Psychologies of Ageing: Research, policy and practice

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Abstract

A frequent concern of older people and of those who work with older people is that research is often divorced from reality and does not inform everyday practice. For many years, psychology and related disciplines have investigated the social and psychological aspects of ageing from different perspectives. However, the contemporary challenges faced by older people and their carers remain substantial. There is a need to better connect research with policy and practice designed to improve the quality of life of older people. The aim of this special issue is to provide a forum for researchers, policy makers and practitioners to discuss particular initiatives and topics pertinent to people as they age. It is through this dialogue that researchers can gain further insight into the everyday issues faced by older people, and can become more aware of particular challenges faced in developing and implementing changes in policy and practice.

Historically, there has been a tension between researchers, policy makers and practitioners. Researchers are often described as dealing with abstract theories and conceptual frameworks which have no connection to the real world. Conversely, policy makers and practitioners are accused of reacting to challenges and developing initiatives without taking into consideration the extant empirical and theoretical work on these issues. There is an obvious need for all parties to reflect upon the challenges of the ageing population and how we can work together to enhance human flourishing throughout the life-course. This special issue rises to that challenge by engaging active researchers, policy makers and practitioners in a process of sustained dialogue. Through the sharing and co-location of perspectives the aim is to both deepen our understanding of ageing and contribute to developments in policy and practice.

This issue is concerned with the psychologies of ageing. In choosing this focus we are aware that there are considerable debates within the discipline and profession of psychology and with associated colleagues about the psychology of ageing. We do not aim to resolve these debates, but rather to highlight the complementary contributions of these different perspectives. Psychologies of ageing includes contributions from projects throughout the UK but also from elsewhere. It is learning from the practicalities of implementing policy in different contexts that we can tease out common issues but also particular problems. Moreover, the contents of this special issue showcase a range of different psychological perspectives that can be applied to older peoples lives and experiences. These include social psychology (Sue Wilkinson, Dawn Brooker, Rose-Marie Dröes and Shirley Evans), biological psychology (Eef Hogervorst) and community psychology (Judith Sixsmith). Again, we do not offer a comprehensive and exhaustive insight into the diversity of psychological perspectives as they pertain to ageing, but rather provide a flavour of the approaches which may be especially useful for those engaged in policy and practice in this field.

This special issue has three sections, each containing two papers. The first is concerned with the issue of ageing identities. In her article discussing advance decisions Sue Wilkinson (2017) outlines some of the ways in which the autonomy of older people and issues of identity are intertwined with planning an advance decision to refuse treatment in later life. She explores the legal frameworks and practicalities associated with making an advance decision drawing both on her experience of supporting individuals to create such

documents, and her research on the calls to the helpline 'Compassion in Dying'. Wilkinson's article makes an insightful and grounded contribution to policy and practice debates about how older adults and their families may seek to shape their experience of death and dying which fits with their views and beliefs. Moreover, she tackles the thorny practical issue which exercises those who consider writing an advance directive, the question of whether the wishes enshrined in an advance directive will be enacted by those healthcare professionals involved with a person towards the end of life. Wilkinson highlights the value of advance directives to healthcare professionals in facilitating patient-centred care in end of life care, and mitigating against the 'over treatment' of older people at the end of life. She concludes by emphasizing the positive aspects of advance decisions for those older people who are motivated and keen to plan for a 'timely and dignified' death while acknowledging that in England and Wales the uptake of advance decisions has been, to date, very low. Thinking, talking about and planning for death can be challenging for individuals at any age, including older people, and Wilkinson's thoughtful discussion of individual's perspectives under the themes of autonomy, identity and efficacy, offers a thought-provoking intervention in policy and practice debates.

People living with a dementia, likely at the margins of legal capacity, trouble notions of planning for death. In the article by Brooker, Droes & Evans (2017) the focus shifts to exploring how a model of community based social support for people with dementia and their carers can be derived from a meeting centre model originally developed in The Netherlands and refined and applied in the UK context. Based on focus group data with people living with dementia and their family carers who attended a meeting centre pilot in the UK, Dawn Brooker and colleagues outline a supported model of 'adjusting to change'. Brooker and colleagues describe the three aspects of the model, namely 1) practical adjustment and the understanding and empowerment needed for people with dementia and carers, 2) emotional adjustment and improving emotional well-being, and 3) social adjustment and building social opportunities. Clearly a community-based and locally derived form of support - as exemplified in the meeting centre approach – sits within an 'ageing in place' framework and connections can be drawn between this contribution and Judith Sixsmith's (2017) later article. Conceptualising psychosocial support for this group of older people in ways that are embedded in, and supported through, local communities and

structures, holds promise for improving quality of life and assisting older people to adjust and cope better in the medium to long-term.

The second section is concerned with ageing lifestyles. The first paper by Anne Hendry (2017) takes up the process of developing a comprehensive policy designed to enhance the quality of life of older people, giving insights from European collaborations of scientists and practitioners such as the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) and from Scottish policy developments. The key facet of this policy making was to bring a diverse range of partners beyond health and social care to reflect on how they could work together. It is also based upon what older people themselves want. To be effective such a programme requires substantial and sustained investment and cross-department working which is often easier to write about than to implement.   It is for this reason that the series of examples provided by Hendry illustrate how rather than striving for one large project, a series of smaller projects can be easier to implement and to sustain. The principles on which they are based, focussed on what older people want and need, are principles that can be applied in other circumstances. In particular, the meaningful involvement of older people, outcomes that matter to them, actions that are achievable, and interventions based on evidence give a useful template for the interactive use of inputs of all stakeholders: older people, health and social care practitioners, policy makers and researchers.

The second paper by Eef Hogervorst (2017) concerns the issue of prevention of cognitive decline and dementias in older age. Our language related to cognitive decline has, for many years, been full of statements emphasising the inevitability of cognitive change with increasing age, with phrases such as "it comes to us all" dominating. Current research on drug treatments for dementia are, at best, disappointing, yet rarely a week goes by without some article in the media proposing preventive strategies we can all take related to diet or other healthy lifestyle behaviours in later life (Peel, 2014). Recent interesting findings from longitudinal studies have shown that dementia incidence or risk is actually reducing, more for men than for women, in a manner related to reduction of cardiovascular risk factors (e.g. Satizabal, Beiser, Chouraki et al., 2016). Other findings examine the impacts of physical

activity, original level of education, current intellectual engagement and, of course, different aspects of our diet. Hogervorst takes the main risk factors and preventive lifestyle issues and presents some evidence as to which of these actually work and why. Sometimes, it can be assumed that you can 'never teach an old dog new tricks' but this is not the case. People can and do change but the challenge is providing sufficient motivation, understanding and support. This is not something which should be left at the feet of individual older people but rather is a broader social and political issue, needing input from decision makers in our health care systems, as well as from state-of-the-art health psychology to enable best practice in enabling healthy lifestyle change.

The final section is concerned with ageing in place. The first of two papers concerns the character of home and community supports for older people. In a fascinating empirical study from Canada Judith Sixsmith and colleagues detail the process by which they actively engaged with older people and service and housing providers. A key aspect of this research is the extensive steps the researchers made to actively involve the participants in the research. This flowed from committee meetings to plan the project, followed by world cafes and community mapping workshops, and interviews and photoshop sessions. From this extensive research process they were able to generate a shared vision between the older people and the providers about the sort of housing which best met their needs.

Although this is the epoch of mass movement of peoples throughout the world a large proportion of older people have lived in the same location for many years. The term 'ageing in place' has been introduced to mean 'remaining living in the community, with some level of independence, rather than in residential care' (Davey, Nana, de Joux & Arcus, 2014:133). Interviews with older people have confirmed that they want to have some sense of attachment to the place where they live (see Wiles, Leibing, Guberman, Reeve & Allen, 2012). They want to have feelings of independence and autonomy through knowing the people and places in which they have lived and continue to live.

Charles Musselwhite (2017) extends this discussion about ageing in place beyond the immediate location to consider the issue of mobility. In particular, what is the value of mobility to older people and how do they feel about restrictions on their mobility. As he points out, we live in a 'hypermobile' society. This requires people to be mobile in order to

maintain a sense of security and wellbeing. The challenge arises when people's opportunities to be mobile are limited. This is especially the case for older people. Musselwhite points to how older people begin to feel trapped because they do not have access to transport. But what does access to transport provide. Through careful interviewing, Musselwhite teases out the psychology of transport for older people. They might want to live in the same place but they also want to make contact to friends and family members who have been dispersed.   While community transport can provide this to an extent it is often over-formalised. This poses a challenge to policy makers who want to work towards reducing the feelings of isolation reported by many older people.

Together this special issue explores from different perspectives the everyday psychology of growing older and the potential of putting in place policies and practices that can further enhance the quality of life. It shows how academic researchers can work closely with older people and with a range of professionals to better understand the processes of growing older and how to develop supports that can enhance the quality of life of older people.

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