

CONTESTING ELDER ABUSE AND NEGLECT

AGEISM, RISK, AND THE
RHETORIC OF RIGHTS
IN THE MISTREATMENT
OF OLDER PEOPLE

Joan R. Harbison

with Steve Coughlan, Jeff Karabanow,
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and Ezra Wexler



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CONTESTING ELDER ABUSE AND NEGLECT

Introduction

It is widely acknowledged among scholars in the field that, despite over 40 years of history, to date the term “elder abuse and neglect” has evinced neither satisfactory definition nor theorization and that little of the research meets acceptable empirical standards (Beaulieu, Gordon, and Spencer, 2003; Biggs and Lowenstein, 2011; Daly, Merchant, and Jogerst, 2011; Killick and Taylor, 2009; L. McDonald, 2011; Ploeg, Fear, Hutchison, MacMillan, and Bolan, 2009). Nevertheless, during the past 25 years, statements regarding the status of “elder abuse and neglect” have moved from “discovery” (Baumann, 1989; Leroux and Petrunik, 1990), to an “emerging social problem” (Biggs, Phillipson, and Kingston, 1995, p. 1), to “a problem whose time has come” (Attorney General of Canada, 2007), and most recently to its “coming of age” (Goergen and Beaulieu, 2013; Lindenberg, Westendorp, Kurrle, and Biggs, 2013, p. 1213). Consensus on both “definitions and core concepts” is both sought and claimed (Lindenberg, Westendorp, Kurrle, and Biggs, 2013, p. 1214; L. McDonald, 2011, 2012b).

In Canada, the term “elder abuse and neglect” is now recognized in both government rhetoric and policies, yet it has not achieved the status awarded to social problems through established programs and funding (Gutman and Spencer, 2010). From the perspective of multiple disciplinary fields of scholarship, grounding our arguments in our empirical research in Maritime Canada over a 20-year period, this book examines why “elder abuse and

neglect” as a social problem has prospered in particular ways, even though from a scholarly point of view it is built on conceptual and empirical sand.

We argue that this state of affairs is far from a purely academic matter. Instead, the failure to develop theories, or to closely examine why they have not developed, masks fundamental problems concerning not only the concept of “elder abuse and neglect” but also how older people are viewed in society and, just as important, how they view themselves, as well as the absence of their voices from the field. These problems, as we discuss in Chapter 2, are not new; although they were identified by early scholarly critics in the field, they were not pursued (see, e.g., Baumann, 1989; Dunn and Sadler, 1993; Leroux and Petrunik, 1990; Ogg and Munn-Giddings, 1993; Sprey and Matthews, 1989). The reasons for this lack of pursuit become apparent in our discussion, informed by three themes: first, the rise of the power of biomedicine and within it gerontological biomedical frameworks and their professional reach into aging and the mistreatment of older people (Chapters 1 and 2); second, the withdrawal of the state from the provision of welfare, including services offering supports to older people; and third, a corollary of the second theme, the increased role of the state as the manager of risk (Chapter 4).

Our intent is to increase and promote the understanding of which theories and assumptions have been applied to the mistreatment of older people and how they are manifest in responses to “elder abuse and neglect.” We wish to expose the implications of such assumptions and which of these implications need to be addressed. Our ultimate goal is that this work will provide a background of knowledge to open up new spaces in the debates on “elder abuse and neglect” and that this will in turn facilitate action to address ageism and the mistreatment of older people. It is also our hope that in some of these spaces older people will be empowered to take action to overcome their own mistreatment, and that of their peers, and the ageism in society that it represents.

Our means to these ends is to subject to critical inquiry, and thereby to expand, contemporary understandings of the mistreatment of older people. We acknowledge the difficulties of the task, not least because of the huge amount of existing work in the field as well as its recent and ongoing global expansion. Notwithstanding, we hope that this work will provide a critical and historical foundation for the work of other scholars, especially with regard to theorization. Specifically, we explore how and why such mistreatment became referred to as “elder abuse and neglect” and what have been the consequences of this designation.

There are five major components in our approach. First, we identify reasons for the lack of theorization of the mistreatment of older people through a historical perspective linking the position of theory in the study of aging in general with that in the field of elder abuse in particular. Second, we explore the particular sociohistorical trajectory of “elder abuse and neglect,” including its emergence and ongoing evolution as a public policy phenomenon. Third, we illuminate the discourse surrounding the abuse of older people through a theorization that supports an exploration of the “what” and “why” of the phenomena subsumed under the heading of “elder abuse and neglect,” including how “it” has been defined and categorized (Bengston, Rice, and Johnson, 1999; Biggs and Lowenstein, 2011; Biggs, Lowenstein, and Hendricks, 2003; Bowes and Daniel, 2010; Estes, Biggs, and Phillipson, 2003; V. Marshall, 1999; L. McDonald, Dergal, and Collins, 2012). Fourth, we provide a critical analysis of policies, legislation, and practices intended to address “elder abuse and neglect.” Fifth, we consider what is needed to further understanding of the various phenomena that currently fall under the rubric of “elder abuse and neglect,” the methods through which such understanding might be achieved, what might stand in the way of new thinking about the mistreatment of older people, and how such barriers might be addressed.

We argue that there is no such thing as “elder abuse.” This does not mean that we believe that the mistreatment of older people does not exist – indeed, we view its many forms as widespread throughout society. Rather, we investigate why and how the mistreatment of older people has been constructed, from the mid-twentieth century on, upon a false premise as “elder abuse and neglect.” That is, we argue that mistreatment has been reified as a single entity subject to categorization, when in fact it consists of actions and inactions highly diverse in their origins, nature, and context (Biggs and Lowenstein, 2011; Bonnie and Wallace, 2003; Bowes and Daniel, 2010; Coughlan et al., 1995; Sprey and Matthews, 1989). We consider how this construction of “elder abuse and neglect” has followed the interests of professionals and governments and how its manifestations have thus been contained within individualistic frameworks increasingly subject to legal-administrative, medicalized, and technical responses (Hacking, 1991, 1999; Manning, 1985; Miller and Rose, 2008; J. L. Powell, 2006). We explore how these responses to mistreatment so far have largely failed to account for diversity in people, actions, and contexts or to pursue its meanings within the larger society (Daatland and Biggs, 2006; Hightower, Smith, and Hightower, 2006; Kosberg, Lowenstein, Garcia, and Biggs, 2003; Manthorpe and

Bowes, 2010). Most notably, older people's voices concerning "elder abuse and neglect" are missing, and the abilities, needs, and wishes of older people perceived as victims are subsumed under professional biomedical expertise (Biggs and Lowenstein, 2011; Harbison, 2008; Kaufman, 1994a, 1994b).

As a consequence of this homogenization, policies, actions, and research frequently overlook or disregard the diversity and complexity of issues within the designation "elder abuse and neglect." Further, though actions based upon policies might increase awareness that mistreatment exists, or address specific situations of mistreatment brought to the attention of the authorities, they do not fundamentally increase our understanding of why such mistreatment occurs, nor do they provide the range of supports and substantive services that might offer choice of remedy to the older people involved (Ash, 2014; Callahan, 1988, 2000; Harbison, Coughlan, Karabanow, and VanderPlaat, 2005). Instead, frequently in the context of addressing mistreatment named as an issue of risk, solutions to abusive treatment exact an unacceptable price from older people with regard to their individual rights and equal social membership (Collingridge, 1993; Harbison, Coughlan, Karabanow, VanderPlaat, Wildeman, and Wexler, 2012; Phelan, 2008; Podnieks, 2006; Spencer and Soden, 2007). Moreover, in failing to address the more fundamental issues underlying the misperception and mistreatment of older citizens, these approaches serve to perpetuate ageist societies (Bytheway, 1995, 2005, 2011).

Authorship

A unique aspect of this text is the nature of the authorship. Joan Harbison brought the idea for the work to the team following completion of their most recent interdisciplinary study on adult protection legislation and service delivery to older people in 2010. She has both drafted and written the text and is responsible for much of the argument. However, this is an interdisciplinary work whose production and ideas owe much to the contributions of team members that emanate from their particular disciplines. These contributions originated in the work done by each team member in one or more of the team's empirical research studies that explored aspects of the relationships between adult protection legislation and formal and informal services and assistance (Harbison, Coughlan, Karabanow, VanderPlaat, Wildeman, and Wexler, 2006–2010).

For the present work, contributions were made through members' individual critical reviews, bringing unique perspectives from their disciplines

through close readings of the ongoing work on the chapters and in bi-monthly roundtable meetings over a three-year period in which we discussed and critiqued the ideas that emerged as the work progressed. More specifically, Joan Harbison drew on her scholarly interests in aging and service delivery and in theorizing “elder abuse and neglect” and on her experience as a practitioner in the mental health field; Steve Coughlan’s scholarly contributions on the law included his knowledge of adult protection legislation and practice in bringing adult protection cases concerning the Canadian Charter of Rights and Freedoms before the courts; Jeff Karabanow brought his expertise in research methodologies, especially with regard to participatory practices in the community; Madine VanderPlaat contributed from her perspective as a feminist sociologist specializing in community-based research with marginalized populations; Sheila Wildeman added her scholarship on legal capacity and the burgeoning movement to attend to social-structural supports as well as personal systems of meaning making in the assessment of capacity; and Ezra Wexler brought his knowledge of practice-related issues in working with adults with issues of mental health and disability as well as his understanding of adult protection workers’ decision making concerning self-neglecting older adults from work on his master’s thesis.

Our Standpoints

In the spirit of critical scholarship, it is important to comment on our own theoretical standpoints for this exploration. Although our disciplinary and individual philosophical perspectives are not homogeneous, we are all committed to social justice for older people, including respect for their rights as both citizens and individuals. We acknowledge the inherent effects of class and income, gender and gender location, age, abilities, and ethno-cultural diversity in achieving social justice. We take the view that older people’s experiences of aging and mistreatment should be central considerations in how these matters are addressed. We are deeply concerned about societal ageism and how it affects older people’s status in society and their perceptions of themselves and their mistreatment. We also wish our scholarly work to have the potential to support positive change for older people, including with regard to “elder abuse and neglect.” Taken together, these characteristics place us in the territory of a broadly conceived critical gerontology such as that discussed by Holstein and Minkler (2007, p. 13; see also Estes, Biggs, and Phillipson, 2003; Katz, 1996, 2005; King, 2006; Moody,

1993, 2008; Ray, 2008). More recently, we have been encouraged by the renewed links being made between humanism and critical gerontology (Baars, Dohmen, Grenier, and Phillipson, 2013). We believe that they can serve consideration of the mistreatment of older people well.

Approach and Methods

Our discussion is grounded in knowledge gleaned from the ongoing engagement of members of our interdisciplinary research team from social work (Harbison, Karabanow, and Wexler), law (Coughlan and Wildeman), and sociology (VanderPlaat) in analyzing why and how assistance is offered to older people suffering mistreatment and what are its effects and limitations. Our cumulative work in the field includes peer-reviewed, funded, empirical studies over a 25-year period that have investigated the interaction between adult protection legislation and formal and informal service delivery to mistreated, neglected, and self-neglecting older people; ongoing critical reviews of the legislation and literature; and numerous peer-reviewed scholarly publications and presentations. We also prepared a background paper on the theories and concepts underpinning “elder abuse and neglect” for a national forum held by Human Resources and Skills Development Canada (Harbison, Beaulieu, Coughlan, Karabanow, VanderPlaat, Wildeman, and Wexler, 2008).

Evolution of Our Approach to Theorizing “Elder Abuse and Neglect”

Our first study involving two members of the present interdisciplinary team was at the request of the Nova Scotia government and had the objective of illuminating controversies surrounding Nova Scotia’s Adult Protection Act passed in 1986. These controversies were rooted in whether older people as a group should be seen as vulnerable and in need of the protection of targeted legislation, or as adults with the same rights as other adult age groups. Our investigation was funded by the Nova Scotia Department of Community Services and the Canadian Department of Justice. It incorporated mixed qualitative methods, including critical reviews of the legal, empirical, and theoretical literature as well as focus groups and interviews. The latter were subjected to a content analysis, including coding, categorization, and interrater reliability and validity, in order to produce quantitative data that could be used in support of government policy considerations (Downe-Wamboldt, 1992; Krippendorff, 1980). It was through this study that we came to understand the importance of approaching “elder abuse and neglect” as

being socially constructed (Coughlan et al., 1995; Harbison, Coughlan, Downe-Wamboldt, Elgie, Melanson, and Morrow, 1995).

Our second study (Harbison, Coughlan, Karabanow, and VanderPlaat, 2004, 2005; funded by the Nova Scotia Research Foundation) and third study (Harbison, Coughlan, Karabanow, VanderPlaat, Nassar, Koskela, and Wexler, 2007; Harbison, Coughlan, Karabanow, VanderPlaat, Wildeman, and Nassar, 2008; Harbison, Coughlan, Karabanow, VanderPlaat, Wildeman, and Wexler 2010, 2012; funded by the Social Sciences and Humanities Research Council of Canada) explored how legislative provisions in the Maritime provinces of Canada, intended to address the needs of mistreated and neglected older adults, interacted with policies, programs, services, and local practices. (Two master's theses completed during this period enriched our understanding of the issues: F. Hall, 2005; Wexler, 2010.) Our qualitative methods for these studies were developed to support our engagement with service delivery and service deliverers – both formal and informal – and to enable our exploration of the multiple contextual factors relevant to the mistreatment and neglect of older people. We took a constructivist stance that incorporated the idea of “local theory” grounded in “an aggregate of local understandings” proposed by Lincoln and Guba (1985, p. 205). Our research design included document collection and analysis, interviews, focus groups, field notes, and theory building. Theory building was carried out by members of the research team and research assistants employing a grounded theory analysis. It was the intensive work of theory building that led to our decision to engage in the broader analysis of “elder abuse and neglect” that constitutes this work, an analysis that would take into account its historical, social, political-economic, and disciplinary contexts.

Methodological Approach in the Development of This Text

Our methodological approach in this text involves a broadly based interdisciplinary analysis of multiple discourses – one in which we examine how social practices have influenced the direction of “elder abuse and neglect” as a social phenomenon within the social-economic and political contexts of a globalizing capitalist economy and the expansion of neo-liberal thought (Katz, 1996; Phillipson, 2013; Vincent, 2006). This method means that we frequently take our positions based on close examinations of a variety of texts, including scholarly and professional works as well as legislation and associated policies. The texts selected are those that we have determined to

best illustrate, as well as to most directly challenge, our arguments, from out of the vast and increasingly international literature on the topics that we discuss. We also include in our discussions findings from web-based materials that refer to the activities of various groups with regard to “elder abuse,” and we comment on the portrayal of older people and their concerns in a variety of media.

We have used the findings of our own studies, including the voices of our participants, to illustrate our discussion. In the context of the relatively small professional and lay communities that were the sources of our information, where feasible, without interfering with the meanings of their contributions, we have sought to secure the anonymity of participants by omitting identifying information about their professional and community roles and geographic locations.

Use of Terms

Much of the terminology in use in both gerontology and “elder abuse and neglect” is of either uncertain or contested meaning. For the most part, therefore, the terms that we use must be understood in the context in which they are used in our discussion; this is reflected, for instance, in our use of quotation marks around “elder abuse and neglect” to denote its reification. Below we comment on some of the issues surrounding key terms and concepts in the field that are sometimes implicit rather than explicit within our text.

The term “elder abuse and neglect” is a construction widely used in professional, academic, and lay contexts. It has been strongly contested by some because embedded within it are historically based but now disproved assumptions that older people are like children and therefore need to be protected from various types of abuse from others. Until recently, these assumptions have rarely been articulated or investigated (Killick, Taylor, Begley, Anand, and O’Brien, 2015). Over time, nevertheless, modifications intended to move away from the terms used with children have been made so that “elder abuse and neglect” is now sometimes referred to by terms such as “elder mistreatment,” “the mistreatment of older people,” and “senior abuse.”

The formal use of “elder mistreatment” appears to have originated in a national report in the United States by Bonnie and Wallace (2003) and was intended to exclude self-neglect from the definition. However, in the United States, self-neglect has now been reintroduced to the definition, thus adding to the overall uncertainty about what is included. Notwithstanding,

the default is often to “elder abuse and neglect” or simply “elder abuse.” The reasoning given is the weight added by the term’s history, familiarity, and dramatic effect (Stones and Bedard, 2002).

Some form of the following definition of “elder abuse and neglect,” with minor variations, has recently been used in many contexts: “a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (World Health Organization, 2002). What are perceived to be types of “elder abuse and neglect” have been categorized, most often through use of the terms “physical abuse,” “sexual abuse,” “psychological/emotional abuse,” “financial/material abuse,” and “neglect” (see, e.g., L. McDonald, 2012b; see also discussions of definitions in Chapter 3).

The use of the term “elder” is also contested in that, in some cultures, for instance in Canadian Aboriginal and some Canadian immigrant groups, it refers to a designated social role incorporating wisdom and respect. Given the multicultural makeup of older age groups in Canada, governments and their agencies usually refer to those over 65 years of age as “seniors.” In the Canadian literature, therefore, the term currently used is more likely to be “senior abuse” or “abuse and neglect of older adults.” Internationally, though the use of “elder abuse and neglect” has been debated, positive/neutral substitutions – such as “older people” for “elder” – are more likely among scholars with a theoretical interest in the topic. In our work, we use the terms that fit within the theoretical and social contexts of our arguments.

The concept of age is also a conundrum: “‘Old age’ was itself a creation of modernity, reflecting the achievements of industrialism, improved public health and the growth of social welfare” (J. L. Powell, 2006, p. 131). As longevity has increased, a greater number of years of life have become subsumed under “old age,” as has the diversity of people labelled “elderly.” In Canada, for a long period, the chronological marker for the beginning of old age was 65 years. However, as Denton and Spencer (2002, p. 349) point out, that definition has always been “arbitrary” and “with continuing reductions in mortality and morbidity rates will become increasingly inappropriate as time passes.” They suggest that 70 years of age will “gradually replace 65 as a social standard for the old age threshold” and 90 years that of the “oldest old” (p. 354). The politics of chronological age in Canada are elaborated in Chapter 4.

Notwithstanding the upward trend of the chronological onset of “old age,” a movement evident throughout the globe, numerous studies of older

people's mistreatment include participants aged 50 years and up. (One reason given is that longevity is less among some groups, including some Aboriginal peoples in developed countries and some in developing ones, though recently there has been convergence in this aspect; K. L. Braun, Browne, Ka'opua, Kim, and Mokuau, 2013). This emphasizes the arbitrariness of both the threshold of old age and its potential variability for policy, administrative, and commercial purposes. Those identified within the category of "elder abuse and neglect" might be inhabitants of an age span of over 40 years. This supports the contention that chronological age is irrelevant in understanding aging for all age groups (Bytheway, 1995, 2011). Thus, issues in age chronology lend further support to the need for theorization in both the field of aging in general and the field of "elder abuse and neglect" in particular. In our text, when referring to "older people," we have in mind those at least 65 years old.

Outline of the Chapters

The first two chapters use a historical perspective to make connections between gerontology and "elder abuse and neglect." Chapter 1 links the construction of "elder abuse and neglect" to the historical beginning and evolution of the discipline of gerontology. It points to gerontology as an interdisciplinary "discipline" with especially strong links to medicine and the biomedical model, and one which has long favoured the generation of data over the generation of theory in its quest to become accepted as a science (Birren, 1988). We see how this lack of attention to theory has been a constant source of concern to gerontological scholars. This includes some from the mainstream who view theory as a means of strengthening arguments regarding the findings of positivist research (Bengston, Gans, Putney, and Silverstein, 2009) and those with a critical perspective who use theory in challenging the assumptions of the existing discourse on aging, especially the biomedical perspective (Estes, Biggs, and Phillipson, 2003; J. L. Powell and Wahidin, 2006).

We note that a rhetoric of concern about the lack of theorizing of "elder abuse and neglect" is also visible among scholars in that field. Their reasons are similar to those of scholars in the wider field of gerontology. They occur along a continuum. At one end are those who wish to promote research based on an understanding of aging and abuse predicated on a biomedical decline and decay model of aging, one that supports a need for prevention and protection chiefly through professional intervention in older people's

lives (Nerenberg, 2007). At the other end are those who challenge these assumptions and understand the mistreatment of older people through broader frameworks that focus on the many dimensions of their diversity and on the impacts of social and structural issues (Ash, 2014; Bowes, Avan, and Macintosh, 2012; Harbison, Coughlan, Karabanow, VanderPlaat, Wildeman, and Wexler, 2012; Manthorpe and Bowes, 2010).

Chapter 2 examines the sociohistorical trajectory of “elder abuse and neglect” in the context of societal ageism and the growth of a gerontology dominated by the biomedical perspective (Baumann, 1989). It discusses the early construction of “elder abuse and neglect” as a field that had at its centre professional expertise and intervention and that from the beginning sought legitimacy as a major social problem that would require established program funding from governments. It considers early accounts of “elder abuse and neglect” in Canadian public policy and traces its evolution in public policy to the present day, including examples of legislation, policies, and practices (Leroux and Petrunik, 1990). It comments on the roles of Canadian professional and academic advocates in lobbying for the acknowledgment of “elder abuse and neglect,” provincially, nationally, and globally, and for the development of responses to what has now been constructed as a global phenomenon (Gutman and Spencer, 2010; Podnieks, 2008; Podnieks, Penhale, Goergen, Biggs, and Han, 2010). It takes note of the continuing lack of attention to the diverse nature of aging and to the voices of older people, including their relative absence as players in the field (Biggs and Lowenstein, 2011), at the same time recognizing that this is beginning to change (Bowes, Avan, and Macintosh, 2012; Ploeg, Lohfeld, and Walsh, 2013; Walsh, Olson, Ploeg, Lohfeld, and MacMillan, 2010).

The next three chapters focus their discussions on the discourse of “elder abuse and neglect,” including the discourse on definition, on theorizing the societal context of responses to mistreatment, and on the roles that older people play in these responses. Chapter 3 discusses ongoing struggles to define “elder abuse and neglect” in ways that both satisfy the requirements of positivist-scientific principles and, at the behest of some players, acknowledge in varying degrees its social, cultural, and structural components (Gutman and Spencer, 2010; Hernandez-Tejada, Amstadter, Muzzy, and Acierno, 2013; Podnieks, 2006; Walsh, Ploeg, Lohfeld, Horne, MacMillan, and Lai, 2007). It argues, as do most scholars in the field, that, despite a remarkable amount of ongoing definitional activity, there has been little development in definition in the 40 years since “elder abuse and neglect”

was first named despite recent claims of consensus on the definition (Biggs and Goergen, 2010; Lindenberg, Westendorp, Kurrle, and Biggs, 2013; L. McDonald, 2011, 2012b).

Chapter 4 focuses on the present societal context for responses to “elder abuse and neglect.” This context includes the decline of the welfare state, and with it state provision of services, and the emergence of a “risk society” in which the focus of governments has shifted to the management of risk (Beck, 1992; Walker, 2006; Warner and Sharland, 2010; Webb, 2006). It discusses the consequences of these trends for both the characterization of mistreatment of older people and the state-mandated responses to “elder abuse and neglect.” It provides critical commentary on the burgeoning growth of elder law as both a “rights movement” and a response to older people’s mistreatment (Kohn, 2009; Morgan and David, 2002; L. A. Powell, Williamson, and Branco, 1996; Soden, 2005; Watts, 2009).

Chapter 5 brings a historical theoretical perspective to bear on the reasons why older people have remained limited players in responses to mistreatment and neglect, in both public and private spheres, throughout the history of “elder abuse and neglect” (Martinson and Minkler, 2006). It links older people’s level of participation in issues of their mistreatment to gerontological theories focusing on aging identities, including those that address their internalization of ageism (Biggs, 1999; Phillipson and Biggs, 1998; Gilleard and Higgs, 2000; F. Hall, 2005; Harbison, 2000b, 2008; Katz 2005; Naughton, Drennan, Lyons, and Lafferty, 2013) and those that suggest their willingness to live in situations of mistreatment represents coping and resilience (Harbison, 2008; Kelley and MacLean, 1997; Podnieks, 1992b). It considers how the concept of “successful aging” might have contributed to the further isolation and discrimination of those who do not have the abilities and resources to do so (Dillaway and Byrnes, 2009; Holstein and Minkler, 2003; Katz and Calasanti, 2015; King, 2006; Rowe and Kahn, 1998).

Chapters 6 and 7 apply the critical lens for understanding “elder abuse and neglect” developed in the preceding chapters. Specifically, the topics of legislation intended to protect older adults and interventions addressing mistreatment and neglect are connected to the evolution of the role of the state in welfare provision, developments in gerontology as a discipline, new knowledge about aging, and how “elder abuse” has been characterized. Chapter 6 begins with a critical analysis of legislation focusing on adult protection. It offers a historical perspective on issues raised by adult protection legislation, including those of older people’s rights to autonomy (Beaulieu, Gordon, and Spencer, 2005; Coughlan et al., 1995; Harbison, Coughlan,

Karabanow, VanderPlaat, Wildeman, and Wexler 2012; Kohn, 2009). It examines the interdependence of older people's rights with assessments of their capacity and provides an illustrated commentary on government policies and processes through which these assessments are made. It considers the potential for older people's rights to be designated as different from those of other capable adults and addresses the legitimacy of such a proposition (Beaulieu and Spencer, 2001; M. L. Hall, 2009b; Herring, 2012; Mégret, 2011; Morgan and David, 2002; Spencer and Soden, 2007; Townsend, 2007). It integrates into the discussion examples from jurisdictions in Canada and elsewhere.

Chapter 7 offers a critical analysis of the effects of government policies on practical responses to situations of mistreatment and neglect. It uses the theoretical concept of "street-level bureaucrats" to comment on how policies and resource constraints limit the range of interventions that front-line workers can consider and how this affects their abilities to assist older people in situations of mistreatment and neglect (Ash, 2014; Callahan, 2000; Dunér and Nordström, 2006; Harbison, Coughlan, Karabanow, and VanderPlaat, 2005; Lipsky, 2010; Wexler, 2010). Findings from our own research inform the discussion and provide for a close examination of how limitations in resources to meet older people's needs inhibit the provision of solutions in accord with their wishes and social entitlements, substituting instead "the right to risk" in the context of the highly complex and contentious concept of capacity (Law Commission of Ontario, 2014; O'Connor, 2010; Pritchard-Jones, 2014; Wahl, 2009).

Chapter 8 first examines the widely acknowledged deficits in knowledge building through positivist-empirical research in the field of "elder abuse and neglect." Placing them in the context of our theorization, it begins with a discussion of how these deficiencies in the existing research are portrayed in the literature (Biggs and Lowenstein, 2011; Daly, Merchant, and Jogerst, 2011; L. McDonald 2011; Ploeg, Fear, Hutchison, MacMillan, and Bolan, 2009). It then considers recent attempts from the mainstream to address these deficiencies using positivist methods. For instance, in order to work toward establishing the prevalence and incidence of older people's mistreatment, some have focused on narrow, individualistic definitions of "elder abuse and neglect," using definitions that draw on the few previous studies said to be scientifically acceptable (McCreadie et al., 2006; L. McDonald 2012b). Others have argued for a biopsychosocial approach that includes social and cultural considerations, has a greater emphasis on qualitative methods, and seeks to include the voices of older people (Band-Winterstein,

Doron, and Naim, 2012; Bonnie and Wallace, 2003; Bowes, Avan, and Macintosh, 2012; Killick, Taylor, Begley, Anand, and O'Brien, 2015; Ploeg, Lohfeld, and Walsh, 2013; Timonen, Conlon, Scharf, and Carney, 2013; Walsh, Olson, Ploeg, Lohfeld, and MacMillan, 2010).

We go on to discuss possibilities for the creation of a new discourse about older people and their mistreatment through the reconstruction of research knowledge. We suggest that most important to the success of such an endeavour is that both the social-structural and the subjective-interpretive dimensions of mistreatment are addressed. So, at the sociopolitical level, the global construction of older people as the chief burden on society must be addressed in order to begin to free them from internalized ageism. We also consider ways in which narrative and participatory methods of research can begin to assist in shifting the identity of those in later life from unproductive burden on society to one that helps them transcend their oppression and find or restore their agency.

Chapter 9 briefly draws together ideas from throughout the text. It concludes that, in order to assist older people on their own terms, and for their own purposes, we need to work with them toward a better understanding of how they experience their mistreatment and self-neglect and how these issues should be addressed in individual, organizational, and societal contexts. Most important, however, is that people in later life should come to see themselves, and be seen, as an integral and positive part of a society that values all of its members.

1

Gerontology, Theorizing, and “Elder Abuse and Neglect”

A central argument of our text is that the failure to theorize “elder abuse and neglect” has undermined its conceptual development, thus supporting premature, and too frequently erroneous, conclusions about the mistreatment of older people, the phenomena involved, and how to respond to both of them (Biggs and Goergen, 2010). Our purpose in this chapter is to examine the gerontological discourse in order to identify and discuss the place of theory within it. In tracing the origins and trajectories of some of gerontology’s key theoretical and scientific concerns, we can consider their relationships to the lack of theorizing in the field of “elder abuse and neglect.”

Science, Medicine, and the Study of Aging

Science and Medicine

Historians of medicine identify the idea of medicine as “science” as emerging from the period of the “Enlightenment” in the seventeenth century in company with a resurgence of interest in the experimental method and in mathematics. So it is that the ideas of Descartes undergird modern medical science. These ideas include the explanatory power of mathematics in a science that finds existing laws in the universe, including the “truth” of the mechanistic workings of the body (Butterfield, 1962). The implications of these new scientific ideas were such that “what was emerging towards the end of the seventeenth century was a civilization exhilaratingly new

perhaps, but strange,” so that a lengthy period to allow for their integration into society was inevitable (Butterfield, 1962, p. 190). Indeed, major advances in medicine as a science began only in the late eighteenth century in postrevolutionary France with “physicians seizing the opportunities afforded by Paris’s vast public hospitals” (Porter, 1997, p. 306). The biomedical study of aging followed when “Parisian researchers ... establish[ed] a binding relationship between aging and pathology” (Katz, 1996, p. 42).

The scientific approach to medicine was widely taken up in Europe in the nineteenth century. In the United States, medicine remained pioneering, entrepreneurial, and profit oriented, and “most of the sixty or so proprietary colleges which sprang up before 1875 were poorly staffed and blatantly commercial, offering quick degrees on the cheap” (Porter, 1997, p. 319). There was little initial interest in scientific advancement. When a focus on science in medicine finally took hold in the United States at the beginning of the twentieth century, it was generated by the availability of huge amounts of private funding through the philanthropy of those who had made their fortunes in the Industrial Revolution. Medical scholars such as Abraham Flexner, who had railed against the lack of science in many existing American medical schools, now brought European ideas of scientific medicine to institutes such as “the Rockefeller Institute of Medical Research ... envisaged along Germanic lines – its goal was research, and private practice was strictly forbidden” (Porter, 1997, p. 531; see also Achenbaum, 1995). In addition, the idea of progress that emerged in the early decades of the twentieth century became linked to the growth of science and technology and served to reinforce the optimism that innovations in science could provide the answers to problems of the body (Bury, 1997). Overall, this period has been referred to as the beginning of “Big Science,” a Foucauldian term that encapsulates a new scientific and secular view of the world and reflects the political culture that has dominated medicine in the United States ever since (Cole and Winkler, 1994; Galison and Hevly, 1992).

Science and the Study of Aging

A major influence on the direction taken by the new science of medicine was that of American political culture. Porter (1997, p. 7) argues that modern Western medicine is a reflection of present-day culture, “preoccupied with the self, with the individual and his or her identity, and the quest has come to be equated with (or reduced to) the individual body.” Further, “whereas most traditional healing systems have sought to understand the relations of the sick person to the wider cosmos and to make readjustments

between the individual and world, or society and world, the Western medical tradition explains sickness principally in terms of the body itself – its own cosmos" (p. 7). Hence, the idea that the study of aging should reduce itself to the scientific study of the mechanisms and problems of the aging body is a seductive one for Western medicine, one it is argued that to a great extent has been accepted within gerontology.

Within this biomedical framework, "geriatrics" became focused on the study of diseases of old age and of ways to intervene to ameliorate them. Some argued for geriatrics as a "subdivision of the broader field of gerontology." Today the boundary between geriatrics and gerontology is sometimes fluid and sometimes contentious depending on social and geographic context (Achenbaum, 1995, p. 87). Both are claimed as sciences: "One of the cornerstones of modern gerontology has been a belief in 'science' and 'progress'" (J. L. Powell, 2006, p. 4). Katz (1996, p. 28) points to ongoing attempts by gerontologists "to credentialize their field as a science by narrating its history in a scientific manner ... [as] accounts which separate gerontological knowledge from its social moorings and depict it as the direct outcome of a scientific quest to understand humanity more objectively and truthfully." This tension between the social and the scientific is ongoing in the field of "elder abuse and neglect" (see Chapter 2).

In keeping with mainstream historical accounts of gerontology (Moody, 2001, p. 412), the *Concise Oxford English Dictionary* (Oxford University Press, 2011) identifies it as a twentieth-century phenomenon and in its definition refers first to "the scientific study of old age," then to "the process of aging," and finally to "the special problems of old people." That such a description appears so recently in a dictionary of such international reach and repute is indicative of the dominance of positivist determinism in today's society. Included in the idea that old age should be the subject of scientific study is a view of the body and mind consisting of discrete parts and mechanisms that can allow such investigation. The designation of aging as a process suggests that it can be understood as following a particular course in particular stages. Finally, the reference to "the special problems of old people" introduces the notion that "problems" are both specific and central to old age (Phillipson, 2013).

These concepts are part of a biomedical view of aging that is not only rooted in the history of the study of aging in modern times but has retained its currency and dominance in Western societies despite new knowledge and contested ideas about aging (Baars, Dohmen, Grenier, and Phillipson, 2013; Gullette, 2004, 2011; Markson, 2003; McPherson and Wister, 2008;

Moody, 1993, 2001; J. L. Powell, 2006). Moody (2001, p. 415) links the longevity of the biomedical conceptualization to ideas put forward by Habermas whereby there is a “hidden ideology at work in funding practices” that privileges aging as a medicalized social problem, with the consequence that a “one-sided preoccupation with the deficits of aging has the effect of ‘systematically distorted communication’ in the field more generally.” More recently, in keeping with the increasing influence of capital markets, the emphasis has moved to the correction of deficits through the development and marketing of medical goods and services (Clarke, Shim, Mamo, Fosket, and Fishman, 2003; Grenier, 2012; Joyce, Williamson, and Malmo, 2011; Kaufman, 2010).

Within the biomedical model, then, the dominant view of old age is as a “taken for granted” set of problems (Blaikie, 1999). Central is the construction of aging as inevitable physical and mental decline, “such that illness comes to stand ever more forcefully for old age in the popular imagination, and that solutions to the problems of adult ageing are seen as being solved exclusively through biomedical intervention” (Estes, Biggs, and Phillipson, 2003, p. 101). The idea of aging as decline and decay is also integral to the dominant discourse with regard to “elder abuse and neglect.” In their discussion of the construction of “elder abuse and neglect,” Leroux and Petrunik (1990) refer to the powerful effects of the “master status” of aging. Namely, if it is understood that as they age, older people acquire physical and mental deficits, then a number of negative consequences follow. One is that older people are perceived and perceive themselves as both “vulnerable” and “at risk” and therefore in need of the intervention of others in their lives (Baumann, 1989; Bowes and Daniel, 2010; Grenier, 2012; Kane, 1990).

Despite efforts to establish itself as scientific – “gerontology, above all, wants to be a ‘science’ ... wants to be respectable, wants to be seen as what Thomas Kuhn called a ‘normal science’” – it seems that with regard to modern scientific medicine gerontology has remained in a continual state of struggle for acknowledgment and acceptance (Moody, 2001, p. 413). Porter’s encyclopedic *Medical History of Humanity from Antiquity to the Present* (1997) does not mention gerontology or the study of aging as a subspecialty within medicine, though it makes numerous references to other fields, including extensive discussions of child health. Achenbaum’s detailed examination of the history of gerontology in the United States to the end of the twentieth century is entitled *Crossing Frontiers: Gerontology Emerges as a Science* (1995). Yet Achenbaum acknowledges the limitations of the claim implied in the second half of this title: “The fact that gerontology is not itself

fully recognized as a discipline but is made up of multiple disparate disciplines and further that 'senescence' [aging] remains a secondary 'problem' in most disciplines and professions [means that] 'Big Science' rarely takes notice of what seems exciting in aging-research circles" (p. 11).

Gerontology's search for legitimacy through science continues. The Canadian Institutes of Health Research (CIHR) 2013 summer program, for graduate students and postdoctoral fellows, among others, had as its "key theme" "Big Science in Research on Aging." It offered as examples of "big science" multidisciplinary studies, "such as the Canadian Longitudinal Study on Aging. The elements that will be explored are related to the challenges of big science, how to analyze data, big collaborative groups, funding for big science projects etc." (CIHR, 2013).

That gerontological methods and the information or data that they generate do not always meet the tests of science imposed by scientists in mainstream disciplines is a long-standing issue, "hence successful researchers on aging generally lead split lives; they must satisfy their own discipline's standards for tenure and annual raises while interacting with gerontologic scholars from divergent backgrounds" (Achenbaum, 1995, p. 11). This tactic acknowledges the issue in terms of the hegemony of scientific methods but avoids the many questions that lie beyond methods – for instance, how meaning is constituted (Cole and Winkler, 1994). Phillipson (2013, p. 51) argues that "the solution to this problem of being 'trapped in the cage of interdisciplinarity' (citing Daatland, 2003, p. 8)" is not to "abandon interdisciplinary research ... [but] to engage in such work from the standpoint of greater confidence about discipline-specific theoretical standpoints."

Beyond Science: Incorporating Meaning and Experience

In the meantime, for more philosophical explorations of aging, gerontology turned to the arts and humanities "to enrich our current understanding of the meaning and experiences of old age" (Achenbaum, 1995, p. 253; Baars, 2012; Moody, 2001). Yet the initial caution about the value of such works, within a gerontology that aspires to recognition as scientific, is suggested in their presentation in quasi-scientific and modernistic terms as "a handmaiden of empiricism" (Moody, 1993, p. xxiv). Hence, "experts trained in the humanities (among others Thomas Cole, Carole Haber, H. R. Moody, and Kathleen Woodward) have utilized ways of thinking about aging in a rigorous, empirical manner – historical methods, Continental modes of philosophical inquiry, and psycho-linguistic criticism" (Achenbaum, 1995, p. 253).