson and Kivnick (1986) draw our attention to the importance of 'vital involvement' in order to age successfully. However, as Erikson et. al. (1986) point out:

Today we are faced with an unprecedented growth in the number of so called elderlies in a technological world in which their overall role remains quite unclear. There is apparently little historical continuity preserved by their voices and their presence. The fabric of society, the center, "does not hold" the aged (p. 14).

Similarly, humanistic paradigms provide positive growth models relating to the psychology of successful aging. The Rogerian person-centred approach is a growth model rather
than a developmental model. In the person-centred approach, the basic human motivation is an innate tendency toward growth and self actualization (Raskin and Rogers, 1989). Moreover, Rogers (1989) identifies the three attitudes of the therapist which contribute in a growth model. These therapeutic attitudes include genuineness or congruence, unconditional positive regard and empathic understanding (135-136). These attitudes are crucial for creating a democratic public space to hear the stories of the elderly in counselling and education.

In contrast, Baltes and Baltes (1990) focus on life span development and successful aging from a cognitive behavioural perspective. These researchers identify a model of ‘selective optimization and compensation’ as a strategy for successful aging. In this model the emphasis is on the variability of aging individuals, along with focusing on plasticity in cognitive development as it relates to growth and decline across the life span.

Baltes and Baltes (1990) provide seven propositions as a contextual framework, to examine variability and plasticity for a psychology of successful aging. First, the distinction between normal, pathological and optimal aging is emphasized. An example of aging and pathology is Alzheimer’s disease. In the second place, there is heterogeneity in the onset and rate of aging processes. The next three propositions relate to plasticity including, a reserve capacity, limits of reserves, and a balance of gains and losses, in cognitive capacity. These reserve capacities “can be activated via learning, exercise or training” (p. 9). Similarly, learning and education has an important role in the remaining two propositions. One of these propositions emphasizes the “enriching and compensatory role of individual and social knowledge, including technology” (p. 26). In the remaining proposition, the importance of
education and counselling to empower older adults is critical as it contributes to a positive self concept in spite of negative stereotypes and ageist attitudes.

Education and counselling has the potential to empower older adults in a number of important ways. Education can contribute to insight and understanding relating to how individual and social forces limit the options for meaningful roles. Another important role of education is in preparation for new active roles and second careers. Moreover, meaning centred counselling which facilitates spiritual and psychological growth has potential to strengthen and empower elders.

1.4 The Medical Model: Aging as a Disease

The medical model perpetuates the negative stereotype by focusing on diseases and disability. According to Estes and Binney (1989), the focus on treatment of disease rather than prevention has resulted in prolonging life at a great cost to the health care system and the well being of the elderly individuals. In the biological models of successful aging there is an emphasis on physical plasticity and compression of morbidity in old age (Fries, 1990, p. 35-49).

There are costs and benefits to this emphasis on treating and curing disease. One benefit is the development of sophisticated diagnostic technology and surgical techniques. For example, coronary angiography and coronary artery bypass surgery are effective techniques in diagnosis and treatment of coronary artery disease. A second benefit is the contribution of biomedicine to
disease prevention. Immunization with vaccines has all but eliminated debilitating, disfiguring, and often fatal diseases such as small pox and poliomyelitis.

The major costs of this medical focus is that professional expertise and financial resource are diverted from the prevention of the socioeconomic determinants of disease such as illiteracy and poverty. As Butler (1994) points out, ageism is one of these social ills "which must be dispelled or reduced" (p. 139). In Butler's words:

Ageism may bear a relationship to the proportion of older persons in a society.

A threshold that might be regarded as an achievement has, instead, become regarded as a burden. Ironically, the long-sought-for gain in life has been met by anxiety. What should have been a celebration has become a sense of threat. What should have been a message of hope has become a matter of despair (p. 140).

1.5 A Pivotal Role For Educational Gerontology: Creating New Models

Changing negative stereotypes and attitudes about aging is a very important and complex task. Educational gerontologists, both adult educators and counselling psychologists, have a pivotal role to play in creating new models and new roles for older adults. Moody (1976) identifies four models of education and services for older adults which reflect philosophical assumptions and societal attitudes about aging and the aged. This analysis at once underscores the necessity for and complexity of creating new models of education. In my view, a model of
transformative learning (Mezirow, 1991), of which life review is one methodology, can provide a
“positive curriculum for educating old people” (Moody, 1976, p. 1). Life review has the
potential to provide a meaning centred model of counselling and education in order to empower
older adults.

According to Moody (1976) there are four models of education and social services for
older adults, which reflect philosophical assumptions and societal attitudes about the needs of the
elderly. These models of education include: rejection, social service, participation, and self
actualization. (See Figure 1.1 for a summary of these models). Rejection embodies an attitude
of denial and avoidance which is reflected in societal institutions, such as mandatory retirement
and segregation in the nursing home and retirement communities. The need for education for
older people is not a consideration in this model.

Similarly, the social service model implies that disengagement from social roles is the
norm for old people. In the mode of political liberalism and the welfare state, old people are
viewed as consumers of services - in need of care rather than as “valued contributors” to society.
Leisure time pursuits that are activity oriented characterize this model of education. Activity
programs in many senior’s centres with lists like dancing, crafts, art appreciation and travel,
reflect this attitude of services for the elderly.
Figure 1.1

Models of Education for Older Adults

<table>
<thead>
<tr>
<th>Models of Education</th>
<th>Characteristics</th>
<th>Societal Attitudes</th>
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| Rejection           | - isolation from family  
                      | - mandatory retirement  
                      | - segregation in:  
                      | - nursing homes  
                      | - retirement communities | - neglect  
                      | - avoidance  
                      | - repression |
| Social Service      | - disengaged from roles  
                      | - leisure time pursuits  
                      | - activity oriented  
                      | - consumers of services | - political liberalism  
                      | - social welfare |
| Participation       | - participation for successful aging  
                      | - preparation for:  
                      | - new active roles  
                      | - second careers | - dignity  
                      | - autonomy  
                      | - integration |
| Self Actualization  | - search for meaning  
                      | - spiritual growth  
                      | - psychological growth  
                      | - insight - self discovery | - wisdom  
                      | - integrity  
                      | - meaning |


In contrast, Moody's (1976) models of education relating to participation and self actualization reflects a positive view of aging. This positive view is evident in the participation model in themes of dignity, autonomy and integration of older adults in society. In this view, career counselling for active new roles and second careers contributes to successful aging. As well, the model of self actualization embodies positive themes relating to spiritual and psychological growth, along with the search for meaning in life. The philosophical assumptions relating to models of participation and self actualization are underlying themes in the graduate studies program in Educational Gerontology at the University of British Columbia.
The point is that many of the policies and programs in gerontology are based on a social service model focusing on care for or needs of the elderly as if they are a homogeneous group. Looking at the diversity or variability of older adults casts the needs for education, employment, health care and social services in a different light - illuminating the possibilities for new models for education based on participation and self actualization.

In ‘Age or Need?’ Neugarten (1982) makes a distinction between the needs of the young-old and the old-old using criteria of health and psychosocial functioning rather than chronological age. The young-old comprise 80 to 85 percent of the American population over 65 years of age. The young-old are characterized as physically active and relatively affluent and well educated, along with being involved in family, community and political affairs. Participation and self actualization are models of education (Moody, 1976) that would respond to the needs of the young-old, for meaningful education, leisure and employment opportunities.

In contrast, Neugarten (1982) emphasizes that the old-old, 15 to 20 percent of American elders over 65, require a large proportion of medicare and social support services. This group described as the “frail elderly” often suffer from declining and debilitating physical and/or mental health and socioeconomic needs. As Atchley (1991) points out 1987 estimates show that 12.2 percent of elderly Americans over 65 years of age live at or below the poverty line. However, 13.7 percent of the population under age 65 also have incomes at or below the poverty level. It is social inequalities in this latter age group that greatly increases the risk of marginal socioeconomic status in old age. In Atchley’s (1991) words: “…multiple jeopardy increases the probability of having poor health and inadequate income. Being a woman is the greatest
disadvantage, followed by having less than high school education (being working-class) and by being black.” (p. 312). An all out effort to address social inequalities in the population under 65 years of age could contribute greatly to reducing the need for social service models for the elderly.

1.6 Conclusion

Mezirow’s (1991, 1994) model of transformative learning, of which guided autobiography and life review are one aspect, can respond to the need for “a positive political and psychological curriculum” (Moody, 1976, p. 1) to empower older adults. In Mezirow’s (1994) view:

Critical reflection and rational discourse are processes of adult learning emphasized by those cultures experiencing rapid social change in which old traditional authority structures have been weakened, and in which individuals must be prepared to make many diverse decisions on their own. Learning is defined as the social process of construing and appropriating a new or revised interpretation of the meaning of one’s experience as a guide to action (p. 222-223).

At this pivotal moment accelerating personal, social and global changes in organizational frameworks provide openings for social change. In Mezirow’s (1991, 1994) theory, crisis or uncertainty in personal or social environments provides openings for change. In response to
crisis, transformative learning can take the form of sudden or incremental changes in “meaning perspectives” or “meaning schemes” which can contribute to individual and/or social action.

Transformative learning theory (Mezirow, 1991, 1994) like Moody’s (1993) view of critical gerontology is based on the philosophical assumption of Jurgen Habermas, a critical social theorist from the Frankfurt School. Habermas focused on interpretation of the meaning of experience within the social and political context. These ideas are relevant for a move toward a critical gerontology. The focus on issues of social justice, along with identifying limiting forces in society and opportunities for social change, make critical theory relevant for emancipation of old people (Moody, 1993).

To develop this model of transformative learning for successful aging, chapter two focuses on shifting the “research gaze” to interpretation and reflexivity in an ethnographic approach. Focusing on interpretation and reflexivity provides a connection across paradigmatic boundaries of positivism and naturalism. This reflexive approach is consistent with concepts in transformation theory.

The justification for a model of transformative learning for successful aging as it contributes to the creation of a democratic public space will be the focus of the next two chapters. “Old age is a new social space . . . and there is not a cultural blueprint” (Burnside, 1995). Chapter three will examine major philosophical and theoretical perspectives in North American society as they relate to a new social space and successful aging. Chapter four
provides an analysis of transformative theory (Mezirow, 1991, 1994), of which life review is one aspect, as a framework or 'blueprint' for research and practise in gerontology.
Chapter 2
Methodology and Method: Shifting the “Research Gaze” to
Reflexivity and Interpretation

We must remain aware of the fact that as long as absolute truth is not accessible to
us (and it will never be), relative truths have to function as mutual correctives.
Approaching the one truth from various sides, sometimes even in opposite
directions, we cannot attain it, but we may at least encircle it (Victor E. Frankl,

The whole of science is nothing more than a refinement of everyday thinking
(Albert Einstein, 1936).

2.1 Connecting Across Paradigmatic Boundaries

Choosing a methodology or method to examine life review and reminiscence as a model
of transformative learning for successful aging has been an important, challenging and
emancipatory experience. It is important to choose a research methodology which closely
approximates the researcher’s philosophical assumptions, psychological attributes and personal
skills and experience, along with considering criteria related to the nature of the problem and the
audience for the study (Creswell, 1994, p. 8-9). An additional challenge is choosing a
methodology that is relevant for investigating “outside research” and “inside research” (Smith,
1994) in educational gerontology. I chose an ethnographic approach with an emphasis on
interpretation and reflexivity in research (Hammersley and Atkinson, 1983), in response to this
challenge.
Shifting the "research gaze" to interpretation and reflexivity in ethnography provides a model that meets the criteria relating to philosophical assumptions, personal style and the problem for study, in an ongoing exploration inside and outside research. Moreover, focusing on reflexivity facilitates a connection across paradigmatic boundaries of positivism and naturalism in ethnography. Admittedly, the connecting bridge is narrow and a bit precarious and the paradigmatic chasm between positivism and naturalism is wide and deep.

At the turn of the twentieth century positivism and naturalism existed side by side in ethnographic research at the University of Chicago. With the rise of behaviourism there was a shift in the balance. The pendulum swung far in the direction of positivism. In social science research in the United States positivism became the predominant model. In the search for cause and effect, the use of experimental, quasi-experimental and survey research methods, along with statistical analysis and quantification of evidence, took precedence. With this turn of events paradigmatic boundaries between naturalism and positivism became entrenched.

Presently the pendulum is swinging in the opposite direction toward ethnography and field work - albeit in slow motion! Tension between naturalism and positivism along with critical theory is evident in modern ethnography. Evidence of this tension is embedded in the many "sub-types" of ethnography, such as symbolic interactionism, ethnomethodology, cultural and cognitive anthropology, feminism and critical theory - to name a few (Atkinson and Hammersley, 1994). As well, a major issue in ethnography relating to rhetoric and representation embodies this tension. Focusing on reflexivity and interpretation in an ethnographic approach contributes to connecting across the paradigmatic chasm separating
positivism and naturalism. With this in mind, the historical underpinnings and methodological assumptions of ethnography are discussed in the next section.

2.2 An Ethnographic Approach: Historical Snapshots in the Twentieth Century

2.2.1 A Snapshot of The Traditional Era

Ethnography has a long history in western society dating back to the ancient Greeks. The word ethnography is derived from the Greek word ethnos meaning peoples or cultural groups. As well, field work in the sense of observing and documenting "primitive" cultures in the new world of the western hemisphere and the south seas, can be traced back to the fifteenth and sixteenth centuries (Vidich and Lymann, 1994, p. 25). However, this discussion will focus on historical snapshots from the twentieth century.

Denzin and Lincoln (1994) identify five moments in the history of ethnographic qualitative research in the twentieth century. The first moment is the traditional period from 1900 to World War II. In this period anthropologists engaged in field studies of "primitive" cultures. A classic example is Malinowski's field studies of the peoples of New Guinea and the Trobriand Islands from 1914 to 1915 and 1917 to 1918. Ethnographers like Malinowski were viewed as rather heroic figures. Positivism is a theme in these studies. The implicit attitudes of colonization of the other has brought these traditional field studies under heavy criticism.

In the traditional era, ethnographers from the University of Chicago in the 1920s and 1930s, shifted the focus of field studies to social problems in the urban ghettos. This research reflected concern by businessmen, church officials and philanthropists, with problematic living
conditions, such as poverty and crime in the urban ghettos in Chicago (Fisher, 1995). The Chicago School added a radical twist to traditional fieldwork by shifting the research focus from "primitive" societies in distant lands to sub-cultures in urban ghettos. A second important change was a shift to a narrative life history approach along with the beginning of an interpretive methodology.

2.2.2. The Golden Age

According to Denzin and Lincoln (1994) the second moment in ethnographic research, the modernist phase, lasted from the end of World War II to the early 1970s. Known as the golden age for ethnographers, it was characterized by methodological rigour. There was a major emphasis on internal and external validity in constructivist and interactionist models of qualitative research. As well, new interpretive models, such as phenomenology, critical theory and feminism, provided a range of options for researchers in social science and education. The "Boys in White" (Becker et. al., 1961) and "The Discovery of Grounded Theory" (Glaser and Strauss, 1967) are two classic texts which mark the beginning and the end of the golden age.

2.2.3 Two Snapshots with Double Exposure: Confusion and Crisis

In contrast, the "blurred genres" and the "crisis of representation", which characterize the third and the fourth moment, create uncertainty. These two historical snapshots create an illusion of double exposure in that the confusion and crisis leaves one with an image of research methods which appears out of focus. As Denzin and Lincoln (1994) point out, the increasing array of choices in research paradigms and strategies from 1970 to 1986 created uncertainty. Some paradigms to choose from include, naturalistic inquiry, positivism and post-positivism, symbolic
interactionism, phenomenology, ethnomethodology, critical theory (Marxist), semiotics, feminism and ethnic models. Moreover, choice of research strategies, such as grounded theory, case study, life history, biographical inquiry and action research, add to the confusion (p. 9). This kind of uncertainty could set the stage for individual and/or societal growth and change. Critical social theorists such as Habermas emphasize that crisis and confusion in social institutions can provide "openings" for individual or social change (Mezirow, 1991).

In an unfolding drama, the crisis of representation took centre stage in the fourth moment, from the mid-1980s to the present. This is the focus of feminist, post-structural and post-modern critique of ethnography. In essence, the authority of ethnographers in relation to their representation of the other in the text is the basis for this critique. The issues relating to rhetoric and representation, along with the relevance of interpretation and reflexivity, have major implications for ethnographic research.

2.3 Methodological Assumptions

2.3.1 Ethnography As An Approach To Social Research

There is lack of agreement about whether ethnography is a research method or a philosophical paradigm. This makes defining ethnography problematic. Atkinson and Hammersley (1994) describe ethnography as "a form of social research" (p. 248) which relies on participant observation. This approach to ethnographic research focuses on exploring a phenomenon in a holistic manner rather than testing a hypothesis about some aspect of it. Selecting a single case or a small number of cases that are either typical or critical is another
characteristic of ethnographic studies. Data collection is unstructured in that categories for data collection are not established prior to entering the field. Moreover, data analysis leans heavily on interpretation, verbal description and explanation. As Atkinson and Hammersley (1994) point out this form of social research relies on

[a]nalysis of data that involves explicit interpretation of the meanings and functions of human actions, the product of which mainly takes the form of verbal description and explanations, with quantification and statistical analysis playing a subordinate role at most (p. 248).

It is this interpretive, reflexive approach to research that I utilized in exploring guided autobiography and life review as it relates to successful aging.

2.3.2. The Distinction Between Qualitative and Quantitative Research

In contrast, McMillan and Schumacher (1993) make a distinction between quantitative and qualitative research design. Ethnography is classified as qualitative research. The distinction is made on seven dimensions including: philosophy, purpose, method, prototypical study, role of the researcher, importance of context and data presentation (see Table 2:1). Ethnography and historical analytical research are reviewed as prototypical qualitative studies. In particular, ethnography is described as “the prototypical study of ongoing events” (p. 15) in qualitative research. This division takes on the dimensions of paradigmatic boundaries. Rather than connecting across paradigmatic boundaries this distinction seems to widen the chasm between positivism and naturalism.
<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Quantitative Research</th>
<th>Qualitative Research</th>
</tr>
</thead>
</table>
| 1. Philosophical Assumptions | - logical positivist  
|                     | - a single objective reality                    | - naturalistic - phenomenological               |
|                     |                                                 | - multiple realities - socially                |
|                     |                                                 | constructed.                                   |
| 2. Research Purpose | - explanation: cause and effect                  | - understanding the phenomenon                 |
|                     | - establish relationships                       | - from the participants perspective            |
| 3. Research Method and Process | - pre-established design                        | - emergent - case study design                  |
| 4. Prototypical Studies | - experimental                                | - ethnography                                  |
|                     | - correlational                                 | - historical analytical                        |
| 5. Researcher Role  | - detached from study                           | - immersed in situation                        |
| 6. Importance of Context | - context free generalization                 | - context-bound generalization                 |
| 7. Data Presentation | - statistical results/numbers                   | - narration with words                          |

2.3.3. **Shifting the Focus to Interpretation and Reflexivity**

Focusing on interpretation and reflexivity, major themes in ethnographic field work, serves to connect across boundaries of positivistic and naturalistic inquiry providing a model for collaborative interdisciplinary research. In the traditional era, positivistic and naturalistic modes of inquiry existed side by side. In fact, the theme of reflexivity originated at the Chicago School with the work of George Herbert Mead and John Dewey (Crowley, 1982; Hammersley and Atkinson, 1983). Reflexivity is a central methodological assumption in symbolic interactionism. "The act of research is just as much a part of symbolic interaction as the relations being studied" (Fisher, 1990, p. 128).

It is important to note the philosophical differences in positivism and naturalism in order to underscore the significance of this pivotal shift in thinking relating to reflexivity in ethnographic research. According to Fisher (1995), positivism embodies the philosophical assumptions of natural science including, empiricism, quantitative methods and external realism. In contrast, naturalism focuses on a humanistic, interpretive, qualitative, internal and phenomenalistic approach. The shortfall of both positivism and naturalism is the failure to recognize that the researcher is an inseparable part of the social world being investigated (Fisher, 1995; Hammersley and Atkinson, 1983). As Hammersley and Atkinson (1983) emphasize:

- All social research is founded on the human capacity for participant observation.
- We act in the social world and yet are able to reflect upon ourselves and our actions as objects in that world. By including our own role within the research
focus . . . we can develop and test theory without placing reliance on futile appeals to empiricism, of either positivist or naturalist varieties (p. 25).

It is evident that positivistic and naturalistic methodological assumptions are equally important approaches in relation to investigating social phenomenon in order to “encircle” the truth (Frankl, 1985). Focusing on our reflexive and interpretive role in the research process facilitates inter-disciplinary collaboration in research. As well, it could prevent the research pendulum from swinging too far in the direction of naturalistic inquiry in a backlash against positivism. Habermas (1991) emphasizes the importance of both explanation and interpretation in social science along with a cautionary note against “absolutizing the interpretive approach” (p. VIII).

2.3.4. Rhetoric and Representation: Crisis and Confrontation

So what is the crisis of representation in ethnographic research? What are the implications of the “rhetorical turn” for ethnographic researchers? Denzin and Lincoln (1994) identify a double crisis of representation and legitimation which has major implications for ethnographic researchers. The essential feature of the crisis of representation is the challenge to the authority of ethnographers in relation to rhetorical representation in texts - or in written accounts of ethnographic field work. Similarly, the crisis of legitimation strikes at the core methodological assumptions in ethnography. The legitimacy of credibility, reliability, validity and generalizability, core assumptions in both positivistic and naturalistic modes of ethnographic inquiry, are challenged. For example, the work of classic ethnographers, as represented in texts, is dismissed in the following manner:
The myth of the Lone Ethnographer depicts the birth of classic ethnography. The texts of Malinowski, Radcliffe-Brown, Margaret Mead and Gregory Bateson are still carefully studied for what they tell the novice about field work. . . . Today this image has been shattered. The works of the classic ethnographers are seen by many as relics from the colonial past (Rosaldo, 1989 cited in Denzin and Lincoln, 1994).

In contrast, Atkinson and Hammersley (1994) view the issues relating to rhetoric and representation along with the implications for ethnographic researchers, in a more positive light. The “rhetorical turn” is viewed as part of a broad movement in social science that enriches ethnographic research rather than as a crisis of representation. The feminist and post-modern critique relating to authority and authorship in textual representation is a welcome challenge. As these authors emphasize:

In recent years the literature on ethnography and participant observation has been enriched by a growing corpus of reflections on the rhetoric of ethnographic accounts . . . including the relationship between authority and authorship and indeed the connection among rhetoric representation and logic generally (p. 254).

It is evident that the challenge and the controversy relating to rhetoric and representation enriches ethnography. However, from the standpoint of a novice researcher this greatly complicates the task of choosing a methodology and method for exploration of successful aging inside research and outside research.
2.3.5 An Ethnographic Approach: Credibility, Reliability and Validity

Focusing on reflexivity using an ethnographic approach provides a methodology for negotiating the "rhetorical turn" while engaging in research that is credible. According to Fisher (1995) credibility, reliability and validity are major methodological considerations in relation to the "craft" of ethnographic field work. Using an ethnographic approach enhances internal validity. Issues relating to validity have implications for the accuracy along with the generalizability of conclusions. Internal validity refers to:

The accuracy with which the description of particular events (or set of such descriptions) represents the theoretical category(ies) that it is intended to represent

... and capture the reflexive features of these events (Fisher, Lecture, January 19, 1995)

In an ethnographic approach, triangulation of sources of evidence including participant observation, ethnographic interview(s) and document analysis, contributes to accurate description and interpretation. As well, engaging in active listening and empathic understanding "captures reflexive features". In essence, putting oneself in the other person's shoes in a reflexive manner contributes to accurate interpretation of the meaning of his/her experience. Moreover, careful selection of critical cases along with an emphasis on theoretical framework(s) provides for increased external validity and generalizability. In light of the "rhetorical turn" this emphasis on validity is crucial.
2.3 An Ethnographic Emergent Design

At once the strength and limitation of an ethnographic model focusing on reflexivity and interpretation is that it closely approximates my philosophical assumptions and personal style as if it “is nothing more than a refinement of everyday thinking” (Einstein, 1936). I have become immersed in this research project exploring transformative learning as it relates to successful aging. Participant observation and document analysis in an ethnographic reflexive approach has become a way of life. Because ethnography is an emergent open-ended approach, it was difficult to narrow the research focus in order to view the conceptual analysis of successful aging as a separate process.

In an ethnographic approach an emergent research design is characterized by uncertainty in that it is open-ended. The implications of reflexivity in every stage of ethnography became evident to me in planning and carrying out this open-ended research project. By now it is clear that a major dilemma for me has been separating exploration “inside research” and “outside research”. In this respect I agree with Smith (1994) that all research could best be viewed as “ethnographic biography”. For instance, in the planning phase selecting an inter-disciplinary team of experts to supervise my academic work in Educational Gerontology was a crucial feature of this research project. An ethnographic reflexive approach contributed to this selection process in the clinic and the classroom.

Similarly, document analysis is an interactive ongoing process. In review of the literature relating to transformative-learning, perspectives on successful aging, and guided autobiography, life review and reminiscence, I used a critical case study approach, selecting theories and
research of experts along with the criticisms thereof from academic books and refereed journals. In the selection process I was greatly influenced by lectures and meetings with two of the experts in guided autobiography and life review and reminiscence, namely Dr. James Birren and Dr. Paul Wong.

Learning the "craft" of field work in Educational Studies (Fisher, 1995) familiarized me with the issues relating to selecting problems, cases and samples, along with the importance of systematic data collection and data analysis. For a class assignment in Educational Studies I planned and conducted a critical case study. This was an ethnographic biographical study of a senior scholar, who is a role model for successful aging. Document analysis, informal observation, formal observation and an ethnographic interview were core features of this assignment. The above-mentioned case study was central to my ongoing investigation into meaningful roles and successful aging.

Moreover, inductive data analysis is a major theme in an ethnographic reflexive approach. It is imperative that data collection and data analysis, an interactive process, be conducted in a systematic manner. Identifying sensitizing concepts, coding the data and building a theoretical model, emerges throughout every phase of ethnographic research. Frequency, distribution and typicality of themes across sources is an important consideration in data analysis. Careful selection of themes, meticulous coding of data, along with triangulation of sources contributes to increased accuracy of description and representation of phenomenon (Fisher, 1995).
2.4 Conclusion

The methodological assumptions and methods of ethnographic fieldwork closely approximate my philosophical and theoretical views, my personal style and the nature of the problem for investigation. The crucial aspect of ethnography that makes it relevant to my philosophical views and the nature of the problem is the shift in the "research gaze" to reflexivity and interpretation. Focusing on reflexivity provides a way to connect across the paradigmatic boundaries of positivism and naturalism.

Positivism is based on empiricism, external realism and certainty in that qualitative research design is fixed or closed. In contrast, naturalism embodies humanistic and phenomenological assumptions along with the uncertainty of an open emerging research design (Fisher, 1995). Both positivism and naturalism are important methods in social research depending on the nature of the problem being investigated. The essential problem is that both positivism and naturalism overlook the fact that the researcher is part of the social world being investigated. "Rather than engaging in futile attempts to eliminate the effects of the researcher, we should set about understanding them" (Hammersley and Atkinson, 1983, p. 17).

This is an ethical and respectful way of engaging in research as it embodies active listening and empathic understanding. In choosing an ethnographic reflexive approach research becomes a way of life. As Ely et. al. (1991) point out:
... whatever our stages, however it seems that all of us have chosen to share a
way of research life - a way of life - that sweeps us along in continuous circles
within circles of action, reflection, feeling and meaning-making (p. 7).
Chapter 3
Creating A New Social Space: Dispelling Ageism

3.1 Ageism - An Invisible Barrier To Successful Aging

It is increasingly within our power to intervene directly in the process of aging, with prevention, treatment and rehabilitation. It is also within our power to intervene in social, cultural, economic and personal environments, influencing individuals lives as well as those of older persons en masse. If, however, we fail to alter present negative imagery, stereotypes, myths and distortions concerning aging and the aged in society, our ability to exercise these new possibilities will remain sharply curtailed. (Butler, 1994, p. 137)

Butler’s (1994) words echo with an urgent reminder across this new social space, that negative stereotypes and ageist attitudes stand in the way of successful aging. Butler first identified ageism in North American policies and practises in 1968. As chairperson of the District of Columbia’s Advisory Committee on Aging, Butler attributed discriminatory practises relating to public housing for the elderly to ageism. Although this situation has improved in the last decade, “residual pockets” of ageism still exist. For example, the residue of ageism is evident in the “medicalization” of the elderly (Estes and Binney, 1989; Moody, 1993). As defined by Butler (1969, 1994):
Ageism can be seen as a systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender. Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills . . . . Ageism allows the younger generation to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings (p. 138).

3.1.1 Drama in the Clinic: An Episode of Ageism

An experiential account emphasizes how ageism can be a subtle, almost invisible, barrier to successful aging - silencing the voices of wise elders, even in the most progressive medical settings. In this real life drama, I witnessed a subtle discriminatory act against a dignified elder, a medical doctor (Doctor A) in the clinic. Doctor A (age ≥ 80) a retired physician enrolled in graduate studies in gerontology at Simon Fraser University (S.F.U.), was a role model for successful aging.

The setting for this drama was a large urban hospital in greater Vancouver, recognized for its progressive approach to comprehensive geriatric assessment and continuing care for the elderly. As part of the course work for a fourth year seminar about the psychology of adulthood and aging (at S.F.U.) our group was on a field trip to this "progressive" institution. After touring the continuing care facility, we attended a lecture given by a nurse clinician who was a member of the interdisciplinary team of experts who conducted comprehensive geriatric assessments.
Act One: Scene One

The students are sitting in a circle, on straight backed chairs, in the solarium. The two leaders, the professor from S.F.U. and the nurse clinician from the assessment team, close the circle at the far end of the room with backs to the wall of windows. Autumn sunlight, filtering through the red and gold leaves on the far side of the window, no longer warms the room. There is a vague uneasy silence. Doctor A’s intelligent, thoughtful question about Alzheimer disease hangs in the air. There is some confusion. I hear the professor thanking the nurse clinician and she exits from the room.

It was the nurse clinician’s condescending response to Doctor A’s question that has caused this uneasy silence in the group. Such a subtle change in posture, tone of voice and choice of words! It all happened quickly! I hear the professor speaking in an intense tone. “You have just witnessed ageism,” he says. He asks us to remain in the room for debriefing. He will make a formal complaint to this progressive medical institution. I resolve to do what I can to dispel ageism. It is evident to me that ageism is a pervasive invisible barrier to successful aging.

3.2 Stories From The Past: Myths and Stereotypes About Old Age

Myths and stereotypes about aging are not a recent phenomenon. Stories from the past provide images of “ambivalence” about old age in western culture dating back to ancient Greece and Rome (de Luce, 1994) and throughout the Middle Ages and the Renaissance (Covey, 1989). On the one hand, stories about aging represented old people as decrepit and miserly like the negative stereotype embedded in present day ageism. On the other hand, there were tales about
wise old elders, the positive theme of successful aging, in historical accounts about western societies.

3.2.1 Old Age: Stories from Antiquity

De Luce (1994) examined perspectives about aging in Greco-Roman antiquity in the stories of Greek and Roman poets and philosophers to see if ageism, as discrimination against elders, existed. Both the negative stereotype and a positive view of aging are evident in these stories from classical texts. However, de Luce found little evidence for "systematic discrimination" against old people in their work and relationships in public life. In ancient Greece and Rome, few people lived until old age and those that did were often valued for their wisdom in public life. With this in mind, I will briefly describe the demographics of aging in antiquity, along with providing examples of the ambivalence about old age from texts of Roman poets and philosophers.

According to de Luce (1989) the demographics of aging in ancient Greco-Roman society was remarkably different than in western culture today. One major difference was that without the miracles of modern day medicine few people lived to reach old age. Although the life span was 70 years, less than one percent of the population lived to this age. The median age of death was 35 years of age for women and 45 years of age for men. For women, old age was after menopause, at about 40 years of age. In comparison, men were not considered old until 50 years of age.
Two texts of the Roman poet Horace provide verbatim accounts of the negative stereotype of old men and old women in Greco-Roman antiquity. Horace's poem about old women is so harsh I have chosen at the last moment to leave it out of this text. As de Luce (1994) points out "old women in Latin poetry are treated with a viciousness that far outstrips the portrayal of lustful old men" (p. 71). In a poem about old men Horace writes:

And men grown old suffer,
Rich but afraid to spend, not daring to eat,
Sick of living but sicker at death's first breath,
Cold and slow, endlessly timid, greedy
For time but trembling, short tempered, intolerant,
Able to see only what they once saw, bitter
To boys and men still growing old,
Flowers bring fruit as they come,
Take sweetness with them as they go
(Epistles 2.3. 153-178/in de Luce, 1994, p. 68).

In contrast, the Roman philosopher, Cicero's (160-43 B.C.) classic text De Senectute, written the year before his death in 44 B.C. is hailed for its optimistic, positive portrayal of old age (Baltes and Baltes, 1990; Covey, 1991; de Luce, 1994). De Luce (1994) draws attention to Cicero's losses in old age as he is faced with a second divorce, death of a child and forced retirement from the senate. She implies that perhaps Cicero protests too much against the
traditional view of decline and loss, the negative stereotypes of aging. Cicero's De Senctute is viewed as the "precursor" to present day models of successful aging (Baltes and Baltes, 1990).

3.2.2 Myths and Stereotypes About Old Age in the Middle Ages to the 16th Century

Similarly, Covey (1989) identifies ambivalence about old age in 'ages of life models' of western writers, artists, and historians from the Middle Ages to the 16th century. In these ages of life models there were themes relating to mystical, astrological and spiritual meanings. One of the negative stereotypes was of the old miser. For example, scholars in the 13th century, like Roger Bacon, viewed avarice and greed of miserly old people as a sin (Covey, 1991). As well, old age was valued as a time of spiritual contemplation and growth in mental wisdom. In Covey's (1989) words:

On the positive side the ages of life characterize old age as a time for contemplation, spiritual restoration, repentance and wisdom. On the negative side, decay, miserliness, lust, foolishness, child-like behaviour, dementia and poor health were also attributed to older people (p. 697).

In North American society today the wisdom of the elderly is devalued and the negative view of decline and decay prevails. The negative view of decline and decay is the underlying theme in ageism. However, there is presently a renewed interest in the positive view of old age as expressed in models of "productive aging" and "successful aging" in the geriatric and gerontology literature.
3.3 **Life Span Development: Theories Relating to Growth and Decline**

We are, more often than we realize, what our past has made us. Memories live on, affecting our present and shaping our future in numerous ways (Watt and Wong, 1991, p. 37).

In this section of the text I intend to examine major theories in the twentieth century as they relate to life-span development in terms of growth and decline and successful aging. I will emphasize how these theoretical perspectives perpetuate or dispel negative myths and stereotypes about the elderly. This discussion will focus on the psychodynamic, person-centred and cognitive behavioural theories, along with examining the medical model and a wellness perspective relating to successful aging. Much of this section of the text will be written in the context of counselling psychology. However, these theories are equally relevant for adult education in that they “affect the present” and “shape the future” (Watt and Wong, 1991, p. 37) of educational gerontology. The twentieth century has been “named the century of the child” (Erikson, Erikson and Kivnick, 1986, p. 15). For the twenty-first century we can turn our sights to creating a new social space for old people.

### 3.3.1 The Psychoanalytic Model

a) **Freud's View of Human Nature**

Freud's psychoanalytic model was a radical turning point in psychological theory providing an explanatory framework for human nature and personality development and a
methodology for practise of psychoanalysis. Freud is recognized “as the father of modern psychiatry - as revolutionary a thinker as Darwin” (Gray, 1992, p. 13).

Freud’s Vienna was a “world of science and medicine” (Film, C.N.P.S. 365, 1992, September, 15). He studied medicine and neurophysiology at the University in Vienna. It is not surprising that Freud’s theory focused on biological motivational forces in human behaviour - instinctual, biological, sexual and aggressive drives.

As a model of human behaviour and personality development, psychoanalytic theory is mechanistic and deterministic. Behaviour is determined by a dynamic interaction between the unconscious and the conscious - motivated by biological, instinctual, sexual and aggressive drives. Moreover, events in the five psychosexual stages of development, particularly in early childhood, determine personality development. The five psychosexual stages of development include oral, anal, phallic, latency and genital stages. Freud viewed personality development as being completed by the genital stage in which “reproduction and intimacy are the chief developmental issues” (Monte, 1980, p. 85). As Corey (1991) emphasizes:

The Freudian view of human nature is basically deterministic. According to Freud, people’s behaviour is determined by irrational forces, unconscious motivations, biological and instinctual drives and certain psychosexual events during the first six years of life (p. 96).
Therefore, the implication is that with increasing age personality development is rigid or decays after the first six years of development.

One of the most controversial aspects of Freud's theory is that he changed the seduction hypothesis. In essence, real episodes of childhood sexual abuse reported to Freud by patients were attributed to fantasy. In Masson's (1984) view, Freud bowed to pressure from his medical colleagues. As Masson emphasizes:

It was my conviction that what Freud had uncovered in 1896 - that, in many instances, children are the victims of sexual violence and abuse within their own families - became such a liability that he literally had to banish it from his consciousness (p. xxx).

In contrast, Kupfersmid (1992) in “defense” of Freud, speculates that Freud was probably the victim of childhood sexual abuse by his father and he “could not emotionally tolerate the implications the seduction theory had for his father or himself” (p. 297). Therefore, he “abandoned” the seduction hypothesis.

b) Contemporary Psychoanalytic Models

Erikson’s theory of psychosocial stages of development and object relations theory and self psychology have emerged from Freudian psychoanalytic roots to become very relevant for education and counselling. Both theories change Freud’s deterministic view of human nature in
a significant way - placing the primacy of instinctual sexual drives on the back burner. Object relations theory emphasizes the importance of issues relating to attachment and relationships in early childhood. Erikson focuses on the importance of psychosocial forces on the development throughout the entire life span. These theories are important aspects of a model of transformative learning for successful aging.

**Erikson's Theory: Hope for Growth and Change**

Erikson's model reflects a positive view of human nature, emphasizing resolution of developmental tasks with growth in ego strength and competence at each of the eight stages of development throughout the entire life span. These psychosocial stages of development include: trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; industry versus inferiority; identity versus role confusion; intimacy versus isolation; generativity versus stagnation; and integrity versus despair (Erikson, Erikson and Kivnick, 1986, see Chart 1).
<table>
<thead>
<tr>
<th>Infancy</th>
<th>Childhood</th>
<th>Early</th>
<th>Play Age</th>
<th>School Age</th>
<th>Adolescence</th>
<th>Young Adulthood</th>
<th>Adult Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust v. Mistrust</td>
<td>Hope</td>
<td>WILL</td>
<td>Initiative</td>
<td>Competence</td>
<td>Identity vs. Role</td>
<td>Generativity vs. Self-Absorption</td>
<td>Integrity vs. Despair</td>
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<tr>
<td>Sensory Maladjustment</td>
<td>Competence</td>
<td>Initiative vs. Guilt</td>
<td>Initiative vs. Fidelity</td>
<td>Competence vs. Love</td>
<td>Self-Acceptance vs. Care</td>
<td>Self-Acceptance vs. Wisdom</td>
<td>Prejudice vs. Acceptance</td>
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For those concerned with a positive image of aging with a “spiralling progression of improvement” (Weiland, 1994, p. 21), Erikson's stage theory is an important framework for research and practise. As Weiland (1994) emphasizes every chart needs a story and every story needs a chart. Erikson added biographical narrative and themes of spirituality and religion in the life stories of Luther and Ghandi in his later studies. Responding to criticism that Erikson's theory is “deterministic” and lacking in “contextuality”, Weiland (1994) points out that the stages of development are not “age-linked”. Moreover:

Erikson has always insisted on “historical relativism” in thinking about problems of inquiry and method. Accordingly, his theory is itself an invitation to address how it needs to be revised to meet the circumstances of new generations”(p. 23).

Erikson, Erikson and Kivnick (1986) view successful aging in terms of “vital involvement in old age”. In the spiral of growth even in the final stage a balance between integrity versus despair contributes to the adaptive strength of wisdom. Wisdom is viewed as an ultimate “involved disinvolveoment”:

Wisdom is a detached concern with life itself, in the face of death itself. It maintains and learns to convey the integrity of experience, in spite of the decline of bodily and mental functions (p. 38).
Moreover, Erikson et. al. (1986) identify ageism as a barrier to vital involvement of elders in North American society. In this century of the child, youth and beauty are highly prized in North American culture. Often old people have internalized the negative myths and stereotypes about aging with debilitating consequences.

The cruelest aspect of this cultural attitude is the elders' vulnerability to the stereotype. Some feel themselves to be unattractive, dull and, quite often, unlovable, and this depressing outlook only aggravates the problem (Erikson et. al., 1986, p. 30).

Object Relations Theory and Self Psychology

According to Strupp (1992), object relations theory and self psychology are important "growing edges" in psychodynamic psychotherapy. Both theories appeal to me because they focus on how early infant care-giver interpersonal relationships contribute in the development of self-concept or self-schema. This provides a theoretical connection to transformative learning and life review. In this view there is a shift from the primacy of instinctual sexual drives as the basic motivational force to an emphasis on an innate striving for interpersonal relations (St. Clair, 1986). Therefore, it is a disruption in the infant care-giver bonding rather than oedipal conflict which contributes to psychopathology, such as, borderline personality disorder and narcissistic personality disorder (St. Clair, 1986; Strupp, 1991).
Because object relations theory and self-psychology focus on the development of self-concept or self-schemata they provide a theoretical connection across paradigmatic boundaries. The development of self-concept or self-schemata is viewed as an integrative concept across psychotherapy systems (Sperry, 1992; Stolorow, 1992). For example, Sperry (1992) emphasizes that concepts similar to life style convictions are "pervasive themes" in four major psychotherapy systems including: cognitive behavioural; psychodynamic; systems; and experiential perspectives. In Sperry's (1992) view life style convictions: "... comprise the cognitive organization of the individual as described in terms of self, the world, the self-ideal and ethical convictions" (p. 4). In my view, both innate biological tendencies and socio-cultural forces contribute to development of the individual's lifestyle convictions or self-schemas.

Moreover, the theoretical concepts in object relations theory and self-psychology have the potential to provide an important focus in the therapeutic relationship. For example, in self-psychology Kohut's emphasis on empathy - "vicarious introspection" - as a "major facilitator" in the development of the self and the self object (Wastill, 1992, p. 225) provides an important focus for therapy.

Similarly, Stolorow (1992) emphasizes that object relations theory and self psychology narrow "the gap between theory and practise". The focus on the interpersonal relationship makes theoretical concepts in both of these psychoanalytic theories "experience near" and "relational" to practise (p. 159).
Moreover, in these contemporary psychoanalytic theories the “therapeutic alliance” is identified as the crucial factor in the therapeutic process. In Strupp’s (1992) view many of the concepts from classic psychoanalysis still apply. For instance, unconscious conflict, psychic determinism, transference and countertransference are still the “crux” of psychotherapy.

However, as Strupp (1992) points out:

One of the most significant developments within psychodynamic therapy that will be predictably a central component of many forms of future psychotherapy, has been the growing recognition of an emphasis on the critical importance of the patient-therapist relationship (p. 23).

It is evident the quality of the therapeutic relationship is critical to the process of growth and change.

3.3.2 The Person Centred Approach

a) Carl Rogers: A Growth Model

The Rogerian person-centred approach is based on a humanistic view of human nature. In this model, the individual is motivated by an innate tendency to growth or self-actualization. Unconscious conflict, past history and childhood experience are not the focus of psychotherapy. In Roger’s (1989) view the therapeutic relationship is the most important element in the change process. Rogers identifies the conditions - the three attitudes of the therapist which provide a “climate” conducive to growth and change. In particular, the attitudes of genuineness or
congruence, unconditional positive regard and empathic understanding, facilitate the change process (p. 135-136).

Reacting against Freudian psychoanalytic theory - the deterministic view of human nature and the directive stance of the psychoanalyst - Roger developed a non-directive style of counselling in the 1940s (Corey, 1991, p. 205). As Rogers (1987) points out, this is a radical view, “it runs contrary to Freudian thinking in which the inner core of the individual is destructive and wild and must be tamed” (p. 41). Unlike psychoanalysis which is based on the medical model, the person centred approach embodies a growth model of human nature.

According to Raskin and Rogers (1989), the key concept in relation to human nature is trust - in the actualizing tendency of human beings toward increased “order, complexity and interrelatedness” (p. 155). As Raskin and Rogers emphasize:

The most fundamental and pervasive concept in person-centred therapy is trust.
The foundation of Rogers’ approach is an actualizing tendency . . . in human beings, a trust in a constructive directional flow toward the realization of each individual’s full potential (p. 155).

Moreover, Rogers’ person-centred approach is a humanistic model. The humanistic philosophy of human nature differs from Freudian psychoanalytic theory on the same dimensions as Adler, with the exception of social interest. These dimensions include: holism versus elementalism; humanistic versus mechanistic; an emphasis on human subjectivity; a focus on
human creativity; purposiveness versus causal determination; and psychotherapy as human relations (Ansbacher, 1990, p. 45-46).

Raskin and Rogers (1989) emphasize that the person centred approach is "growth oriented rather than developmental" (p. 167). In this view, the basic human motivation is an innate tendency toward growth and self actualization. However, environmental forces in general and "interaction with evaluational others" (p. 166) in particular, contribute to the development of the self-structure. Although the rhetoric and representation differs, these ideas about the development of the self-structure are similar to the concepts about the development of the self schemata in object relations theory and self-psychology.

Rogers' "radical" departure from the Freudian psychoanalytic view, which is based on the medical model, to a positive growth model of human nature has important implications for the therapeutic and educative processes and dispelling negative stereotypes about aging. The medical model focuses on the diagnosis and treatment of disease in which the patient is viewed as sick or mentally ill. As will be emphasized in a subsequent section old age is socially constructed as a disease. As Rogers (1987) describes it:

... most therapy and many attempts to deal with differences are based on a medical model in which you diagnose, you label, you prescribe and you treat. Your aim is to try to bring the person back to normal, back to average... We are talking about a growth model in which the aim is to help the individual to remove
whatever blocks to growth exist and continue on the normal functional road (p. 40).

b) The Therapeutic Relationship: The Climate for Growth and Change

According to Rogers (1989), the therapeutic relationship with a “growth promoting climate” is the crucial factor in that it is both necessary and sufficient to facilitate the process of growth and change. The goal of psychoanalysis, to make the unconscious conscious using techniques such as free association, dream analysis and interpretation of transference, is not in the Rogerian repertoire. In fact, Rogers negates using techniques. Even interpretation of transference and countertransference, which has been adopted by other major theorists, is not acknowledged by Rogers. In the Rogerian view

... the individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes and self-directed behaviour - and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided (p. 155).

The three facilitative attitudes of the therapist which are conducive to this therapeutic climate include: genuineness or congruence; unconditional positive regard; and accurate empathy (p. 155-156).
c) **Are Facilitative Conditions Necessary And Sufficient?**

There has been a proliferation of research studies relating to Rogers' person-centred approach in general and the qualities of the therapist in particular. In Rogers' (1987) view "the importance of empathy is well established" (p. 44). Hill and Corbett (1993) provide a detailed summary of research findings to date. Much of the current research focuses on whether "facilitative conditions" are "necessary and sufficient" in relation to the change process. However, there is controversy surrounding methodological issues such as empathy scales. Hill and Corbett (1993) emphasize:

... that the debate over whether, the facilitative conditions are necessary, sufficient, or both, across all theoretical perspectives remain unresolved ... researchers will need to clarify what they mean by constructs such as empathy and develop more sophisticated measures and methods (p. 8).

It is evident that both the psychoanalytic model and the person-centred approach have useful and meaningful possibilities in counselling and psychotherapy. It is important to consider predictions for the future of psychotherapy when selecting aspects of these models for an integrative or eclectic approach. As well, it is crucial to understand the personality type and personal preferences of both the therapist and the client in order to ensure a successful outcome in relation to growth and change.
Based on a Delphi poll of 75 experts, Norcross, Alford and De Michele (1992) predict the following trends in the future of psychotherapy: "Directive, present-centred, problem-focused, and brief therapies were expected to increase, whereas historically oriented, comparatively passive, and long-term approaches were predicted to decrease" (p. 150). Clearly, one limitation of both classical psychoanalysis and person-centred therapy is that they are long term approaches.

Moreover, personal preferences of both the therapist and the client must be considered to ensure an effective outcome in therapy. Neither the person-centred approach or the psychoanalytic model would be effective with all clients. With the emphasis on insight, one might speculate that verbal, intelligent and highly motivated individuals would benefit most from these long term approaches.

In Rogerian person-centred therapy there is little doubt that the therapeutic relationship, with a "growth promoting climate" - characterized by attitudes of the therapist of genuineness, respect, caring and empathic understanding, is the critical element for growth and change. In Rogers' (1962) words:

... in professional work involving relationships with people - whether as a psychotherapist, teacher, religious worker, guidance counsellor, social worker, clinical psychologist - it is the quality of the interpersonal encounter with the client which is the most significant element in determining effectiveness (p. 101).
3.3.3 **Life Span Development: A Behavioural Science Perspective**

Baltes and Baltes (1990) on Successful Aging:

At first glance, aging and success seem to represent a contradiction: aging conjures a picture of loss, decline, and approaching death, whereas success connotes gains, winning the game, and a positive balance. Thus, the association of aging with success seems intellectually and emotionally a paradox. ... At second glance, however, the association of aging with success might indicate that the apparent contraction is intended to provoke an analysis of the nature of old age as it exists today. We are asked not only to reflect upon but also to participate in the creation of aging, instead of passively experiencing it as a given reality that is “natural” only for the reason that it exists (p. 4).

From a cognitive behavioural perspective, Baltes (1987) provides a metatheoretical model of lifespan development which focuses on the dynamic interaction of growth and decline in relation to intellectual functioning. In this model, major theoretical concepts include: lifespan development; multidimensionality and multidirectionality; interaction of growth and decline; plasticity in development; and historical embeddedness and contextualism, in relation to intellectual development and adaptive functioning. An example of the interaction of the dynamics of growth and decline in “multidirectionality” is the development of fluid and crystallized intelligence. “Fluid intelligence shows a turning point in adulthood (toward decline), whereas crystallized intelligence exhibits the continuation of incremental function” (p. 614).
As well, Baltes and Baltes (1990) identify a model of successful aging which embodies these principles of plasticity and the constant interplay of growth and decline in relation to adaptive functioning. Baltes and Baltes see Cicero’s De Senectute (44 B.C.) as the precursor to their model of successful aging. This model is based on the principles of “selective optimization with compensation” (p. 21). In Baltes and Baltes (1990) words:

We contend that by using strategies of selection, optimization, and compensation, individuals can contribute to their own successful aging. On the one hand, then, the biological nature of human aging limits more and more the overall range of possibilities in old age. On the other hand, however, the adaptive tasks of the aging individual is to select and concentrate on those domains that are a high priority... a convergence of environmental demands and individual motivation, skills and biological capacity (p. 27).

3.4 The Medical Model Perpetuates the Negative Stereotype

How does the medical model perpetuate the negative stereotype of old people? In essence, the focus on diagnosis and treatment of disease in the medical model contributes to perpetuating the negative stereotype of old people. In the medical model “health exists in the absence of disease” (Ebersole and Hess, 1990, p. 49). Although this is a limited definition of health, it is predominant in the Canadian health care system. In Rachlis and Kushner’s (1989) view:
... although our health care system is oriented almost entirely toward treating and curing illness, we know intuitively that health is more than just the absence of disease (p. 178).

However, it is important to acknowledge the contribution of the biomedical model to the compression of morbidity as it relates to successful aging. As Butler (1994) points out, we have the biomedical technology “to intervene directly in the process of aging, with prevention, treatment and rehabilitation” (p. 137). Chronic diseases such as cardiovascular disease, cancer and cerebrovascular disease, are the leading causes of morbidity and mortality in the elderly in North American society (Chappell et. al., 1986, p. 35). Thanks to biomedicine many risk factors for these chronic diseases have been identified. For example, the Framingham Longitudinal Study has identified risk factors for coronary artery disease. Moreover, a recent study suggests compression of morbidity in long living Japanese American men in Hawaii. Compression of morbidity is a medical perspective on successful aging (Fries, 1990, p. 35). With this in mind, I will briefly discuss the “biomedicalization of aging” (Estes and Binney, 1989) as it contributes to the negative stereotype of the elderly.

3.4.1 The ‘Biomedicalization’ of Aging

By focusing on disease and decline the medical model perpetuates the negative stereotype of old age. Estes and Binney (1989) emphasize how the medical model is ideologically entrenched in the perception of aging. They argue that “... biomedicalization of aging socially constructs old age as a process of decrimental physical decline and places aging under the
domain and control of biomedicine” (p. 587). As well, this view of aging as a medical problem pervades the ‘praxis’ of those who examine issues and practices related to aging. Moreover, it is the underlying theme in professional training and practise, and pervades the layperson's perception of aging. It is the dominant influence in public policy, planning and research. For example, the National Institute on Aging (NIA), a powerful influence on research about aging in the United States, allocates 60% of its research grants to “medically defined problems”(p. 591).

In discussing the “dangers and dilemmas” of the medical model relating to aging, Estes and Binney (1989) acknowledge that medical science deserves an “honoured place” in society for its remarkable contribution to health care. However, the focus on disease treatment rather than prevention contributes to two major crisis in health care of the elderly. The first “crisis” relates to over-treatment. Medical technology contributes to prolonging life often at great expense to the health care system and the aging individual in terms of quality of life. The second “crisis” relates to prevention and the socioeconomic determinants of disease. In Estes and Binney’s (1989) words:

The second crisis for the biomedical paradigm is the continuing inability to address macrostructural problems implicated in the etiology of ill health (e.g., environmental, social and economic causes). Medicine’s response has been to focus attention on individual health behaviours and life-styles, making the individual responsible for illness (p. 595).
Estes and Binney identify two major problems in the medical model. It is self evident that if the second crisis, socioeconomic ills, is addressed it will reduce the magnitude of the first crisis. Prevention at the macrostructural level could greatly reduce the costs to the medical care system and the quality of life of aging individuals.

3.4.2 Compression of Morbidity and Successful Aging

Prevention of chronic diseases and compression of morbidity could contribute to enhancing the quality of life for old people. Chronic diseases are the major cause of mortality and morbidity in old age. In the North American population, 65 years and older, morbidity due to chronic disease is pervasive: 85.6 percent of Canadians and 80 percent of Americans in this age range have at least one chronic disease (Chappel et. al, 1986, p. 34). As well, the three leading causes of mortality in the United States for people over 65 years of age are “disease of the heart, malignant neoplasms, and cerebrovascular disease” (Finch and Schneider, 1985, p. 13). Similarly, the three leading causes of mortality in Canada, in the elderly, are chronic diseases. According to Chappell et. al. (1986), “in both Canada and the United States heart disease is the leading cause of death among old people. Cancer is second and cerebrovascular disease is third” (p. 35).
Identification of Risk Factors for Coronary Artery Disease

We have at our disposal the methods to prevent chronic disease in the elderly. Many risk factors for chronic disease have been identified in well executed and documented longitudinal studies. A well known example is the ongoing Framingham Longitudinal Study:

The Framingham Study consists of an original cohort population of 5209 members (2873 women, 2336 men) who were medically evaluated bi-annually from 1948 to the present. (Myers, Kiely, Cupples and Kannel, 1990, p. 963)

Risk factors for coronary artery disease, the leading cause of death in the elderly, have been identified in the Framingham Study. These risk factors include: parental history, age, sex, cigarette smoking, diabetes, hypertension, elevated cholesterol and being overweight (Myers et. al., 1990, p. 963). At the present time, genetic inheritance, age and sex are irreversible factors. Whereas, cigarette smoking, hypertension, elevated cholesterol, and obesity, are risk factors that are reversible and can be minimized.

According to Juneau (1990), the Medical Director of the Montreal Heart Institute's Cardiac Rehabilitation Program, the risk of coronary artery disease can be reduced by 30% with regular physical exercise. Moreover, Juneau recommends a “multiple risk intervention strategy” in secondary prevention following myocardial infarction. He recommends that exercise training along with “control of lipids, smoking cessation, and treatment of hypertension and diabetes are ... important for long term survival” (Juneau, 1990, p. vi). These risk intervention strategies
have great potential in primary and secondary prevention of chronic diseases. It certainly seems feasible that the next cohorts of elderly people may in fact enjoy longevity with compression of morbidity.

**Longevity with Compression of Morbidity**

Data from a recent study of long living Japanese American men in Hawaii suggests longevity with compression of morbidity. The average life expectancy of Japanese American men living in Hawaii was 77.7 years in 1980. Curb, Reed, Miller, and Yano (1990) investigated health status and lifestyle in a cross sectional study of 1,379 Japanese American men born between 1900 and 1910 still living in the community. These men are part of the Honolulu Heart Program's longitudinal epidemiologic study on stroke and coronary artery disease. Data from this study was compared with a similar investigation in the United States: namely, the Established Population for Epidemiologic Studies of the Elderly (EPESE) in East Boston, Massachusetts, rural Iowa, and New Haven, Connecticut.

When compared to the three EPESE groups in the United States, it was found that there was less disability and myocardial disease and that chronic disease occurred late in life in the elderly Japanese American men. For example, only 9.4 percent of the elder Japanese American men in Hawaii, compared to 18 percent of the elderly Caucasian males in East Boston, had limited mobility in that they were unable to walk a mile without assistance. Similarly, the reported prevalence of heart attacks was greater in the EPESE populations. For instance, 15.1 percent of elderly males in East Boston and 22.1 percent of elderly males in rural Iowa had a
history of myocardial infarction. In contrast, only 1.8 percent of elderly Japanese American men reported having a myocardial infarction in the past 5 years and 6.2 percent reported having a heart attack "ever". Of even greater significance is that an increased prevalence of cardiovascular disease in the elderly Japanese American population is seen in the very old. According to Curb et. al. (1990), "The increase in prevalence of cardiovascular diseases, primarily after the age of 74, could be an indicator of the compression of morbidity phenomenon operating in this long-lived population" (p. S210). Even though these results are inconclusive (because this is a cross sectional comparison), the implication of compression of morbidity for the elderly emphasizes the need for a major focus on prevention in the formal health care system.

3.5 Health from a Wellness Perspective

In contrast, health from a wellness perspective focuses on individual needs and the possibilities for enhancing the quality of life. Ebersole and Hess (1990) provide a model of health and wellness based on Maslow's hierarchy of needs. In Maslow's hierarchy, biological needs such as air, water, food and shelter are at the base of the hierarchy. Only when these basic needs are met does the individual have the motivational energy to satisfy the needs of safety and security in the next level of the hierarchy. Similarly, the individual ascends through the levels of belonging, self esteem and growth, to the pinnacle of self actualization (Ebersole and Hess, 1990, Figure 1, p. 148).

Using Maslow's hierarchy of need, Ebersole and Hess (1990) developed a wellness/health continuum for the elderly. The medical model is at the negative end of the continuum. The
neutral zone is no "discernable" disease. In the descending order are signs, symptoms, disability and premature death. The positive end represents wellness in ascending order from education, growth, self actualization and an ultimate high level wellness (Ebersole & Hess, 1990, Figure 3-1, p. 50). The implication of this continuum for the elderly is that a medical care system that focuses on treatment and cure of disease falls short of meeting their needs. It is immediately evident, when looking at Maslow's pyramid, that issues of housing, nutrition, economics, and access to services, must be addressed to meet the needs of the elderly at the two lowest levels, not to mention the necessity for meaningful social roles, employment opportunities, education and counselling to address needs for self esteem, empowerment, growth and self actualization. This wellness model redirects attention to the real needs of the elderly.

Equating wellness with Maslow's hierarchy contributes to dispelling the negative stereotype of the elderly. In fact, self actualization, the pinnacle of human functioning, requires the wisdom of age. In Maslow's words self actualization: "requires wisdom and maturity acquired through facing the realities of life and choosing to be fully oneself" (Maslow, 1958).

3.6 Conclusion

In conclusion, all of the theories discussed in this chapter have important implications for developing new models and new roles for older people. In Freudian psychoanalytic theory, the implication is that old people remain static or decline psychologically. In contrast, Erikson et. al. (1986) emphasize the importance of meaningful roles for successful aging. However, ageism limits the options for old people.
The medical model associates old age with biological decline. In this manner, the medical model perpetuates the negative stereotype and ageist attitudes. The focus on treatment and cure of disease along with lifestyle intervention, has contributed greatly to the possibility for compression of morbidity in old age. However, this focus on disease, treatment and intervention diverts attention and resources from examining the social determinants of health (Burnside, 1995; Crichton, 1995). Estes and Binney (1989) emphasize that we have been using our time and resources: "... in pulling a seemingly endless parade of people out of a rushing stream without investigating who is upstream pushing them in" (McKinlay, 1981, cited in Estes and Binney, 1989, p. 5). In contrast, the wellness perspective based on Maslow’s hierarchy of needs enhances a positive image of older people. It is evident from this model that meaningful social roles including education and employment opportunities can greatly contribute to health and wellness in the elderly.
4.1 Habermas on the Meaning of Emancipation

Emancipation is a very special kind of self-experience, because in it processes of self-understanding link up with an increase in autonomy. In this way, 'ethical' and 'moral' insights connect up with one another. If with 'ethical' questions we want to get clear on who we are and who we want to be, and if with 'moral' questions we want to know what is equally good for all, then moral insights are linked with a new ethical understanding in emancipatory consciousness. We learn who we are by simultaneously learning to see differently in relationships with others. (Habermas, 1994, p. 103-104)

4.2 Transformative Learning: Emancipation of Older People

So just what are the possibilities for emancipation of older people using a model of transformative learning such as guided autobiography and life review in the clinic and the classroom? Firstly, Mezirow's (1991) transformative theory of adult learning provides a framework for emancipatory action, in the mode of critical gerontology. Mezirow's theory, an interdisciplinary, constructivist, meaning centred model of learning, is grounded in the views of Jurgen Habermas, a critical social theorist from the Frankfurt School (p. 64-90).
In essence, Habermas' (1984) theory of communicative action identifies two major domains of intentional adult learning, instrumental action and communicative action. Each distinct but overlapping domain is grounded in its own area of knowledge, human interest, and method of inquiry. Instrumental action is concerned with technical interest, hypothesis testing and the experimental method of inquiry. In contrast, practical interests, rational dialogic inquiry and consensual agreement are the focus of communicative action. A third domain of learning which affects both instrumental and communicative action, through the process of critical self reflection, is emancipatory action. In both the classroom and the clinic, critical self reflection provides possibilities for transforming one's meaning schemes and meaning perspectives, followed by emancipatory individual and/or social action. As Mezirow (1991) emphasizes:

In emancipatory learning we come to see our reality more inclusively, to understand it more closely, and to integrate our experience better. Dramatic personal and social change becomes possible when we become aware of the way that both our psychological and our cultural assumptions have created or contributed to our dependence on outside forces that we have regarded as unchangeable (p. 88).

In the second place, based on my experience in the graduate studies program in educational gerontology at the University of British Columbia, guided autobiography and life review and group psychodrama provide possibilities for putting transformative learning theory into practise. In my view, both of these group methods provide for “the creation of democratic
public spaces to pursue communicative dialogical rationality" (Cole, 1993, p. x), along with the opportunity for critical self reflection and the possibility of emancipatory learning.

4.2.1 Meaning Schemes and Meaning Perspectives

According to Mezirow (1994) our "frames of reference" - meaning perspectives and meaning schemes - affect how we interpret or make meaning from experience in order to guide our actions. Meaning perspectives are overarching belief systems or global frames of reference. Three kinds of meaning perspectives which serve as perceptual or interpretive codes include epistemic, psychological and sociolinguistic perspectives. Meaning perspectives are often developed early in childhood and can be distorted or inadequate as they relate to adult learning and development. In Mezirow's (1994) view, meaning perspectives are:

... broad sets of predispositions resulting from psychocultural assumptions which determine the horizons of our expectations. They serve as one of three sets of codes significantly shaping sensation and delimiting perceptions, feelings and cognition: sociolinguistic codes (e.g., social norms, ideologies, language games, theories), psychological codes (e.g., personality traits, repressed parental prohibitions which continue to block ways of feeling and acting) and epistemic codes (e.g., learning styles, sensory learning preferences ... focus on concrete vs. abstract) (p. 223).
In contrast, meaning schemes which are related to our meaning perspectives are specific aspects of our frames of reference. Meaning schemes comprise beliefs, attitudes, opinions and feelings related to a specific interpretation. For example, a meaning perspective relating to aging could embody the negative stereotype or ageism. A specific related aspect of this frame of reference could be a negative attitude or opinion relating to older adults seeking education and/or counselling.

Engaging in critical reflection and rational discourse, even in a crisis situation, does not always contribute to transformative learning followed by individual or social action. Mezirow (1991, 1994) identifies four processes of intentional adult learning relating to meaning schemes and meaning perspectives, along with emphasizing the ideal conditions for transformative learning. The four processes of intentional learning include: revising an existing meaning scheme; adding a new meaning scheme; transforming a meaning scheme; and transforming a meaning perspective. Transformation of meaning schemes and perspectives can occur in gradual increments or suddenly - in an all encompassing shift in our frame(s) of reference. As Mezirow (1994) points out:

Perspective transformation may be the result of a major event in one's life or the accumulative results of related transformations in meaning schemes . . . the most significant learning involves critical premise reflection of premises about oneself (p. 224).
4.2.2 The Process of Emancipatory Learning

The process of emancipatory learning was derived from a study of women who "re-entered" university in continuing education. Mezirow (1981) identified the sequence of events that can contribute to perspective transformation. This sequential process of transformation includes:

(1) a disorienting dilemma; (2) self examination; (3) a critical assessment of personally internalized role assumptions and a sense of alienations; (4) relating one's discontent to similar experiences of others or to public issues . . . ; (5) exploring options for new ways of acting; (6) building competence and self-confidence in new roles; (7) planning a course of action; (8) acquiring knowledge and skills for implementing one's plans; (9) provisional efforts to try new roles and to assess feedback; and (10) a reintegration into society on the basis of conditions dictated by new perspectives (p. 7).

This process of emancipatory learning has great potential for empowering older adults to engage in meaningful roles in the mainstream of society. A crucial consideration is the creation of democratic public space(s) to facilitate this kind of emancipatory individual and social change (Habermas, 1994). According to Mezirow (1994), "... freedom, tolerance, equality, education and democratic participation are essential conditions of human communication and learning rather than mere artifacts of the enlightenment." (p. 226).
4.3 Guided Autobiography, Life Review and Reminiscence: A Methodology for Emancipatory Learning

Several landmark events in the past three decades serve to move autobiographical research to the cutting edge for researchers and practitioners concerned with issues relating to successful aging. In light of societal trends such as “biomedicalization of the elderly” (Estes and Binney, 1989), hopefully for autobiographical research this will not be the cutting edge of an abyss! It is reassuring to note, Mezirow’s (1991) view that

... individual and collective awareness of the influences of our own history and biography on the way we make and validate meaning also celebrate the emergence in our culture of an age of reflection (p. 99).

4.3.1 Butler’s Theory of Life Review

Butler’s (1963) theory of life review provided a pivotal turning point in the “interpretation of reminiscence” as it relates to successful aging. Prior to Butler’s theory, reminiscence had

... often been dismissed derogatorily as living in the past, second childhood, or senility or ... as an expression of loneliness, absence of new experience, or tenacious clinging to a previous identity (Lewis and Butler, 1974, p. 165).
According to Butler’s (1963) theory, life review is a universal mental phenomenon in older adults, in response to impending death. Although life review can occur in younger age groups and when confronted by death, “it takes on a striking intensity in old age” (Lewis and Butler, 1974, p. 165). Moreover, life review is a process whereby past experiences, particularly unresolved conflicts, emerge in conscious thought, are re-evaluated and reintegrated, contributing to “... the evolution of such characteristics as candour, serenity and wisdom among certain of the aged” (Butler, 1963, p. 65).

Lewis and Butler (1974) put life review theory into clinical practise in individual and group psychotherapy. Many innovative methods were used to engage in life review of past events and experiences. These methods included: pilgrimages, reunions, genealogy, and photo albums, along with taped or written autobiographies focusing on careers or life works and preserving ethnic identity (p. 167-168). In individual psychotherapy, the beneficial outcomes for some older persons included resolving personal problems, family conflict and fear of death (p. 168).

Anticipating intergenerational groups, which are gaining in popularity today, Lewis and Butler (1974) provided a model of “age integrated” group psychotherapy. Life review in age-integrated groups contributes to “... rich, active re-experiencing of the past through the lives of others. All the generations participate in clarifying problems and working at solutions for the older person” (p. 172).
An additional positive outcome of "age-integrated" group psychotherapy was that both the young and the old changed the negative stereotypes they held of each other. This evidence of emancipatory change has important implications for successful aging.

4.3.2. Guided Autobiography: Birren's Methodology

A second landmark development for autobiographical research was Birren's (1986) methodology of guided autobiography which provides a framework of action for researchers and practitioners. Birren first became interested in autobiography when teaching a summer class in adult development in 1976 at the University of Hawaii. He assigned the class one of the guiding themes... to describe their life as a branching tree. This written assignment was to be presented to the class the following day. As Birren (1987) describes it "... the next day's class was startling. The students all wanted to talk at once. Somehow I had pressed a button and the class was alive in a way that I had rarely seen" (p. 74).

Upon his return to the University of Southern California, Birren along with graduate students in his seminar developed the guiding themes and sensitizing questions that with some modification characterize the process of guided autobiography today.

Moreover, in 'Guiding Autobiography Groups for Older Adults. Exploring the Fabric of Life' Birren and Deutchman (1991) provide a detailed description of the methodology of this form of both written and verbal semi-structured life review. For example, the guiding themes and sensitizing questions, central features of this process, are discussed in detail. Some of the
nine guiding themes include: the major branching points in your life; your family and relationships; your major life work or career(s); your aspirations and goals; your experience with death; and the meaning of your life (pp. 67-79). These themes are relevant to negotiating the developmental tasks and life transitions for successful aging. According to Birren and Deutchman (1991) guided autobiography

"... evokes and guides reminiscence, that is, the recall of events from the past, and directs the individual to examine their memories from the perspective of the present. It is a form of semistructured life review, bringing review of events and emotions over the life course one step further into the group context wherein different members’ perceptions and histories can evoke further reflections and challenge earlier views of self (pp. 1-2).

4.3.3 Watt and Wong’s Taxonomy of Reminiscence

In a major, often cited study, Watt and Wong (1991a) brought autobiographical research one step closer to the cutting edge, by identifying a taxonomy of reminiscence. In an analysis of the life review and reminiscence literature, focused on reports, reviews and research, from 1960 to 1990, Haight (1991) concludes that a typology is essential to guide future research. In Haight’s view

... when one examines the literature as a whole much information has evolved.

By the 21st century, gerontologists using this information will have established a
research based method for conducting reminiscence. A typology must be established to guide this future research and practise and to identify differences in the process (p. 11).

Watt and Wong’s (1991a) taxonomy of reminiscence establishes this typology to clarify differences in the process, to inform future research and practise.

In Watt and Wong’s (1991a) taxonomy of reminiscence, derived from content analysis of semi-structured interviews, with 460 older adults (age 65 to 95) from institutional and community settings, there are six types. These types are: integrative, instrumental, transmissive, narrative, escapist and obsessive reminiscence (pp. 41-42).

As Watt and Wong (1991a) point out, much of the discrepancy in previous research findings can be attributed to treating reminiscence as a “unidimensional construct”. In this view:

... a more realistic alternative is to conceptualize reminiscence as a multi-dimensional construct. According to this alternative model, some types of reminiscence made a positive contribution to adaption, while others may have a negative impact (p. 40).

Each type of reminiscence will be discussed briefly in terms of how it relates to successful aging.
1) Integrative Reminiscence

Watt and Wong's (1991a) integrative reminiscence contributes to successful aging by enhancing the development of integrity and wisdom in older adults. In this typology "... the main function of integrative reminiscence is to achieve a sense of meaning, and coherence, and reconciliation with regard to one's past" (p. 440).

Similar to Butler's (1963) theory of life review, integrative reminiscence is viewed as a universal mental phenomenon, when facing death, in elderly individuals. In this process, reviewing and reintegrating past life experience contributes to integrity versus despair (p. 65). Therefore one would expect to find more integrative reminiscence in older adults - when keeping in mind Erikson's (1986) eighth stage of development in which resolving issues related to integrity vs. despair can contribute to wisdom in the aged.

2) Instrumental Reminiscence

In contrast, Watt and Wong (1991b) describe instrumental reminiscence as "a problem-focused coping strategy" which can occur in all age groups. According to Watt and Wong (1991b),

... the defining characteristics include recollection of past plans, goal-directed activities and the attainment of goals, past attempts to overcome difficulties, and drawing from past experience to solve present problems (p. 273).
Clearly, this is an adaptive coping strategy that occurs at major decision points across the entire life span. For older adults in North American society, challenged with finding meaningful social roles, this is a particularly relevant strategy. For example, this would provide a relevant strategy for career counselling or retirement counselling for older adults. Moreover, instrumental reminiscence contributes to enhancing competence, self-esteem, and mastery, pre-requisites for reaching self-actualization, the ideal for successful aging.

3) Types of Oral History: Transmissive and Narrative Reminiscence

In this taxonomy, Watt and Wong (1991a) make a distinction between transmissive and narrative reminiscence. Although both transmissive and narrative reminiscence are classified as types of oral history, these researchers “...classify the descriptive aspect as narrative reminiscence and the instructive aspect as transmissive reminiscence” (p. 46). In narrative reminiscence the older adult describes events and experiences in the past in order to provide biographical data or simply “for the pleasure of the audience or the narrator” (Watt and Wong, 1991a, p. 49). In contrast, transmissive reminiscence is characterized by elders passing on cultural values and wisdom to younger generations. The relationship of transmissive and narrative reminiscence to successful aging has not been clearly established. However, Jung (1971) points out that an important role for elders in the past and in traditional cultures, was cultural transmission. The wise old person was the ‘guardian’ of laws and customs which were passed on in oral history to the next generation.
4) Escapist Reminiscence

Similarly, the adaptive benefits of escapist reminiscence are not clearly understood. At first glance, glorifying the good old days while denigrating the present appears to be a maladaptive form of reminiscence. In Butler’s (1963) view, “... some of the aged have illusions of the ‘good past’ . . . although these mechanisms are not constructive they do maintain the status quo” (p. 69). However, this is a defense mechanism to protect the elderly person from the often grim aspects of the present such as loss of loved ones and abandonment to the nursing home.

5) Obsessive Reminiscence

In contrast, the sixth type of reminiscence in Watt and Wong’s (1991a) classification scheme - obsessive reminiscence - is “obviously unadaptive”. For example, focusing on unresolved conflicts and negative life events can contribute to feelings of despair and depression in the elderly person: “... typically such an individual is preoccupied with rumination or disturbing past events and is haunted by feelings of guilt, resentment and despair” (p. 51).

Based on observation in clinical practise as a psychiatrist, Butler (1963) identified “psychopathological manifestations” of obsessive reminiscence. In this view, obsessive reminiscence could contribute to “... severe depression, states of panic, intense guilt, and constant, obsessional rumination, instead of increasing self-awareness and flexibility, one may find increasing rigidity” (p. 69).
There is little doubt that obsessive reminiscence is maladaptive and debilitating for an elderly individual and, therefore, requires therapeutic intervention.

6) The Relationship of Watt and Wong’s Typology to Successful Aging

In a subsequent study, Watt and Wong (1991b) examined the relationship of the six types in the taxonomy of reminiscence to successful aging. Successful aging was operationalized as an above average total wellness index from combined rating scores of mental health, physical health and adjustments. Participants in this study, 171 men and women from the Ontario Successful Aging Project, were divided into four groups to collect reminiscence data. These groups were: successful community (N=45), successful institution (N=45), unsuccessful community (N=45) and unsuccessful institution (N=36). From content analysis of the reminiscence data it was found that “successful agers showed significantly more integrative and instrumental reminiscence but less obsessive reminiscence than their unsuccessful counterparts” (p. 272).

Watt and Wong’s (1991) research provides a major turning point in examining the relationship of guided autobiography, life review and reminiscence to adaptive functioning. Viewing reminiscence as a “multidimensional construct” enables researchers and practitioners to determine which kinds of reminiscence in the typology are associated with successful aging.
Chapter 5

Conclusion: New Models and New Roles

5.1 Smith (1994) on biographical method

I would argue every text that is created is a self-statement, a bit of autobiography, a statement that carries an individual signature. Such reasoning suggests that all writing should be in the first person, reflecting that individual voice . . . I almost want to make the case that its autobiography all down the line (p. 286).

5.2 Concept and Theories and Successful Aging

It is important to examine various theories relating to successful aging. On the one hand they may provide valuable analytic frameworks, or on the other hand, they may provide a set of ideas that are symptomatic of predominant attitudes that contribute to negative stereotypes. In various ways these theories can inform actual practise to create a praxis (practise informed by theory) which, I think, is a more informed approach to making practical improvements in provision of education and counselling opportunities for older adults in this new social space. In my view a model of transformative learning (Mezirow, 1991) can contribute greatly to education and counselling which empowers older adults for meaningful roles in work and relationships.

From a lifespan development perspective this text focused on theories and concepts about aging and the aged as they relate to growth and decline. In the writings of philosophers and
poets in western culture, both positive and negative views about aging and the aged can be traced back to Greco-Roman antiquity (de Luce, 1994). The negative views about old people focus on decline and decay. This is the pervasive underlying theme in ageism today. On the positive side, elders in the senate were valued for mental wisdom. Models of successful aging embody this positive view of old people.

In this past century - “the century of the child” (Erikson et. al., 1986) - Freudian psychoanalytic theory was a radical turning point for psychological theory and has a pervasive influence to this day. The five psychosexual stages of development were concerned with development in childhood. Themes in psychoanalysis relating to the importance of past history, unconscious conflict and transference and countertransference, are evident in psychoanalytic psychotherapy today (Strupp, 1992). Moreover, Habermas builds on themes from Freudian psychoanalysis relating to interpretation, explanation and narrative reconstruction of histories in critical social theory. According to McCarthy (1991)

... [Habermas] views psychoanalytic theory as a general interpretive scheme of psychodynamic development, whose application to the narrative reconstruction of individual life histories calls for a peculiar combination of interpretive understanding and causal explanation, and whose corroboration depends in the last analysis on the successful continuation of the same life histories. In an analogous way, critical social theory undertakes a narrative reconstruction of the self formative process of society, with a view to its successful continuation (p. ix).
Erikson's (1963) eight stage model of psychosocial development implies growth rather than decline across the life span. Erikson provides a framework for analysis in terms of life stages and life stories (Weiland, 1994). For example, life review, can contribute to resolving issues relating to integrity versus despair with growth in wisdom in the last stage of life. Erikson et. al. (1986) emphasize that "vital involvement", in work or leisure pursuits along with active participation in family, community and political affairs, contributes greatly to successful aging.

In Erikson et. al.'s (1986) words:

The future of these long-lived generations will depend on the vital involvement made possible throughout life, if old people are somehow to crown the whole sequence of experience in the preceding life stages (p. 14).

Negative stereotypes and ageist attitudes may stand in the way of old people "crowning" their life time of experience. Estes and Binney (1989) point out that "medicalization" of the elderly contributes to the negative stereotype of the elderly by focusing on disease and decline. Similarly, Butler (1994) emphasizes that "pockets of ageism" still exist even in medical schools.

In the medical model often pathological aspects of aging - such as the causes and treatment of Alzheimer's disease - are the focus of professional practise and academic inquiry. There is no doubt that this is an important avenue for research. However, issues relating to meaningful social roles and social equality - "positive ideals" for successful aging - must be moved to the top of the research agenda to provide new models for social health. Guided autobiography, life review and reminiscence as a means of engaging in transformative learning has potential as a new model for social health.
5.3 **Emancipation: A Special Self-Experience**

Based on my experience in graduate studies, participating in guided autobiography and life review (de Vries, 1992; Thornton, 1992), along with learning the processes of group counselling, including group psychodrama (Westwood, 1993, 1994), provided opportunities for emancipatory learning. In my view, the crucial aspect of both learning experiences was the quality of the leadership as it contributed to creating a democratic space. The three Rogerian (1987) attitudes of genuineness, positive regard and empathic understanding, were evidence in every day environments in the classroom and the clinic. Engaging in critical reflection and collaborative learning in this democratic environment contributed to a dramatic personal change and a shift in the direction of my academic and career goals. As Habermas (1994) points out

\[ \ldots \text{emancipation is a very special kind of self-experience, because in it processes of self-} \\
\text{understanding link up with an increase in autonomy} \ldots \text{. We learn who we are by} \\
\text{simultaneously learning to see differently in relationships with other (p. 103-104).} \]

The dramatic personal change for me evolving from these emancipatory experiences was the shift in my academic goals. One of my major academic and professional interests was life style interventions in the prevention of chronic disease(s) such as cardiovascular disease. The shift in my "research gaze" was to exploring educational and counselling interventions for empowering older adults to engage in meaningful roles and successful aging.
5.4 Future Research and Practice

With Moody's (1993) call for a critical gerontology in mind my intention was to explore aspects of guided autobiography, life review and reminiscence as a possible means of engaging in emancipatory learning. In future research, I intend to explore how individuals with various styles of reminiscing (in Watt and Wong's 1991a, Taxonomy) benefit or alter the guided autobiography experience for self and others, in relation to successful aging in a field study. For field work exploring guided autobiography and life review as a methodology for engaging in transformative learning, I plan to use an ethnographic approach with an emphasis on interpretation and reflexivity (see Chapter 2) (Hammersley and Atkinson, 1983). Focusing on interpretation and reflexivity provides a way to connect across paradigmatic boundaries of positivism and naturalism. A field study of this nature would rely on triangulation of sources of evidence. Therefore, document analysis, participant observation and ethnographic interviews would be used.

One way to engage in life review in individual or group counselling is to use the life lines (de Vries, 1992; Thornton, 1992), along with one or more of the guiding themes provided by de Vries, Birren and Deutchman (1995). These guiding themes are listed as follows:

1. History of the major branching points in my life;
2. Family history;
3. Career or major life works;
4. The role of money in my life;
5. Health and body image;
6. Loves and hates;
7. Sexual identity, sex roles and sexual experience;
8. Experience with and ideas about death and dying and other losses;
9. Influence beliefs and values that provide meaning in my life.

I have included a sample of a life line that we used for the interview process in a class project in educational gerontology - focusing on the "biography of learner(s) across the lifespan" (see Appendix A). From my own experience these are a few examples of how I intend to use guided autobiography, life review and reminiscence, in research and practise as a means of engaging in emancipatory learning. Life review can contribute to integrity, purpose and meaning in life for old people. As Erikson (1986) emphasizes

... as life-historical continuity must be guaranteed to the whole human life-cycle, so that middle life can promise a vivid generational interplay and old age can offer what we will describe as an existential integrity - the only immortality that can be promised (p. 14).
References


Kupfersmid, J., (1992) The “defense” of Sigmund Freud, Psychotherapy. 29(2)


Appendix A

The Life Line

On the following page appears a line marked 'BIRTH' at one end and 'DEATH' at the other end. This is called the LIFE LINE. Think of this line as representing your entire life. Place an "X" on the line to represent where you feel you are now: indicate your position in relation to 'BIRTH' and 'DEATH'. Please write the words "me now" below this mark to distinguish this point.

Please turn now to page ii and make some sort of a mark (an "X", or cross, for example) to indicate the point at which these significant experience or events of your life have occurred, are occurring and will occur; that is, event of the future, present and past.

One the space above or below the line, please write some label that would clearly identify these events or experiences.

Refer to these subject headings for each critical event or life experience: Age: Date:
Occupation at Time: Learning Experience: Reason for Learning: Importance then: Importance Now:

Source: Educational Gerontology. ADED 525; Dr. Brian de Vries
<table>
<thead>
<tr>
<th>Life Line</th>
<th>BIRTH</th>
<th>AGE</th>
<th>OCCUPATION AT TIME</th>
<th>LEARNING EXPERIENCE</th>
<th>REASON FOR LEARNING</th>
<th>LIFE STAGE</th>
<th>SIGNIFICANT PERSON</th>
<th>IMPORTANCE THEN</th>
<th>IMPORTANCE NOW</th>
</tr>
</thead>
</table>

Source: Educational Gerontology